

TAKE 10 DBT Research Takeaways

Articles from QUARTER 3, 2021

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DBT RESEARCH

1

Baudinet, J., Stewart, C., Bennett, E., Konstantellou, A., Parham, R., Smith, K., Hunt, K., Eisler, I., & Simic, M. (2021). **Radically open dialectical behaviour therapy adapted for adolescents: A case series.** *BMC Psychiatry*, 21(1), 462. <https://doi.org/10.1186/s12888-021-03460-3>.

HOW. 28 adolescents (13-18 y/o) were screened for overcontrol characteristics using the Assessing Styles of Coping Word-pair Checklist (ASC-WP) and referred to an adolescent adaptation of Radically Open DBT (RO-A), which includes weekly 90min skills classes and weekly 60min individual therapy sessions over 20 weeks. **WHAT.** Researchers observed significant improvements in overcontrol characteristics, including cognitive flexibility, risk aversion, increased reward processing, and reduced suppression of emotional expression. Other improvements were also observed, (i.e., increased confidence and connection to others, reduced symptoms of depression and eating disorders, and decreased rates of self-harm). No changes were observed in several behavioral aspects of overcontrol, (i.e., perfectionism, workaholism, and punctiliousness). Broadly, findings provide preliminary evidence that the 20 session RO-A adaptation may be effective for transdiagnostic adolescents.

2

Buono, F. D., Larkin, K., Rowe, D., Perez-Rodriguez, M. M., Sprong, M.E., & Garakani, A. (2021). **Intensive dialectical behavior treatment for individuals with borderline personality disorder with and without substance use disorders.** *Frontiers in Psychology*, 12, 629842. <https://doi.org/10.3389/fpsyg.2021.629842>.

HOW. Researchers investigated the effectiveness of DBT for BPD with comorbid substance use disorders (SUDs) by comparing outcomes for a 28-day, self-pay transitional living DBT treatment program for individuals with BPD with SUDs (n = 35) vs. without SUDs (n = 41). Treatment delivery was the same between groups, with the exception of an optional daily AA/NA meeting for patients with SUDs. **WHAT.** All patients showed a significant decrease in depression and anxiety scores (as measured by the PHQ-9 and GAD-7 respectively). For patients with SUDs, less significant improvement was seen in general dysfunction and depression scores as measured by the DBT-WCLL. Overall, findings suggest that DBT treatment is beneficial for patients with comorbid BPD and SUD.

3

Chugani, C. D., Murphy, C. E., Talis, J., Miller, E., McAneny, C., Condoosta, D., Kamnikar, J., Wehrer, E., & Mazza, J. J. (2021). **Implementing Dialectical Behavior Therapy Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) in a Low-Income School.** *School Mental Health*, 1–11. <https://doi.org/10.1007/s12310-021-09472-4>.

HOW. Researchers investigated the implementation of “Dialectical Behavior Therapy Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A),” a 30-lesson socio-emotional learning (SEL) curriculum covering core DBT skills, into health classes in a low-income high school. To accommodate financial and operational barriers to adhering to the standard DBT STEPS-A protocol, a co-teaching model was utilized, where a trained individual would accompany the high school health teacher. **WHAT.** Acceptability, appropriateness, and feasibility of the program were assessed via brief, validated scales (AIM, IAM, and FIM) distributed to teachers and school administrators; fidelity and ease-of-use on a lesson-by-lesson basis were also assessed via a novel fidelity form, and qualitative feedback was collected. Acceptability, appropriateness, and feasibility ratings declined post-implementation to slightly below the benchmark rating, though the two health teachers rated the program as both adequately acceptable and feasible.

4

Couturier, J., Ma, Z., Rahman, L., & Webb, C. (2021). **A mixed methods exploratory evaluation of burnout in frontline staff implementing dialectical behavior therapy on a pediatric eating disorders unit.** *Journal of Eating Disorders*, 9(1), 98. <https://doi.org/10.1186/s40337-021-00453-1>.

HOW. Researchers assessed burnout in a sample of registered nurses, child life specialists, and child and youth workers from a hospital eating disorder unit (n = 11), all of whom completed a formal 6-month DBT training. Burnout was measured using the Copenhagen Burnout Inventory (CBI), which categorizes burnout as overall, personal, work-related, and client-related, and a qualitative interview. **WHAT.** There were no cases of high overall burnout. One staff member reported high personal burnout and one staff member reported high client-related burnout. Qualitative results suggest that DBT training and implementation has the potential to reduce burnout, primarily via the benefits of DBT skills use in staff's personal lives.

5

Marceau, E. M., Holmes, G., Cutts, J., Mullaney, L., Meuldijk, D., Townsend, M. L., & Grenyer, B. F. S. (2021). **Now and then: A ten-year comparison of young people in residential substance use disorder treatment receiving group dialectical behaviour therapy.** *BMC Psychiatry*, 21(1), 362. <https://doi.org/10.1186/s12888-021-03372-2>.

HOW. Researchers compared two young adult cohorts (16-24 y/o) from a 12-week residential substance use disorder (SUD) facility. Data for Cohort A (n = 102) was collected from 2008-2009 and data for Cohort B (n = 100) was collected from participants recruited between 2018 and 2020. The SUD facility utilized DBT as the primary treatment mode. Baseline data on global psychiatric symptoms, substance use severity, and quality of life was compared to outcomes (collected up to 12-months after the end of treatment for Cohort B). **WHAT.** Both cohorts showed reduced psychiatric symptoms and increased confidence in resisting the urge to use substances, with improvements observed both mid-treatment and at the end of treatment, though declining at the 6-month follow-up for Cohort B. Substance use severity, assessed only in Cohort B, decreased significantly, which was sustained at both the 6 and 12-month follow-up. Findings presented demonstrate consistency of DBT's improved clinical outcomes over a decade.

6

Roos, L. E., Kaminski, L., Stienwandt, S., Hunter, S., Giuliano, R., Mota, N., Katz, L. Y., & Zalewski, M. (2021). **The building regulation in dual-generations program (BRIDGE): A mixed-methods feasibility pilot of a parenting program for depressed mothers of preschoolers, matched with dialectical behavior therapy skills.** *Child Psychiatry and Human Development*. <https://doi.org/10.1007/s10578-021-01219-1>.

HOW. Researchers conducted a pilot feasibility trial of the “Building Regulation in Dual Generations” (BRIDGE) Program, intended to prevent and treat maternal mental illness using a curriculum that combined DBT skills and curriculum on non-reactive, emotionally validating parenting. 28 dyads (i.e., mothers assessed for Major Depressive Episode (MDE) and their preschool-aged children) completed the 20-week program, and feasibility and acceptability were assessed via quantitative pre/post questionnaire data and qualitative interviews. **WHAT.** Significant reductions in reported maternal mental illness and child mental illness symptoms were observed. Clients also demonstrated increased DBT skills use, readiness to change, and increased social support, and reduced harsh and dismissive responses to their child's negative emotions. Broadly, findings seem to indicate high feasibility and acceptability for the BRIDGE program.

7

Wright, K., Dodd, A. L., Warren, F. C., Medina-Lara, A., Dunn, B., Harvey, J., Javaid, M., Jones, S. H., Owens, C., Taylor, R. S., Duncan, D., Newbold, A., Norman, S., Warner, F., & Lynch, T. R. (2021). **Psychological therapy for mood instability within bipolar spectrum disorder: A randomised, controlled feasibility trial of a dialectical behaviour therapy-informed approach (the ThrIVE-B programme).** *International Journal of Bipolar Disorders*, 9(1), 20. <https://doi.org/10.1186/s40345-021-00226-4>.

HOW. Researchers conducted a randomized controlled feasibility trial of “Therapy for Inter-episode mood Variability in Bipolar” (ThrIVE-B), a DBT-informed approach for treating bipolar mood instability (BPMI) (i.e., ongoing mood fluctuations outside of full episodes). The ThrIVE-B program consisted of DBT-informed content modules, covered over 15 weekly group sessions and up to 8 individual therapy sessions. A custom-built phone app was also utilized to promote skills generalization. Participants were randomized to either treatment-as-usual (TAU) (n = 21) or the ThrIVE-B intervention plus TAU (n = 22). Data was collected on recruitment and retention rates, quantitative measures, and qualitative feedback from participants. **WHAT.** 11 participants (50%) completed treatment (i.e., attended at least 9 sessions). Participants reported that there was an ineffective amount of content to learn, though the content itself was highly relevant. Researchers concluded that data indicates that the study design is feasible for this population.

Take 10 continued on next page:
Borderline Personality Disorder

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BORDERLINE PERSONALITY DISORDER

1

Bozzatello, P., Rocca, P., Baldassarri, L., Bosia, M., & Bellino, S. (2021). **The role of trauma in early onset borderline personality disorder: A biopsychosocial perspective.** *Frontiers in Psychiatry*, 12, 721361. <https://doi.org/10.3389/fpsyg.2021.721361>.

HOW. Researchers reviewed studies published on PubMed between 2000 and 2021 in order to investigate the role that childhood trauma plays in the development of Borderline Personality Disorder (BPD). 52 studies were included. **WHAT.** Researchers concluded that several factors, including temperament (i.e., novelty-seeking and aggression in particular), the environment (i.e., a dysfunctional family environment and family psychopathology), and neurobiological genetic predispositions interact with early traumatic experiences to promote the early onset of BPD. In particular, it is the interaction of different risk factors that has the most potent effect.

2

Ditrich, I., Philippsen, A., & Matthies, S. (2021). **Borderline personality disorder (BPD) and attention deficit hyperactivity disorder (ADHD) revisited — A review-update on common grounds and subtle distinctions.** *Borderline Personality Disorder and Emotion Dysregulation*, 8(1), 22. <https://doi.org/10.1186/s40479-021-00162-w>.

HOW. Ditrich and her research team produced a review-update, summarizing studies on adults with ADHD and BPD published between 2014 and 2020. Impulsivity, emotional dysregulation, early traumatic experiences, genetics, epigenetics, and treatment were explored. **WHAT.** Patients with comorbid ADHD and BPD showed higher ratings of impulsivity and emotional dysregulation compared to those with just ADHD or BPD. Traumatic experiences were linked to impulsivity, raising a concern of misdiagnosis of ADHD and BPD in children. Common genetic markers of BPD were shown to overlap with markers of bipolar disorder and schizophrenic disorder, suggesting a genetic commonality.

3

Ghinea, D., Fuchs, A., Parzer, P., Koenig, J., Resch, F., & Kaess, M. (2021). **Psychosocial functioning in adolescents with non-suicidal self-injury: The roles of childhood maltreatment, borderline personality disorder and depression.** *Borderline Personality Disorder and Emotion Dysregulation*, 8(1). <https://doi.org/10.1186/s40479-021-00161-x>.

HOW. The effect of childhood maltreatment (CM) on psychosocial functioning was analyzed in 368 adolescents engaging in NSSI. The CM group reported significantly different psychosocial functioning, number of BPD symptoms, and depression severity compared to the non-CM group. **WHAT.** Adolescents with NSSI and CM scored significantly lower on general functioning, however this difference was explained by the higher number of BPD symptoms and increased depression severity seen in this group.

4

Klein, J. P., Hauer-von Mauschwitz, A., Berger, T., Fassbinder, E., Mayer, J., Borgwardt, S., Wellhöfer, B., Schweiger, U., & Jacob, G. (2021). **Effectiveness and safety of the adjunctive use of an internet-based self-management intervention for borderline personality disorder in addition to care as usual: Results from a randomised controlled trial.** *BMJ Open*, 11(9), e047771. <https://doi.org/10.1136/bmjopen-2020-047771>.

HOW. Researchers compared changes on the BPD Severity Index and number of serious adverse events (SAEs) between groups receiving care as usual and adjunctive use of a self-management interventions (SMI), called Priovi, for 12 months. Qualified participants scored at least 15 on the BPDSI and had a confirmed diagnosis of BPD by their treating clinician. **WHAT.** Although no significant differences were found between the groups, Priovi was shown to be a safe treatment. This is an important finding as SMI's are a potential solution to the existing BPD treatment gap.

5

Köhne, A. C. J., & Isvoranu, A.-M. (2021). **A network perspective on the comorbidity of personality disorders and mental disorders: An illustration of depression and borderline personality disorder.** *Frontiers in Psychology*, 12, 680805. <https://doi.org/10.3389/fpsyg.2021.680805>.

HOW. Köhne & Isvoranu used a different framework to conceptualize the comorbidity of personality disorders and depression. They analyzed symptoms of BPD and major depression (MD), and coping strategies in 376 hospitalized patients. **WHAT.** Strong positive associations were found between almost all symptoms of BPD and MD. Strong associations were found between MD sadness and BPD emptiness, and MD "suicidal ideations" and BPD "self-harm/suicidality." This study highlights the opportunity to better understand comorbidities by utilizing different frameworks.

6

Mirkovic, B., Delvenne, V., Robin, M., Pham-Scottez, A., Corcos, M., & Speranza, M. (2021). **Borderline personality disorder and adolescent suicide attempt: The mediating role of emotional dysregulation.** *BMC Psychiatry*, 21(1), 393. <https://doi.org/10.1186/s12888-021-03377-x>.

HOW. The impact of emotion dysregulation on suicide attempt history was analyzed in adolescents with BPD. Researchers looked at affective lability, inability to identify and describe emotions, cyclothymic temperament, suicide history and interpersonal relationships in 75 adolescents. **WHAT.** Structural equation modeling displayed a significant positive relationship between insecure attachment and lifelong depressive disorders, and lifetime suicidal ideation. Additionally, emotion regulation was implicated as a mediator between depression and suicide.

7

Rosada, C., Bauer, M., Golde, S., Metz, S., Roepke, S., Otte, C., Wolf, O. T., Buss, C., & Wingenfeld, K. (2021). **Association between childhood trauma and brain anatomy in women with post-traumatic stress disorder, women with borderline personality disorder, and healthy women.** *European Journal of Psychotraumatology*, 12(1), 1959706. <https://doi.org/10.1080/20008198.2021.1959706>.

HOW. Researchers analyzed the impact of childhood trauma (CT) on brain anatomy by comparing limbic and total brain volume in females with BPD or PTSD and a history of CT (n = 33), healthy control with CT (n = 25) and healthy controls without CT (n = 70). **WHAT.** Self-reported CT was negatively associated with total brain volume and depressive symptoms were negatively associated with hippocampal volume across groups. Of note, no differences were observed in limbic or total brain volume between any of the four groups.

8

Schaich, A., Assmann, N., Köhne, S., Alvarez-Fischer, D., Borgwardt, S., Schweiger, U., Klein, J. P., & Fassbinder, E. (2021). **The mediating effect of difficulties in emotion regulation on the association between childhood maltreatment and borderline personality disorder.** *European Journal of Psychotraumatology*, 12(1). <https://doi.org/10.1080/20008198.2021.1934300>.

HOW. This study looked at the relationships between childhood maltreatment (CM), emotion dysregulation, and BPD-symptoms using patients with dysthymic disorder as a comparison. Patients with BPD (n = 177) and with DD (n = 128) completed measures of childhood trauma, emotion regulation, psychopathology symptoms, and underwent clinical interviews. **WHAT.** When controlling for general symptom severity, age, and gender, variables such as 'impulse control difficulties', 'limited access to emotion regulation strategies' and 'lack of emotional clarity' remained significantly higher in patients with BPD.

9

Xie, G.-D., Chang, J.-J., Yuan, M.-Y., Wang, G.-F., He, Y., Chen, S.-S., & Su, P.-Y. (2021). **Childhood abuse and borderline personality disorder features in Chinese undergraduates: The role of self-esteem and resilience.** *BMC Psychiatry*, 21(1), 326. <https://doi.org/10.1186/s12888-021-03332-w>.

HOW. Researchers assessed the mediating role of self-esteem and resilience between childhood abuse and BPD with a cross-sectional study of 4034 college students. Participants were assessed for childhood trauma, BPD criteria, resilience, and self-esteem. **WHAT.** Structural equation modeling revealed that resilience and self-esteem were identified as mediators between childhood trauma and BPD symptoms. Emotional abuse displayed the highest direct and indirect impact (via self-esteem and resilience) on BPD symptoms.