

TAKE 10

DBT Research Takeaways

Articles from QUARTER 1, 2022

Portland DBT Institute Research Team: Eva Johnson, Eric Matsunaga, Jacinto Silva-Alvarez, Kasey Bumgardner, Chloe Jaques, & Andrew White, PhD, ABPP

1

Barnicot, K., Redknapp, C., Coath, F., Hommel, J., Couldrey, L., & Crawford, M. (2022). **Patient experiences of therapy for borderline personality disorder: Commonalities and differences between dialectical behaviour therapy and mentalization-based therapy and relation to outcomes.** *Psychology and Psychotherapy*, 95(1), 212–233. <https://doi.org/10.1111/papt.12362>

HOW. This mixed-methods study recruited 73 patients with BPD to compare patient experiences and outcomes of DBT and mentalization-based therapy (MBT). Patients were assessed at baseline and 12-month follow-up using the Borderline Evaluation of Severity over Time (BEST), the Difficulties in Emotion Regulation Scale (DERS), and the Suicide Attempt Self-Injury interview (SASII), with brief qualitative interviews conducted in 3-month intervals to gather patients' positive and negative experiences while participating in therapy. **WHAT.** Patients in both treatment conditions reported positive experiences with support and insight from 1-on-1 sessions, gaining perspective and feeling understood stood by group members, becoming more self-aware, not reacting impulsively, questioning thoughts and assumptions, and communicating more effectively. Patients receiving DBT reported more behavioral techniques to reduce distress. On the other hand, both treatment conditions reported similar negative experiences including difficulties with the therapeutic relationship, difficulties with other group members, and painful introspection. Reduction in baseline-adjusted self-harm was associated with not reacting impulsively, questioning thoughts and assumptions, communicating effectively, and painful introspection. Increased levels of baseline-adjusted BPD traits and emotional dysregulation were associated with both difficulties in the therapeutic relationship and with other group members.

2

Basiri, N., & Hadianfard, H. (2023). **Adult ADHD treatment based on combination of Dialectical Behavior Therapy (DBT) and Transcranial Direct Current Stimulation (tDCS) as measured by subjective and objective scales.** *Journal of Attention Disorders*, 27(1), 57–66. <https://doi.org/10.1177/10870547221118527>

HOW. This study recruited 80 participants with ADHD and evenly split them into 4 treatment groups: control, transcranial direct current stimulation (tDCS), DBT, and a combination of both. Outcome measures included the ADHD self-report scale (ASRS), the Stroop Test (ST), the Continuous Performance Test (CPT), and the Difficulties in Emotion Regulation Scale (DERS). **WHAT.** Results indicated that DBT and tDCS both had significant effects on ST, CPT, and DERS scores, with improved hyperreactivity and improved inattention associated with tDCS. However, the combined treatment group showed improvements in all outcome variables, providing evidence that both treatments in conjunction may be more effective for adults with ADHD in treating cognitive and emotional symptoms.

3

Bean, C. A. L., Aurora, P., Maddox, C. J., Mekota, R., & Updegraff, A. (2022). **A comparison of telehealth versus in-person group therapy: Results from a DBT-based dual diagnosis IOP.** *Journal of Clinical Psychology*, 78(11), 2073–2086. <https://doi.org/10.1002/jcop.23374>

HOW. During the COVID-19 pandemic, 69 patients in a private practice DBT clinic completed the Intensive Outpatient Program (IOP) either in-person or via telehealth. The Depression Anxiety Stress Scale (DASS) was used to measure the 3 corresponding subscales. Researchers were interested in differences in symptom reduction between the two groups following IOP completion. **WHAT.** Depression, anxiety, and stress scores significantly improved in both groups and there was no significant difference between in-person and telehealth groups in terms of symptom outcomes.

4

Dialectical behaviour therapy skills training groups for common mental health disorders: A systematic review and meta-analysis—PubMed. (n.d.) Retrieved July 27, 2023, from <https://pubmed.ncbi.nlm.nih.gov/34965396/>

HOW. This systematic review and meta-analysis assessed the efficacy of DBT as a transdiagnostic treatment for common mental health disorders. This included 12 randomized controlled trials, with DBT groups lasting 8 weeks or more, with participants who were 18 years or older and had a diagnosed mental health disorder without a co-morbid personality disorder. **WHAT.** Results indicated that DBT skills training had a small-to-moderate effect on emotional regulation and anxiety, a moderate effect on depression outcomes, and a large effect on binge eating and bulimia outcomes. Overall, this review was consistent with the literature on DBT and reduction of overall psychopathology.

5

Chang, T.-H., Liu, S.-I., Korslund, K., Lin, C.-J., Lin, Y., Huang, H.-C., Chen, S.-C., Chang, Y.-H., Sun, F.-J., & Wu, S.-I. (2022). **Adapting dialectical behavior therapy in Mandarin-speaking Chinese patients with borderline personality disorder: An open pilot trial in Taiwan.** *Asia-Pacific Psychiatry: Official Journal of the Pacific Rim College of Psychiatrists*, 14(1), e12451. <https://doi.org/10.1111/appy.12451>

HOW. 15 adult Mandarin-speaking participants completed 1 year of standard DBT in Taiwan, all of whom were referred from a psychiatric outpatient department and met symptom criteria for BPD and had at least two episodes of suicidal behavior in the last year. Outcome measures included the Borderline Symptom Checklist (BSL-23), the Beck Scale for Suicidal Ideation (BSSI), the Patient Health Questionnaire (PHQ-9), Beck Hopelessness Scale (BHS), and the Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LS-Q SF). **WHAT.** Results indicated that Mandarin-speaking people were satisfied with the DBT treatment (64.3% satisfaction at 1-year follow-up). Additionally, there was a significant decrease in both suicidal behaviors (71.2% score improvement on BSL-23) and suicidal ideation (34.8% score improvement on BSSI). Nearly all participants reported significant improvement in BPD and depression symptoms. Importantly, significant improvements were documented during the 3-month follow-up in parasuicidal behaviors, BPD symptoms, and depression, while suicidal ideation severity improved during the 6-month follow-up and remained during the entire treatment period. A significant improvement in quality of life was observed during the 3-month follow-up but did not remain during treatment.

6

Cheavens, J. S., Southward, M. W., Howard, K. P., Heiy, J. E., & Altenburger, E. M. (2023). **Broad strokes or fine points: Are dialectical behavior therapy modules associated with general or domain-specific changes?** *Personality Disorders*, 14(2), 137–147. <https://doi.org/10.1037/per0000557>

HOW. 87 patients participated in a 6-month DBT course at a DBT graduate training clinic. Researchers were interested in whether learning a particular module of DBT improved symptoms in the corresponding module only, or in other modules as well. Outcome measures included the Difficulties in Emotion Regulation Scale (DERS), the Distress Tolerance Scale (DTS), the Inventory of Interpersonal Problems-Borderline Personality Disorder Scale (IIP-BPD), the Mindful Attention Awareness Scale (MAAS), the Personality Assessment Inventory-Borderline Personality Disorder (PAI-BPD), and semi-structured interviews to determine the presence of Axis I & II Disorders. **WHAT.** Results showed patient scores improved for the DERS, IIP-BPD, and DTS, like a standard DBT treatment course. DERS scores did not change significantly between modules. However, results indicate that interpersonal scores (i.e., IIP-BPD) and distress tolerance scores (i.e., DTS) improved the greatest during the emotion regulation module, followed by the interpersonal effectiveness and distress tolerance modules. No significant difference was observed between the interpersonal effectiveness module and the distress tolerance module, meaning that both interpersonal and distress tolerance skills improved more during the emotion regulation module than the corresponding modules. However, this was a small effect size.

7

Hany, M., Elfiky, S., Mansour, N., Zidan, A., Ibrahim, M., Samir, M., Allam, H. E., Yassin, H. A. A., & Torensma, B. (2022). **Dialectical Behavior Therapy for emotional and mindless eating after bariatric surgery: A prospective exploratory cohort study.** *Obesity Surgery*, 32(5), 1570–1577. <https://doi.org/10.1007/s11695-022-05983-4>

HOW. Researchers investigated two groups of 18 patients who had undergone bariatric surgery. One group received 16 weeks of DBT training, while the other group received no intervention. Researchers hypothesized that DBT would reduce emotional eating and therefore facilitate greater weight loss in patients. **WHAT.** Patients who had received DBT scored higher on the Mindful Eating Questionnaire (MEQ), indicating more mindful eating, and lower on the Emotional Eating Scale (EES), indicating less emotional eating, when compared to pretreatment, whereas the control group exhibited no change. BMI did not differ between the groups at a 16-week follow-up, but was significantly lower in the DBT group at 3-month and 6-month follow-up.

8

Gasol, X., Navarro-Haro, M. V., Fernández-Felipe, I., García-Palacios, A., Suso-Ribera, C., & Gasol-Colomina, M. (2022). **Preventing emotional dysregulation: Acceptability and preliminary effectiveness of a DBT skills training program for adolescents in the Spanish school system.** *International Journal of Environmental Research and Public Health*, 19(1), 494. <https://doi.org/10.3390/ijerph19010494>

HOW. 93 secondary school students in Spain participated in an adapted version of the Dialectical Behavioral Therapy Skills Training program for Emotional Problem Solving in Adolescents (DBT STEPS-S). Outcome measures/variables included the Satisfaction with Life Scale (SWLS), the Strengths and Difficulties Questionnaire (SDQ), the Difficulties in Emotional Regulation Scale (DERS), and a 12-item survey on the acceptability of the program and skills practices; all of which were translated and delivered in Spanish. **WHAT.** Students reported high levels of utility in their life (64%) and overall enjoyment (62%) of the program, with 40% of students rating the program as “good” and another 40% as “remarkable”. Teacher performance was also high, with 34% of students rating their performance as “remarkable” and 48% as “outstanding”. Students reported that the program benefited them the most in terms of being able to communicate and express thoughts and emotions, increase pleasant emotions, the usefulness of the skills, and participating in program activities. On the other hand, perceived amounts of homework, difficulties with mindfulness activities, and the theoretical aspect of the program were all perceived negatively. Suggestions for improvement included more practical exercises instead of theoretical exercises, as well as simply including more examples. Results indicate a significant decrease in peer problems as well as a significant increase in prosocial behavior, with students reporting feeling better at making decisions and problem-solving, regulating anger/anxiety, understanding emotional reactions and the process of emotional regulation, and resolving interpersonal conflicts.

9

Harned, M. S., Gallop, R. J., Schmidt, S. C., & Korslund, K. E. (2022). **The temporal relationships between therapist adherence and patient outcomes in dialectical behavior therapy.** *Journal of Consulting and Clinical Psychology*, 90(3), 272–281. <https://doi.org/10.1037/ccp0000714>

HOW. Researchers analyzed data from 6 clinical trials to investigate the relationship between therapist DBT adherence and patient outcomes, hypothesizing that greater DBT adherence would predict better outcomes. 15 raters reviewed 1,262 recorded individual therapy sessions using the DBT Adherence Coding Scale (DBT ACS), involving 288 patients and 83 therapists. **WHAT:** Results indicated that higher therapist adherence predicted fewer suicide attempts and lower risk of dropout. Analysis also indicated that higher levels of NSSI and lower global functioning predicted greater therapist adherence, although the effect was small. Researchers concluded that greater adherence may improve the efficacy of DBT treatment, and that therapists may feel more motivated or find identifying behavioral targets easier when a client is more impaired.

10

Hughes, A. J., Botanov, Y., & Beier, M. (2022). **Dialectical behavior therapy skills training for individuals with multiple sclerosis and their support partners: A pilot randomized controlled trial.** *Multiple Sclerosis and Related Disorders*, 59, 103481. <https://doi.org/10.1016/j.msard.2021.103481>

HOW. 20 pairs of patients with multiple sclerosis (MS) and their partners were randomly assigned to either DBT skills training treatment or Facilitated Peer Support (FPS), both delivered via telehealth. The DBT intervention consisted of a modified 12-week course including mindfulness, emotion regulation, and interpersonal effectiveness units. Clients were not provided with individual did have the opportunity to contact the skills group leader for coaching. The skills leader also attended a DBT consult group. Assessments of emotional state included the Hospital Anxiety and Depression Scale (HADS) and the Difficulty in Emotion Regulation Scale (DERS). **WHAT.** Participants in the DBT skills treatment group exhibited greater reductions in anxiety and depression symptoms than the FPS group immediately following treatment, however, this effect did not remain at follow-up.

11

Kaufman, E. A., Clerke, A. S., & Meddaoui, B. (2023). **Translating core intervention strategies into action: Interpersonal validation among self-injuring adolescents and their mothers.** *Journal of Clinical Psychology*, 79(1), 105–125. <https://doi.org/10.1002/jclp.23393>

HOW. The current study was designed to provide an objective assessment of in-vivo skills practice of the GIVE skill, as well as to identify factors that predict successful skills use. Participants consisted of 30 self-injuring adolescents and their mothers, as well as 30 control adolescents and their mothers. All dyads participated in two conflict discussions, one taking place before participants watched a video teaching the GIVE skill and one taking place afterward. Three trained raters recorded participants’ use of the four components of the GIVE skill in 2.5-minute increments. Researchers also measured participants’ respiratory sinus arrhythmia (RSA) reactivity as a physiological indicator of emotion regulation (higher RSA is associated with greater regulatory control). **WHAT.** Researchers found that the use of the GIVE skill significantly increased across the entire sample following the instructional video. Self-injuring adolescents and their mothers exhibited a greater increase in the “being gentle” component of the skill when compared to the control group. Higher RSA predicted greater use of validation.

12

Khodabakhshi-Koolae, A., Falsafinejad, M. R., Zoljalali, T., & Ghazizadeh, C. (2022). **Dialectical Behavior Therapy: Effect on emotion regulation and death anxiety in older female adults.** *Omega*, 302228211065960. <https://doi.org/10.1177/00302228211065960>

HOW. 30 Iranian women ages 60-75 received either DBT skills teaching (n=15) or no intervention (n=15). Skills teaching was delivered once a week over ten weeks, with sessions lasting 70-75 minutes. Emotion regulation and death anxiety were assessed in all participants at two time points, corresponding to pre- and post-intervention for the DBT group. **WHAT.** Emotion regulation scores in the DBT group significantly increased post-intervention, and death anxiety scores decreased. Researchers concluded that DBT may have the potential to enhance emotional well-being and mitigate death-related anxiety among older women.

13

Lawlor, C., Vitoratou, S., Duffy, J., Cooper, B., De Souza, T., Le Bouillier, C., Carter, B., Hepworth, C., & Jolley, S. (2022). **Managing emotions in psychosis: Evaluation of a brief DBT-informed skills group for individuals with psychosis in routine community services.** *The British Journal of Clinical Psychology*, 61(3), 735–756. <https://doi.org/10.1111/bjc.12359>

HOW. Researchers investigated the feasibility and efficacy of a DBT-informed emotion regulation intervention for individuals with psychosis in an inner-city setting. 75 participants engaged in an eight-week course taught by a clinician with DBT experience, and included instruction on mindfulness, distress tolerance and emotion regulation. Feasibility was measured through client uptake (number of participants attending at least 1 session), completion rate (number of participants attending at least 50% of sessions), quantitative satisfaction ratings and qualitative interviews. Clinical impact was measured through pre- and post- assessments of psychological distress (CORE-10), emotion regulation (DERS), and adaptive skills use (DBT Ways of Coping Scale). **WHAT.** 81.3% of participants attended at least one session, while 48% of participants attended at least 50% of sessions, with participants reporting high satisfaction on average. Qualitative interviews included themes of greater understanding of and control over emotions and planned continued use of skills, although participants also indicated that they could use more help determining how to apply skills in everyday life. Psychological distress significantly decreased, while emotion regulation and adaptive skills use increased from pre- to post-assessment, with the exception of emotional clarity.

14

Reilly, E. E., Brown, T. A., Arunagir, V., Kaye, W. H., & Wierenga, C. E. (2022). **Exploring changes in alexithymia throughout intensive dialectical behavior therapy for eating disorders.** *European Eating Disorders Review: The Journal of the Eating Disorders Association*, 30(3), 193–205. <https://doi.org/10.1002/erv.2887>

HOW. Researchers investigated whether alexithymia in individuals with eating disorders would change over the course of DBT treatment and at follow-up. Participants consisted of 582 adults and 382 adolescents enrolled in a DBT-informed partial hospitalization program for eating disorders. The program consisted of bi-weekly skills training classes, individual therapy, access to phone coaching, and weekly therapist consultation meetings. Participants also engaged in supervised meals and snacks, as well as regular meetings with a psychiatrist and dietician. Adolescents also received weekly family-based treatment. Measures included diagnostic interviews, the EDs examination questionnaire (EDE-Q), the Beck depression inventory (BDI-II), and the Toronto alexithymia scale (TAS-20). Data were naturalistically collected over the course of treatment. **WHAT.** Alexithymia decreased from intake to discharge and from discharge to follow-up in the full sample, however this result was no longer significant when accounting for covariates. Higher alexithymia scores were associated with increased ED symptoms across timepoints.

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Portland DBT Institute Research Team: Eva Johnson, Eric Matsunaga, Jacinto Silva-Alvarez, Kasey Bumgardner, Chloe Jaques, & Andrew White, PhD, ABPP

1

Arntz, A., Miesink, K., Cox, W. R., Verhoef, R. E. J., van Emmerik, A. A. P., Raemckers, S. A., Badenbach, T., & Grasmann, R. P. P. (2023). **Dropout from psychological treatment for borderline personality disorder: A multilevel survival meta-analysis.** *Psychological Medicine*, 53(3), 668–686. <https://doi.org/10.1017/S0033291722003634>

HOW. This meta-analysis examined dropout rates from various psychological treatments for BPD, including 111 studies totaling 9100 participants. The primary psychological treatment consisted of full and reduced versions of DBT. **WHAT.** Dropout rates were highest overall in the first quarter of treatment for all treatment types. Group treatments or group-heavy treatments exhibited significantly higher dropout rates than average. Schema Therapy and Mentalization-Based Treatment had the lowest dropout rates across all treatments. The discussion highlights the need for improved understanding of dropout factors and strategies to enhance treatment engagement in BPD interventions, which is crucial for optimizing therapeutic outcomes in this population.

2

Chanen, A. M., Betts, J. K., Jackson, H., Cotton, S. M., Gleeson, J., Davey, C. G., Thompson, K., Perera, S., Rayner, V., Andrewes, H., & McCutcheon, L. (2022). **Effect of 3 forms of early intervention for young people with Borderline Personality Disorder: The MOBY Randomized Clinical Trial.** *JAMA Psychiatry*, 79(2), 109–119. <https://doi.org/10.1001/jamapsychiatry.2021.3637>

HOW. This single-blinded randomized clinical trial investigated the impact of the Helping Young People Early (HYPE) treatment with Cognitive Analytic Therapy (CAT), HYPE with befriending psychotherapy, and a Youth Mental Health Service (YMHS) model with befriending psychotherapy on 128 young people with borderline personality disorder (BPD). Participants were assessed for psychosocial functioning using the Inventory of Interpersonal Problems Circumplex Version and the Social Adjustment Scale Self-Report. **WHAT.** Results revealed no significant difference in psychosocial functioning 12 months after treatment between all three treatment conditions. Participants in the HYPE model conditions exhibited significantly greater treatment attendance and completion compared to those in the YMHS condition, with the HYPE and CAT treatment condition exhibiting the greatest treatment attendance and completion.

3

Chanen, A. M., Betts, J. K., Jackson, H., Cotton, S. M., Gleeson, J., Davey, C. G., Thompson, K., Perera, S., Rayner, V., Chong, S. Y., & McCutcheon, L. (2022). **A comparison of adolescent versus young adult outpatients with first-presentation Borderline Personality Disorder: Findings from the MOBY Randomized Controlled Trial.** *Canadian Journal of Psychiatry*. *Revue Canadienne De Psychiatrie*, 67(1), 26–38. <https://doi.org/10.1177/0706743721992677>

HOW. This study investigated differences in 139 adolescents and young adults with BPD in an outpatient setting. Participants were assessed through semi-structured interviews and various self-report measures. **WHAT.** 99.3% of participants reported engaging in self-harm behaviors, 18.7% were dependent on alcohol, and 40% were not involved in education, training, employment, or homemaking. Significantly more adolescents were in psychosocial treatment compared to young adults, while significantly young adults used medication treatment compared to adolescents. Adolescents reported starting to engage in self-harm at a younger age and reported higher levels of self-harm compared to young adults.

4

McLaren, V., Gallagher, M., Hopwood, C. J., & Sharp, C. (2022). **Hypermentalizing and Borderline Personality Disorder: A meta-analytic review.** *American Journal of Psychotherapy*, 75(1), 21–31. <https://doi.org/10.1176/appi.psychotherapy.20210018>

HOW. This meta-analytic review examined the presence and specifics of hypermentalizing in individuals with BPD, including 36 studies and 4,188 participants. Hypermentalizing was measured using the Movie for the Assessment of Social Cognition. **WHAT.** A positive association was found between those with mental disorders and hypermentalizing, however there was no significant difference in hypermentalizing between BPD and non-BPD participants.

5

Munson, K. A., Janney, C. A., Goodwin, K., & Nagalla, M. (2022). **Cultural representations of Borderline Personality Disorder.** *Frontiers in Sociology*, 7, 832497. <https://doi.org/10.3389/fsoc.2022.832497>

HOW. Cultural representations of self-harm behavior and psychological stressors in individuals with BPD was investigated in a review of 22 articles. **WHAT.** The most common forms of self-harm reported by people with BPD in Eastern nations were overdose and poisoning. In Western nations, the method of skin mutilation was most predominant among those with BPD. In terms of psychological stressors, interpersonal problems experienced by BPD populations were higher in Western nations compared to Eastern nations.

6

Wollmer, M. A., Neumann, I., Jung, S., Bechinie, A., Herrmann, J., Müller, A., Wohlmuth, P., Fournier-Kaiser, L., Sperling, C., Peters, L., Kneer, J., Engel, J., Jürgensen, F., Schulze, J., Nagel, M., Prager, W., Sinke, C., Kahl, K. G., Karst, M., ... Kruger, T. H. C. (2022). **Clinical effects of glabellar botulinum toxin injections on borderline personality disorder: A randomized controlled trial.** *Journal of Psychopharmacology (Oxford, England)*, 36(2), 159–169. <https://doi.org/10.1177/02698811211069108>

HOW. 54 female participants with BPD were randomly assigned to a treatment group where they received either acupuncture treatment or facial injections with botulinum toxin A (BTX). Researchers drew from the facial feedback hypothesis, hypothesizing that inhibition of the frown response to negative emotions may reduce symptoms of BPD. **WHAT.** Researchers did not find any significant differences in treatment outcomes between the control and BTX groups.

7

Feffer, K., Lee, H. H., Wu, W., Ekin, A., Demchenko, I., Cairo, T., Mazza, F., Fettes, P., Mansouri, F., Bhui, K., Daskalakis, Z. J., Blumberger, D. M., Giacobbe, P., & Downar, J. (2022). **Dorsomedial prefrontal rTMS for depression in borderline personality disorder: A pilot randomized crossover trial.** *Journal of Affective Disorders*, 301, 273–280. <https://doi.org/10.1016/j.jad.2021.12.038>

HOW. This pilot randomized crossover trial investigated the outcome of either active-then-sham or sham-then-active dorsomedial prefrontal cortex repetitive transcranial magnetic stimulation (DMPFC-rTMS) treatment in 16 participants with BPD and comorbid Major Depressive Disorder (MDD). Depression severity was assessed using the Hamilton Rating Scale for Depression (HamD17) at baseline, weekly during treatment, and after treatment at 1-, 4-, and 12-week follow-ups. **WHAT.** Both treatment conditions exhibited a significant improvement in depressive symptom severity. 37.5% of participants achieved remission for MDD, which was maintained at a one-month follow-up.

8

Ho, W., & Kolla, N. J. (2022). **The endocannabinoid system in borderline personality disorder and antisocial personality disorder: A scoping review.** *Behavioral Sciences & the Law*, 40(2), 331–350. <https://doi.org/10.1002/bsl.2576>

HOW. This review examined 5 studies, including 69 antisocial personality disorder (ASPD) participants and 61 BPD participants, to investigate endocannabinoid system (ECS) differences in individuals with these personality disorders. **WHAT.** One study found those with BPD to have significantly lower Anandamide levels than the control sample, while another study found the opposite. One study found significantly higher levels of fatty acid amide hydrolase (FAAH) in the prefrontal cortex (PFC) of BPD participants compared to a control sample, while another study found significantly lower levels of FAAH in the PFC of ASPD participants. The discussion highlights that the research on ECS differences in BPD and ASPD is in its early stages, and the need for further research is emphasized.

9

Juurink, T. T., Betts, J. K., Nicol, K., Lamers, F., Beekman, A. T. F., Cotton, S. M., & Chanen, A. M. (2022). **Characteristics and predictors of educational and occupational disengagement among outpatient youth with Borderline Personality Disorder.** *Journal of Personality Disorders*, 36(1), 116–128. <https://doi.org/10.1521/pedi.2021.35.534>

HOW. This secondary analysis of the Monitoring Outcomes of BPD in Youth (MOBY) study involved 112 young adults with BPD in an outpatient setting, and examined the employment status of participants at baseline and at 18 months. **WHAT.** A significant proportion of youth with BPD experienced educational and occupational disengagement. Factors such as instability in identity, instability in interpersonal relationships, and feelings of emptiness were predictors for disengagement in employment, education, and training.

10

Mattingley, S., Youssef, G. J., Manning, V., Graeme, L., & Hall, K. (2022). **Distress tolerance across substance use, eating, and borderline personality disorders: A meta-analysis.** *Journal of Affective Disorders*, 300, 492–504. <https://doi.org/10.1016/j.jad.2021.12.126>

HOW. This meta-analysis examined the relationship between distress tolerance (DT) and symptomology in individuals with problematic substance use (PSU), disordered eating behaviors (DEB), and/or BPD. 81 studies were included in the meta-analysis, totaling 41,328 participants. **WHAT.** A medium, negative association was observed between DT and PSU, between DT and DEB, and between DT and impulsive-type psychopathology. A large, negative association was observed between DT and BPD symptoms, with a medium, negative association observed between DT and overall BPD (BPD diagnosis and presence of BPD symptoms).

11

Jenkins, C. A., Thompson, K. N., Nicholas, C. L., & Chanen, A. M. (2022). **Sleep in young people with features of Borderline Personality Disorder: A Scoping Review.** *Journal of Personality Disorders*, 36(1), 19–39. <https://doi.org/10.1521/pedi.2021.35.525>

HOW. This review, encompassing 8 articles, examined sleep patterns in young individuals with features of BPD. Sleep patterns were assessed through various measurements including self-report questionnaires and actigraphy. **WHAT.** Youth with features of BPD were found to have significantly poorer sleep quality, higher risk for delayed sleep phase syndrome, greater nightmares, and exhibited significantly altered sleep patterns compared to those with little to no BPD features. Young people with BPD features exhibited a higher percentage of N1 and REM sleep, a quicker onset of REM sleep, and a greater number of eye movements during REM sleep, compared to their healthy counterparts. The importance of more comprehensive research on the relationship between BPD and sleep disturbances in youth to increase treatment efficacy was discussed.

12

Lisoni, J., Barlati, S., Deste, G., Ceraso, A., Nibbio, G., Baldacci, G., & Vita, A. (2022). **Efficacy and tolerability of Brain Stimulation interventions in Borderline Personality Disorder: State of the art and future perspectives - A systematic review.** *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 116, 110537. <https://doi.org/10.1016/j.pnpbp.2022.110537>

HOW. This systematic review analyzed 24 studies regarding the efficacy of various invasive and Non-Invasive Brain Stimulation (NIBS) treatments for individuals with BPD, including Deep Brain Stimulation (DBS), Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), and transcranial Direct Current Stimulation (tDCS). **WHAT.** Findings indicate that NIBS, particularly tDCS and TMS, appear to regulate depressive symptoms in BPD individuals. Studies on the efficacy of ECT presented with varying results, from BPD participants exhibiting rapid relapse after ECT to BPD participants exhibiting significant improvement in depressive symptoms and suicidal ideation. The importance of higher quality future research is discussed, highlighting the need for randomized controlled trials and studies with a lower risk of methodological biases.

13

Chu, J., Zheng, K., & Yi, J. (2022). **Aggression in borderline personality disorder: A systematic review of neuroimaging studies.** *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 113, 110472. <https://doi.org/10.1016/j.pnpbp.2021.110472>

HOW. This systematic review included 32 neuroimaging studies regarding the relationship between aggressive behaviors and BPD. Studies utilized Magnetic Resonance Spectrum (MRS), structural and functional Magnetic Resonance Imaging (MRI), and Positron Emission Tomography measurements. **WHAT.** Results indicated various differences in prefrontal cortices and limbic structures in BPD individuals compared to expected findings in a non-BPD population, particularly in the amygdala and hippocampus. Some studies highlighted the potential influence of frontal-limbic connectivity interactions in aggression regulation. The importance of controlling for comorbidities, gender, and other demographic factors in future research is further discussed.

14

McKenzie, K., Gregory, J., & Hogg, L. (2022). **Mental health workers' attitudes towards individuals with a diagnosis of Borderline Personality Disorder: A Systematic Literature Review.** *Journal of Personality Disorders*, 36(1), 70–98. <https://doi.org/10.1521/pedi.2021.35.528>

HOW. This systematic literature review examined mental health workers' attitudes toward individuals with BPD across various countries, including 25 studies from Australia, USA, UK, Canada, South Africa, and Italy. Mental health worker attitudes were assessed through clinical vignettes, questionnaires, and interviews. **WHAT.** Findings indicate that mental health workers generally exhibit more stigmatized beliefs towards individuals with BPD compared to individuals with depression, or those with a non-specified mental illness. Common specific stereotypes held by mental health workers include beliefs of people with BPD being more dangerous and having more negative therapy experiences than those with other mental health disorders. Findings also indicate that mental health workers also behave more negatively and dismissively towards clients with BPD compared to clients without.

15

Fumagalli, G., & Margola, D. (2022). **Is personality the key in cognitive-behavioural therapy for eating disorders? A review.** *Clinical Psychology & Psychotherapy*, 29(1), 164–177. <https://doi.org/10.1002/cpp.2627>

HOW. This review analyzed 16 studies to explore potential predictors, mediators, and moderators of the efficacy cognitive-behavioral therapy (CBT) for eating disorders (ED). **WHAT.** Personality disorders were not found to be predictive of treatment outcomes in about half of the studies included. In one study, BPD was found to be predictive of a poor treatment outcome and acted as a moderator based on the type of treatment. Those with low or no BPD symptoms experienced more positive treatment outcomes when treatment was focused on ED symptomatology, whereas those with BPD symptoms experienced more positive treatment outcomes when treatment was focused on interpersonal problems and mood intolerance. The need for tailored interventions that consider the interplay between personality factors and treatment outcomes in eating disorder treatment is further discussed.

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Hurtado-Santiago, S., Guzmán-Parra, J., Mayoral, F., & Bersabé, R. M. (2022). **Iconic Therapy for the reduction of borderline personality disorder symptoms among suicidal youth: A preliminary study.** *BMC Psychiatry*, 22(1), 224. <https://doi.org/10.1186/s12888-022-03862-x>

HOW. This two-armed parallel randomized controlled trial investigated the efficacy of Iconic Therapy (IT) versus a psychological supportive intervention (SI) in 40 young individuals with BPD. BPD symptoms were measured at baseline, the end of treatment, and at a 12-month follow up using the Borderline Symptom List (BSL-23), the Columbia-Suicide Severity Rating Scale (C-SSRS), the Maladjustment Scale, and the Credibility/Expectancy Questionnaire. **WHAT.** Both treatment interventions resulted in a reduction in BPD symptoms after treatment and at the 12-month follow up. Results did not indicate any significant difference in the efficacy of IT and SI. Those who received IT reported more treatment satisfaction compared to those who received SI directly after treatment, however, no significant difference in treatment satisfaction was found at the 12-month follow up.

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Smits, M. L., Luyten, P., Feenstra, D. J., Bales, D. L., Kamphuis, J. H., Dekker, J. J. M., Verheul, R., & Busschbach, J. J. V. (2022). **Trauma and outcomes of Mentalization-Based Therapy for individuals with Borderline Personality Disorder.** *American Journal of Psychotherapy*, 75(1), 12–20. <https://doi.org/10.1176/appi.psychotherapy.20210027>

HOW. The study investigated the impact of childhood trauma in 114 participants with BPD who underwent mentalization-based therapy (MBT) in either a day hospital setting (MBT-DH), or an intensive outpatient setting (MBT-IOP). Childhood trauma was assessed at the start of treatment using the Childhood Trauma Questionnaire (CTQ). Participants were also assessed for symptom severity, interpersonal functioning, and borderline pathology for 36 months after the treatment began. **WHAT.** Patients with substantial childhood trauma exhibited a reduced rate of change in the MBT-IOP treatment, compared to those without trauma. Patients who experienced substantial emotional or physical neglect in childhood exhibited a greater rate of change in the MBT-DH treatment. Emotional neglect in childhood showed a significant moderating effect for BPD symptoms.

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Penengo, C., Colli, C., Bonivento, C., Boscutti, A., Bolestrieri, M., Delvecchio, G., & Brambilla, P. (2022). **Auditory event-related electroencephalographic potentials in borderline personality disorder.** *Journal of Affective Disorders*, 296, 454–464. <https://doi.org/10.1016/j.jad.2021.09.096>

HOW. This review examined 10 studies looking at differences in auditory stimuli event related changes in electroencephalography (EEG) activity, or event-related potentials (ERPs), between those with BPD and those without. **WHAT.** A significant reduction in P200 latency in BPD patients compared to non-BPD controls was found, along with an increase in P200 and N100 sensory gating. A longer P300 latency and reduced P300 amplitude were found in BPD patients. The discussion suggests that differences in ERPs reflect the reduced sustained attention, impulsivity, and emotional sensitivity in those with BPD. Implications of these findings point toward potential neurophysiological markers for BPD, their relevance for understanding the underlying mechanisms of the disorder, and early detection of BPD traits.

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Smits, M. L., Feenstra, D. J., Bales, D. L., Blankers, M., Dekker, J. J. M., Lucas, Z., Kamphuis, J. H., Busschbach, J. J. V., Verheul, R., & Luyten, P. (2022). **Day hospital versus intensive outpatient mentalization-based treatment: 3-year follow-up of patients treated for borderline personality disorder in a multicentre randomized clinical trial.** *Psychological Medicine*, 52(3), 485–495. <https://doi.org/10.1017/S0033291720002123>

HOW. The study included 114 participants with BPD who were randomly assigned to either day hospital treatment mentalization-based treatment (MBT-DH) or intensive outpatient mentalization-based treatment (MBT-IOP). Treatment outcomes were assessed 24, 30, and 36 months after the start of treatment, using the Brief Symptom Inventory (BSI), borderline symptomatology, personality and interpersonal functioning, quality of life, and self-harm behaviors. **WHAT.** Both MBT-DH and MBT-IOP groups exhibited significant improvements in symptom severity at the 36-month follow-up, with no significant differences between the groups. Combining the MBT-DH and MBT-IOP groups, 83% of patients showed significant improvement in BSI scores, 14.3% showed no significant change, and 2.7% showed an increase in symptom severity. Those in the MBT-DH group exhibited greater improvement during the follow-up assessments than the MBT-IOP group, while the MBT-IOP group exhibited greater improvement during the treatment phase itself.

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Wright, L., Lari, L., Iazzetta, S., Saettoni, M., & Gragnani, A. (2022). **Differential diagnosis of borderline personality disorder and bipolar disorder: Self-concept, identity and self-esteem.** *Clinical Psychology & Psychotherapy*, 29(1), 26–61. <https://doi.org/10.1002/cpp.2591>

HOW: Researchers conducted a systematic review of current research surrounding differential diagnosis of BPD and bipolar disorder to determine factors that could aid the diagnostic process. **WHAT:** Researchers determined that while both disorders involved unstable self-concept, shifts were rapid and likely to be triggered by interpersonal events for BPD patients, whereas for bipolar patients these shifts were slow and tied to internal changes (i.e., mood). Additionally, BPD patients exhibited trait negative self-esteem, whereas patients with bipolar disorder exhibited mood-dependent negative self-esteem. Researchers concluded that unstable self-concept was a core feature of BPD, but was mood-dependent in patients with bipolar disorder.