

# TAKE 10

## DBT Research Takeaways

Articles from QUARTER 1, 2022

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1

Ritschel, L. A., Guy, L., & Maddox, B. B. (2022). **A pilot study of dialectical behaviour therapy skills training for autistic adults.** *Behavioural and Cognitive Psychotherapy*, 50(2), 187–202. <https://doi.org/10.1017/S1352465821000370>

**HOW.** This pilot study investigated the retention, attendance, and participant satisfaction of a 24-week DBT skills training (DBT-ST) group with 16 autistic adults. Groups were led by clinicians with expertise in treating autistic clients but no prior experience with DBT. Each session lasted 90 minutes and occurred once a week. **WHAT.** The average attendance rate was 87.54%, with 13 participants completing all 24 sessions. The average satisfaction rate was 4.45, on a 5-point scale. Participants also reported that DBT-ST would likely be an effective mental health treatment for other autistic individuals. The discussion highlights the need to develop clinicians' understanding of autism spectrum disorder to increase the acceptability and satisfaction of DBT services for autistic clients.

2

Rizvi, S. L., Finkelstein, J., Wacha-Montes, A., Yeager, A. L., Ruork, A. K., Yin, Q., Kellerman, J., Kim, J. S., Stern, M., Oshin, L. A., & Kleiman, E. M. (2022). **Randomized clinical trial of a brief, scalable intervention for mental health sequelae in college students during the COVID-19 pandemic.** *Behaviour Research and Therapy*, 149, 104015. <https://doi.org/10.1016/j.brat.2021.104015>

**HOW.** 153 undergraduate students participated in a randomized clinical trial examining the efficacy of short DBT skills videos (available at <https://youtube.com/dbtru>) in reducing psychological distress during the COVID-19 pandemic. Participants were assessed using the Difficulties in Emotion Regulation Scale-18 (DERS-18) at baseline, and the Ecological Momentary Assessment (EMA) before, during, and after the 6-week intervention. Participants were randomly assigned to the treatment condition with the DBT skills videos or the control group (i.e., no videos). **WHAT.** 83 of the 99 participants in the treatment condition watched at least one video; 23 out of 99 participants watched all 14 videos at least once. Participants in the treatment condition reported that their emotions did not become more tolerable after watching the videos, while those in the control condition reported their emotions becoming less tolerable within the same timeframe.

3

Ruork, A. K., Yin, Q., & Fruzzetti, A. E. (2022). **Phone consultation and burnout among providers of dialectical behaviour therapy.** *Clinical Psychology & Psychotherapy*, 29(2), 744–753. <https://doi.org/10.1002/cpp.2668>

**HOW.** This study investigated the relationship between phone consultation and therapist burnout in a DBT setting. 65 participants completed self-report assessments regarding burnout, format and frequency of phone consultations, therapist characteristics, and perceptions of participants' DBT consultation teams. **WHAT.** Lower burnout scores were found when consultation teams were rated as more effective and when providers shared the load of phone coaching amongst their team. Increased frequency of crisis contacts was associated with an increase in burnout. Findings highlight the importance of ongoing consultation in maintaining therapist well-being and reducing burnout.

4

Salles, B. M., Maturana de Souza, W., Dos Santos, V. A., & Mograbi, D. C. (2023). **Effects of DBT-based interventions on alexithymia: A systematic review.** *Cognitive Behaviour Therapy*, 52(2), 110–131. <https://doi.org/10.1080/16506073.2022.2117734>

**HOW.** This systematic review, comprised of 8 studies, examined the efficacy of DBT-based interventions in reducing alexithymia, or the impairment of one's ability to observe and express one's own emotions. Alexithymia was primarily measured using the Toronto Alexithymia Scale 20 items (TAS-20). **WHAT.** Participants with eating disorders (EDs), female participants with post-traumatic stress disorder (PTSD), and adolescents exhibited significant reductions in alexithymia scores after DBT-based treatment. Participants with borderline personality disorder (BPD) and participants who were incarcerated exhibited varying changes in alexithymia scores, and autistic participants did not exhibit any changes after treatment.

5

Schiffler, T., Seiler-Ramadas, R., Štefanac, S., Haider, S., Mues, H. M., & Grabovac, I. (2022). **Implementation of a Mobile DBT App and Its Impact on Suicidality in Transitional Age Youth with Borderline Personality Disorder: A Qualitative Study.** *International Journal of Environmental Research and Public Health*, 19(2), 701. <https://doi.org/10.3390/ijerph19020701>

**HOW.** This study explored the efficacy of a DBT psychoeducation mobile app in the reduction of suicidality and non-suicidal self-injury (NSSI) in 13 transitional age youth (TAY) with borderline personality disorder (BPD) and prior DBT experience. Participants were introduced to the app over a 30-day period, and outcomes were assessed using semi-structured interviews based on the Self-Injurious Thoughts and Behaviors Interview (SITBI). **WHAT.** Participants reported slightly less frequent NSSI behavior at the follow up interview, and most participants did not engage in severe NSSI during the 30-day intervention period. The majority of participants did not report any changes in their attitudes towards NSSI after the 30-day period. Participants reported positive opinions about the app's accessibility, with some noting that the incorporation of this app into treatment could be beneficial, so long as it is not the sole intervention used.

6

Schmeck, K., Weise, S., Schlüter-Müller, S., Birkhölzer, M., Furer, L., Koenig, J., Krause, M., Lerch, S., Schenk, N., Valdes, N., Zimmermann, R., & Kaess, M. (2023). **Effectiveness of adolescent identity treatment (AIT) versus DBT-a for the treatment of adolescent borderline personality disorder.** *Personality Disorders*, 14(2), 148–160. <https://doi.org/10.1037/per0000572>

**HOW.** The study compared the efficacy of Adolescent Identity Treatment (AIT) and Dialectical Behavior Therapy for Adolescents (DBT-A) in treating borderline personality disorder (BPD) in a sample size of 60 adolescents. 37 participants underwent DBT-A and 23 participants underwent AIT for 6-8 months. Both conditions included in-person sessions with the participants and additional sessions with caregivers. Assessments of BPD criteria, personality functioning, identity, self-injurious behavior and suicidality, depression, and emotional and behavioral problems were measured at baseline, posttreatment, 1 year after baseline, and 2 years after baseline. **WHAT.** Both AIT and DBT-A treatment groups reported significant improvements in psychosocial functioning, BPD criteria, self-injurious behavior, depression, identity integration, and emotional and behavioral problems.

7

Seow, L. L. Y., Collins, K. R. L., Page, A. C., & Hooke, G. R. (2022). **Outcomes of brief versions of Dialectical Behaviour Therapy for diagnostically heterogeneous groups in a routine care setting.** *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 32(2), 179–194. <https://doi.org/10.1080/10503307.2021.1933240>

**HOW.** This study investigated treatment outcomes of a 5-day DBT skills training group (DBT-5) versus a 12-week DBT program (DBT-12). A sample of 395 inpatient and outpatient participants completed assessments for depression, anxiety, social and health functioning, self-esteem, and BPD symptomology before and after treatment. **WHAT.** Inpatient participants reported greater improvements in self-esteem and social functioning, greater reductions in BPD symptoms, and overall larger improvements in mental health scores compared to outpatient participants. Participants in the DBT-12 group exhibited greater improvement in social functioning and overall mental health at post-treatment compared to those in the DBT-5 group.

8

Simon, G. E., Shortreed, S. M., Rossom, R. C., Beck, A., Clarke, G. N., Whiteside, U., Richards, J. E., Penfold, R. B., Boggs, J. M., & Smith, J. (2022). **Effect of Offering Care Management or Online Dialectical Behavior Therapy Skills Training vs Usual Care on Self-harm Among Adult Outpatients With Suicidal Ideation: A Randomized Clinical Trial**. *JAMA*, 327(7), 630–638. <https://doi.org/10.1001/jama.2022.0423>

**HOW.** This randomized clinical trial explored changes in fatal and non-fatal self-harm risk and frequency across three different supplementary treatment interventions added to participants' ongoing mental healthcare. 18,644 participants were randomly assigned to either a virtual care management intervention, a virtual DBT skills training intervention, or treatment as usual. Interventions lasted 12 months, with an 18-month follow-up period to assess fatal and non-fatal self-harm incidents. **WHAT.** During the follow-up period, 540 participants engaged in fatal or non-fatal self-harm behavior, with 45 of these incidents resulting in death. No significant differences in risk of fatal and non-fatal self-harm were found between the care management and usual care interventions; however, risk was significantly higher for those in the virtual DBT skills training intervention compared to those receiving usual care. Researchers highlighted that their findings do not devalue systems-wide implementation of adjunct suicide care, but rather that the low-intensity modalities studied do not adequately meet the clinical needs of high-risk populations.

9

Southward, M. W., Eberle, J. W., & Neacsu, A. D. (2022). **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*, 51(2), 114–129. <https://doi.org/10.1080/16506073.2021.1907614>

**HOW.** This study investigated how skills use and effectiveness in standard DBT (DBT-ST) improve emotional regulation and reduce depression, anxiety, and stress. 19 participants with elevated emotion dysregulation and depressive or anxiety disorders completed a pretreatment assessment as well as diary cards throughout treatment. **WHAT.** No significant changes in anxiety, depression, and stress were found over the course of the DBT-ST treatment. Increased skills use was found to be associated with lower reports of depression and higher rates of anxiety and stress. Participants exhibited an increase in skills use on days with greater reported stress and anxiety, which was found to be a significant predictor of decreases in stress and anxiety the following day.

10

Vasiljevic, S., Isaksson, M., Wolf-Areholt, M., Öster, C., Ramklint, M., & Isaksson, J. (2023). **Brief internet-delivered skills training based on DBT for adults with borderline personality disorder—A feasibility study**. *Nordic Journal of Psychiatry*, 77(1), 55–64. <https://doi.org/10.1080/08039488.2022.2055791>

**HOW.** This study explored the feasibility of a brief, virtual DBT skills training program. 9 participants on the wait list for treatment at a DBT clinic volunteered to participate. The 2-week virtual DBT skills training involved home assignments and online lessons. Semi-structured interviews and measures assessing BPD symptoms, therapist contact, and frequencies of non-suicidal self-injury (NSSI) and suicidal ideation were utilized. **WHAT.** No significant change in NSSI and suicidal ideation was identified between pre and posttreatment. Participants noted that practicing the skills on their own without direct support from a clinician was challenging, and requested more therapist contact. Participants did report an increase in skills knowledge and acquisition.

11

Visdómine-Lozano, J. C. (2022). **Contextualist perspectives in the treatment of antisocial behaviors and offending: A comparative review of FAP, ACT, DBT, and MDT**. *Trauma, Violence & Abuse*, 23(1), 241–254. <https://doi.org/10.1177/1524838020939509>

**HOW.** Researchers conducted a qualitative review of contextualist treatments for antisocial behavior. Nine studies involved the use of DBT with patients exhibiting antisocial behavior in inpatient or carceral settings. **WHAT.** Researchers found some evidence that participation in DBT programs was associated with a decrease in aggressive and parasuicidal behavior, increased emotional regulation and use of adaptive coping strategies, and decreased incidence of violence.

12

Warner, N., & Murphy, M. (2022). **Dialectical behaviour therapy skills training for individuals with substance use disorder: A systematic review**. *Drug and Alcohol Review*, 41(2), 501–516. <https://doi.org/10.1111/dar.13362>

**HOW.** Researchers conducted a systematic review of nine studies regarding the use of DBT Skills Training (DBT-ST) as a treatment for substance use disorders. **WHAT.** There is some preliminary support for DBT-ST as a treatment for SUDs; however, the researchers concluded that due to small sample sizes and methodological differences among the studies surveyed, no specific recommendations could be made.

13

Webb, E. L., Girardi, A., Fox, E., & Wallang, P. (2023). **An evaluation of value-based outcomes for women admitted to a dialectical behaviour therapy integrated practice unit: A follow-up study**. *Behavioural and Cognitive Psychotherapy*, 51(1), 110–115. <https://doi.org/10.1017/S1352465822000467>

**HOW.** This study followed up on treatment outcomes at baseline, 6 months, and 12 months for 41 women with BPD (referred to as emotionally unstable personality disorder in the article) admitted to an in-patient comprehensive DBT program. Researchers chose outcomes that had been identified by the patients as aligning with their perceptions of recovery. **WHAT.** Researchers found significant improvements in participant scores on measures of well-being, and a significant decrease in the incidence of self-harm and the use of seclusion and restraints. The most significant changes occurred between baseline and 12 months, suggesting that 6 months is not sufficient for patients to receive the full benefits of treatment.

14

Yilmaz, S., Huguet, A., Kisely, S., Rao, S., Wang, J., Baur, K., Price, M., O'Mahen, H., & Wright, K. (2022). **Do psychological interventions reduce symptoms of depression for patients with bipolar I or II disorder? A meta-analysis**. *Journal of Affective Disorders*, 301, 193–204. <https://doi.org/10.1016/j.jad.2021.12.1124>

**HOW.** Researchers conducted a meta-analysis of 22 randomized controlled trials to assess the effects of different interventions on symptoms of depression for individuals diagnosed with bipolar disorder. **WHAT.** Researchers found some evidence for a decrease in depression scores for participants who underwent CBT or DBT, but not for participants who received psychoeducation, mindfulness-based cognitive therapy (MBCT), family-based therapy, interpersonal and social rhythms therapy (IPSRT). However, the evidence quality for almost all studies was graded low by the researchers, with several components of the studies found to be at risk for bias. Some possible areas of bias included the inability to blind participants and researchers, reporting only significant or interesting findings, or participants systematically dropping out of the study. Researchers concluded that these areas of bias, as well as the small number of applicable studies, indicated a need for more studies into the effects of psychological interventions on bipolar disorder.



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