DBT Treatment Research
AUGUST 1, 2019 – AUGUST 31, 2019

1. **Title:** Implementing dialectical behavior therapy skills training with at-risk male youth in a military-style residential program.
   Authors: Anestis, JC, Charles, E, Lee-Rowland, LM, Barry, C, & Gratz, KL
   Journal & Date: Cognitive and Behavioral Practice, 2019

   Abstract: Recent calls to action rightly emphasize the need for early and preventative intervention for youth at risk for or currently exhibiting borderline personality disorder (BPD) features, non-suicidal self-injury (NSSI), and/or suicidality. However, there is a lack of information in both the research literature and clinical practice guidelines about the acceptability and effectiveness of such interventions for male youth, particularly those who have dropped out of high school and, thus, are at even greater risk for a multitude of adverse psychological and functional outcomes. The current study aims to address this gap by examining the acceptability and pilot efficacy of a modified Dialectical Behavior Therapy for Adolescents (DBT-A) skills training group intervention among a sample of 73 non-treatment-seeking male youth (aged 16–18) with borderline personality features, self-harm, or suicidal ideation who had dropped out of high school and were enrolled in a military-style residential program (relative to youth participating in the residential program alone). Both quantitative and qualitative feedback from youth point to the high acceptability of DBT-A skills training with this population. Within-subjects and between-groups comparisons support the preliminary efficacy of DBT-A skills training with this population. At posttreatment, participants reported statistically significant decreases in emotion regulation (ER) difficulties (d = 0.43) and increases in distress tolerance (d = -0.50). Further, compared to a similar group of male youth who did not receive DBT-A skills training, those who received skills training showed greater improvements in ER difficulties, albeit not distress tolerance. Data from this pilot trial provide preliminary support for the efficacy of brief, stand-alone DBT-A skills training in improving ER difficulties in a high-risk group of male youth.

Other Articles Relevant to DBT & BPD

1. **Title:** Dialectical behavior therapy and motivational interviewing: Conceptual convergence, compatibility, and strategies for integration
   Authors: Kaufman, EA, Douaihy, A, Goldstein, TR
   Journal & Date: Cognitive and Behavioral Practice, 2019

   Abstract: Dialectical behavior therapy (DBT) and motivational interviewing (MI) are two widely used and efficacious psychosocial interventions. An immense and growing number of studies examine DBT, MI, or adaptations of these approaches across diverse treatment contexts and across various clinical populations. Because DBT and MI are in high demand, it is probable that trainees and established practitioners will encounter one or both treatments over the course of

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their careers. Although MI and DBT initially evolved in distinct contexts for different populations, these approaches share a number of common fundamental principles. Each provides distinct and complementary strategies for enhancing clients' motivation and ability to change. For some, an integrative or sequenced application of MI and DBT may enhance client care. The present article highlights areas of divergence, convergence, and opportunities for integration, and offers practical tips for applying DBT and MI in conjunction.

2. **Title:** [The 24-year course of major depression in patients with borderline personality disorder and personality-disordered comparison subjects](#)
Authors: Zanarini, MC, Hörz-Sagstetter, S, Temes, CM, Frankenburg, FR, Hein, KE, Reich, DB, & Fitzmaurice, GM.
Journal & Date: Journal of Affective Disorders, 2019

Abstract: Background This study had two main objectives. The first was to detail the prevalence of major depressive disorder over 24 years of follow-up for both patients with borderline personality disorder (BPD) and comparison subjects with other personality disorders (OPD). The second was to determine time-to-remission, recurrence, and new onset of major depression among these two groups of patients. **Methods** The SCID-I was administered to 290 borderline inpatients and 72 personality-disordered comparison subjects during their index admission. It was also re-administered at 12 contiguous two-year follow-up periods. **Results** The prevalence of major depression was significantly higher for borderline patients over time but declined significantly over time for those in both study groups. In terms of time to events, 93% of borderline patients meeting criteria for major depression at baseline experienced a two-year remission by the time of the 24-year follow-up. Recurrences were about as common (90% for those with remitted major depression). New onsets of major depression were also very common (86% for those without major depression during their index admission). **Limitations** Results may not pertain to less severely ill patients with BPD and those in less treatment. **Conclusions** Taken together, the results of this study suggest that the remitting-recurring course of major depression in borderline patients is very similar to the course of major depression in those with other types of personality disorder and those for whom major depression is their primary disorder.

3. **Title:** [Parent Emotion Socialization and Child Emotional Vulnerability as Predictors of Borderline Personality Features](#)
Authors: Dixon Gordon, KL, Marsh, NP, Balda, KE, & McQuade, JD
Journal & Date: Journal of Abnormal Child Psychology, 2019

Abstract: Although parent emotion socialization and child temperament are theorized to interact in the prediction of borderline personality disorder (BPD) features, few studies have directly examined these relationships. The present study examined whether parental emotion socialization interacted with behavioral ratings and physiological indicators of emotional vulnerability in the prediction of BPD features among preadolescent children. Participants were 125 children (10–12 years; 55% female) and their parents recruited from the community. Parents and children reported on children's BPD features and parents completed a measure of supportive and non-supportive emotion socialization. Children's emotional vulnerability was assessed based on parent-rated negativity/lability and emotion regulation skills and children's

respiratory sinus arrhythmia (RSA) and skin conductance level (SCL) reactivity to a social stressor. Several significant interactions of parent supportive reactions, non-supportive reactions, and child emotional reactivity emerged. Children were lowest in BPD features when parents were high in supportive reactions and/or low in non-supportive reactions and the child was low in emotional vulnerability (e.g., low negativity/lability, good emotion regulation skills, or low SCL reactivity to stress). These findings suggest that specific emotion socialization factors in interaction with children's emotional reactivity may predict risk for BPD features in preadolescence. Future research is needed to replicate these findings and examine whether this interaction prospectively predicts trajectories of BPD features.

4. **Title:** Quality or quantity: A multi-study analysis of emotion regulation skills deficits associated with Borderline Personality Disorder
   Authors: Southward, MW & Cheavens, JS
   Journal & Date: Personality Disorders: Theory, Research, & Treatment, 2019

   Abstract: Linehan's (1993) biosocial theory posits that people with Borderline Personality Disorder (BPD) have emotion regulation skills deficits characterized by 1) less frequent use of adaptive emotion regulation strategies, 2) more frequent use of maladaptive strategies, or 3) poorer quality strategy implementation (i.e., strategies implemented less skillfully). We tested these possibilities among participants with BPD, Major Depressive Disorder (MDD), or no disorder (controls). Study 1 participants (N = 272) were recruited online; Study 2 participants (N = 90) completed in-person diagnostic assessments. The BPD groups reported greater use of maladaptive strategies than the MDD ($d = .35$) and control ($d = 1.54$) groups and lower quality implementation than the MDD ($d = .33$) and control groups ($d = .97$). BPD participants reported similar use of adaptive strategies as the MDD group ($d = .09$) but less use than controls ($d = .47$). BPD may be uniquely characterized by overuse of maladaptive strategies and poorer quality emotion regulation implementation.

5. **Title:** Individualized treatment response prediction of dialectical behavior therapy for borderline personality disorder using multimodal magnetic resonance imaging
   Authors: Schmitgen, MM, Niedtfeld, I, Schmitt, R, Mancke, F, Winter, D, Schmahl, C, & Herpertz, SC
   Journal & Date: Brain and Behavior, 2019

   Abstract: Introduction Individualized treatment prediction is crucial for the development and selection of personalized psychiatric interventions. Here, we use random forest classification via pretreatment clinical and demographical (CD), functional, and structural magnetic resonance imaging (MRI) data from patients with borderline personality disorder (BPD) to predict individual treatment response. **Methods** Before dialectical behavior therapy (DBT), 31 female patients underwent functional (three different emotion regulation tasks) and structural MRI. DBT response was predicted using CD and MRI data in previously identified anatomical regions, which have been reported to be multimodally affected in BPD. **Results** Amygdala and parahippocampus activation during a cognitive reappraisal task (in contrasts displaying neural activation for emotional challenge and for regulation), along with severity measures of BPD psychopathology and gray matter volume of the amygdala, provided best predictive power with neuronal hyperactivities in nonresponders. All models, except one model using CD data solely, achieved significantly better accuracy (>70.25%) than a simple all-respond model, with

sensitivity and specificity of >0.7 and >0.7, as well as positive and negative likelihood ratios of >2.74 and <0.36 each. Surprisingly, a model combining all data modalities only reached rank five of seven. Among the functional tasks, only the activation elicited by a cognitive reappraisal paradigm yielded sufficient predictive power to enter the final models. **Conclusion** This proof of principle study shows that it is possible to achieve good predictions of psychotherapy outcome to find the most valid predictors among numerous variables via using a random forest classification approach.