Family Skills Training in Dialectical Behaviour Therapy: The Experience of the Significant Others
S Ekdahl, E Idvall, KI Perseius - Archives of Psychiatric Nursing, 2014

Aim:
The aim was to describe Significant Others experiences of Dialectical Behaviour Therapy- Family Skills Training (DBT-FST), their life situation before and after DBT-FST, and measure their levels of anxiety and depressive symptoms.

Methods:
The study had a descriptive mixed method design. Data was collected with free text questionnaires (n=44), group interviews (n=53) and the HAD scale (n=52) and analysed by qualitative content analysis and descriptive and inferential statistics.

Results:
The results show that life before DBT-FST was a struggle. DBT-FST gave hope for the future and provided strategies, helpful in daily life. For the subgroup without symptoms of anxiety and depression before DBT-FST, anxiety increased significantly. For the subgroup with symptoms of anxiety and depression the symptoms decreased significantly. This indicates, despite increased anxiety for one group, that DBT-FST is a beneficial intervention and most beneficial for those with the highest anxiety- and depressive symptoms.

A Pilot Study of Two Brief Forms of DBT Skills Training for Emotion Dysregulation in College Students
SL Rizvi, LM Steffel - Journal of American College Health, 2014

Objective:
To examine the feasibility and initial efficacy of two abbreviated Dialectical Behavior Therapy (DBT) skills training groups: emotion regulation skills only and emotion regulation with mindfulness skills.

Participants:
Participants were 24 undergraduates (aged 18-29) with significant emotion dysregulation who...

Methods:
Participants participated in two-hour weekly group sessions for eight weeks and completed outcome measures at baseline, mid-treatment, post-treatment, and 4-week follow-up.

Results:
Participants in both conditions made significant gains, with large effect sizes, across measures of emotion regulation, affect, skills use, and functioning. There were no differences between the two groups, suggesting no additive benefit of mindfulness skills.

Conclusions:
This pilot study provides support for the acceptability and efficacy of abbreviated DBT skills training in colleges, given significant improvements, positive feedback, and low attrition. Impediments to feasibility included recruitment difficulties, particularly due to scheduling constraints.

Other Articles Relevant to DBT & BPD

An Investigation of the Biosocial Model of Borderline Personality Disorder

Objective:
We sought to test the Biosocial Theory of borderline personality disorder (BPD) that posits that borderline traits are due to emotional dysregulation, caused by the interaction between childhood emotional vulnerability and invaliding parenting.

Background:
A total of 250 adults (76% female, median age = 32.06 years) from a nonclinical population completed self-report measures assessing current levels of borderline traits and emotional dysregulation. They also completed retrospective measures of childhood emotional vulnerability and parental invalidation.

Results:
Invalidating parenting and emotional vulnerability independently predicted emotion dysregulation, but an interaction effect was not found. Having experienced validating parenting was found to be a protective factor for developing borderline traits but was not significantly related to emotional dysregulation.

Conclusion:
Data in this sample did not support the underlying genesis of BPD proposed by the Biosocial Theory and a model that more parsimoniously explains the development of BPD is proposed. J. Clin. Psychol. 00:1–8, 2014.

**Orienting Clients to Telephone Coaching in Dialectical Behavior Therapy**

*DD Ben-Porath - Cognitive and Behavioral Practice, 2014*

Considerable attention in the literature has been devoted to individual therapy and group skills training in dialectical behavior therapy. However, there is a relative dearth of information on telephone coaching in DBT. While several authors have addressed important issues in DBT, including studies on efficacy and therapeutic considerations, what is glaringly absent from the literature is a basic overview of how to orient new clients to DBT phone coaching. The goal of the current paper is to highlight the following six important areas and their role in orientation to DBT phone coaching: (a) orientation to the three functions of DBT telephone coaching; (b) orientation to the rationale of the 24-hour rule; (c) orientation to the logistics of contacting their therapist after hours; (d) orientation to observing the therapist’s personal limits; (e) orientation to the purpose of phone holidays; and (f) orientation to the practice of using skills prior to calling. A video is provided to further elucidate how to orient clients to DBT telephone coaching.

**Distinguishing Borderline Personality Disorder from Adult Attention Deficit/Hyperactivity Disorder: A clinical and dimensional perspective**

*P Prada, R Hasler, P Baud, G Bednarz, S Ardu, I Krejci... - Psychiatry Research, 2014*

Adult attention deficit hyperactivity disorder (ADHD) is frequently associated with Borderline Personality Disorder (BPD). As both disorders share some core clinical features they are sometimes difficult to distinguish from one another. The present work aimed to investigate differences in the expression of impulsivity, anger and aggression, quality of life as well as the number and severity of the comorbidities between ADHD, BPD, comorbid BPD-ADHD and control subjects. ADHD and BPD-ADHD patients showed a higher level of impulsivity than BPD and control subjects. BPD-ADHD patients had higher levels of substance abuse/dependence and higher levels of aggression than the other groups. Comorbid BPD-ADHD patients showed high levels of impulsivity and aggression, a characteristic that should draw the attention of clinicians on the necessity of providing an accurate diagnosis. The question also arises as to whether they represent a distinct clinical subgroup with specific clinical characteristics, outcomes and vulnerability factors.
Effects of Ketamine on Explicit and Implicit Suicidal Cognition: A Randomized Controlled Trial in Treatment-Resistant Depression

RB Price, DV Iosifescu, JW Murrough, LC Chang... - Depression and Anxiety, 2014

Background:
Preliminary evidence suggests intravenous ketamine has rapid effects on suicidal cognition, making it an attractive candidate for depressed patients at imminent risk of suicide. In the first randomized controlled trial of ketamine using an anesthetic control condition, we tested ketamine's acute effects on explicit suicidal cognition and a performance-based index of implicit suicidal cognition (Implicit Association Test; IAT) previously linked to suicidal behavior.

Method:
Symptomatic patients with treatment-resistant unipolar major depression (inadequate response to ≥3 antidepressants) were assessed using a composite index of explicit suicidal ideation (Beck Scale for Suicidal Ideation, Montgomery-Asberg Rating Scale suicide item, Quick Inventory of Depressive Symptoms suicide item) and the IAT to assess suicidality implicitly. Measures were taken at baseline and 24 hr following a single subanesthetic dose of ketamine (n = 36) or midazolam (n = 21), a psychoactive placebo agent selected for its similar, rapid anesthetic effects. Twenty four hours postinfusion, explicit suicidal cognition was significantly reduced in the ketamine but not the midazolam group.

Results:
Fifty three percent of ketamine-treated patients scored zero on all three explicit suicide measures at 24 hr, compared with 24% of the midazolam group (χ² = 4.6; P = .03). Implicit associations between self- and escape-related words were reduced following ketamine (P = .01; d = .58) but not midazolam (P = .68; d = .09). Ketamine-specific decreases in explicit suicidal cognition were largest in patients with elevated suicidal cognition at baseline, and were mediated by decreases in nonsuicide-related depressive symptoms.

Conclusion:
Intravenous ketamine produces rapid reductions in suicidal cognition over and above active placebo. Further study is warranted to test ketamine's antisuicidal effects in higher-risk samples.

Specificity of affective instability in patients with borderline personality disorder compared to posttraumatic stress disorder, bulimia nervosa, and healthy controls.

P Santangelo, I Reinhard, L Mussgay, R Steil... - Journal of Abnormal ..., 2014
Affective instability is a core feature of borderline personality disorder (BPD). The use of advanced assessment methodologies and appropriate statistical analyses has led to consistent findings that indicate a heightened instability in patients with BPD compared with healthy controls. However, few studies have investigated the specificity of affective instability among patients with BPD with regard to relevant clinical control groups. In this study, 43 patients with BPD, 28 patients with posttraumatic stress disorder (PTSD), 20 patients with bulimia nervosa (BN), and 28 healthy controls carried e-diaries for 24 hours and were prompted to rate their momentary affective states approximately every 15 minutes while awake. To quantify instability, we used 3 state-of-the-art indices: multilevel models for squared successive differences (SSDs), multilevel models for probability of acute changes (PACs), and aggregated point-by-point changes (APPCs). Patients with BPD displayed heightened affective instability for emotional valence and distress compared with healthy controls, regardless of the specific instability indices. These results directly replicate earlier studies. However, affective instability did not seem to be specific to patients with BPD. With regard to SSDs, PACs, and APPCs, patients with PTSD or BN showed a similar heightened instability of affect (emotional valence and distress) to that of patients with BPD. Our results give raise to the discussion if affective instability is a transdiagnostic or a disorder-specific mechanism. Current evidence cannot answer this question, but investigating psychopathological mechanisms in everyday life across disorders is a promising approach to enhance validity and specificity of mental health diagnoses. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Psychosocial interventions for suicidal ideation, plans, and attempts: a database of randomised controlled trials**

*H Christensen, AL Calear, B Van Spijker, J Gosling… - BMC Psychiatry, 2014*

**Background:**

Research in suicide prevention using psychosocial interventions is rapidly advancing. However, randomised controlled trials are published across a range of medical, psychological and sociology journals, and it can be difficult to locate a full set of research studies. In this paper, we present a database of randomized controlled outcome studies on psychosocial interventions targeting suicidal behaviour. The database is updated annually and can be accessed by contacting the corresponding author.

**Description:**

A comprehensive literature search of the major bibliographical databases (PsycINFO; PubMed; Cochrane Central Register of Controlled Trials) was conducted for articles published between 1800 to July 30 2013, and examined reference lists of previous relevant reviews and included papers to locate additional references. Studies were included if they featured a randomised controlled design in which the effects of a psychosocial intervention were compared to a control condition (no intervention, attention placebo, wait-list, treatment-as-usual [TAU]), another psychosocial intervention or a pharmacological intervention. In total, 12,250 abstracts were identified. Of these, 131 studies met eligibility criteria and were included. Each paper was then coded into categories of participant characteristics (age, gender,
formal diagnosis, primary reason for recruitment); details of the intervention (recruitment setting, content, intervention setting, administering individual, delivery type, delivery format, delivery frequency, delivery length); and study characteristics (control and experimental conditions, primary outcome/s, secondary outcome/s, follow-up period). One paper has been published from the database using studies collected and coded prior to 2012.

**Conclusion:**
The database and listing of 131 studies is available for use by suicide prevention researchers. It provides a strong starting point for systematic reviews and meta-analyses of treatments and interventions. It will be updated yearly by researchers funded through the Australian National Health and Medical Research Council Centre for Research Excellence for Suicide Prevention (CRESP), located at the Black Dog Institute, Australia. This database adds to the evidence base of best-practice psychosocial interventions for suicidal behaviour and prevention.

**Correlates of suicide attempts among self-injurers: A meta-analysis**
*SE Victor, ED Klonsky - Clinical Psychology Review, 2014*

Suicide attempts (SA) are common among those who engage in non-suicidal self-injury (NSSI). It is therefore important to determine which suicide risk factors are most predictive of SA among those who self-injure. Toward this aim, we conducted a systematic review of studies examining predictors of SA history among self-injurers. A total of 52 empirical articles provided data comparing self-injurers with and without SA. From these studies we focused our meta-analysis on the 20 variables that were evaluated with respect to SA history in five or more different samples. The strongest correlate of SA history was suicidal ideation. After suicidal ideation, the strongest predictors of SA history were NSSI frequency, number of NSSI methods, and hopelessness. Additional, moderate predictors of SA history included Borderline Personality Disorder, impulsivity, Post-Traumatic Stress Disorder, the NSSI method of cutting, and depression. Demographic characteristics, such as gender, ethnicity, and age, were weakly associated with SA history. Notably, some oft-cited risk factors for SA displayed small or negligible associations with SA among self-injurers, including histories of sexual and physical abuse, anxiety, substance use, and eating disorders. Findings have implications for conceptual models of the NSSI-SA relationship and the evaluation of suicide risk among self-injuring populations.

**Supporting a Person With Personality Disorder: A Study of Carer Burden and Well-Being**
*RC Bailey, BFS Grenyer - Journal of Personality Disorders, 2014*

Personality disorders are characterized by impaired interpersonal functioning. There are few studies and little data available using validated questionnaires on the impact of caring for a person with personality disorder. The 287 carers included in this study were administered the McLean Screening Instrument for
Borderline Personality Disorder–Carer Version, Burden Assessment Scale, Grief Scale, Difficulties in Emotion Regulation Scale, Mental Health Inventory–5, and a qualitative question. Scores were compared to those of published comparison groups. Burden and grief were significantly higher than that reported by carers of persons with other serious mental illnesses. Carers endorsed symptoms consistent with mood, anxiety, and posttraumatic stress disorders. A qualitative concept map highlighted the impact of caregiving on the interpersonal environment. Carers of persons with personality disorder report grieving their change in life and impairment in well-being. Carers are burdened, and appear more so than carers of persons with other serious mental illnesses. The results highlight the need for interventions to support carers.

**The role of executive attention in deliberate self-harm**  
KL Dixon-Gordon, KL Gratz, MJ McDermott, MT Tull - Psychiatry Research, 2014

Although a wealth of literature has examined the role of emotion-related factors in deliberate self-harm (DSH), less is known about neurocognitive factors and DSH. In particular, despite theoretical literature suggesting that deficits in executive attention may contribute to engagement in DSH, studies have not yet examined the functioning of this attentional network among individuals with DSH. The present study sought to address this gap in the literature by examining the functioning of the alerting, orienting, and executive attentional networks among participants with a recent history of DSH (n=15), a past history of DSH (n=18), and no history of DSH (n=21). Controlling for borderline personality pathology and depression symptoms, participants with a recent history of DSH exhibited deficits in executive attention functioning relative to participants without any history of DSH. No differences were found in terms of performance on the alerting or orienting attentional networks. These results provide preliminary support for the association between executive attention deficits and DSH.

**Treating Self-Injurious and Suicidal Behaviors in Residential Settings**  
H Schmidt III, A Ivanoff - Best Practices in Mental Health, 2014

Self-injury and suicide attempts occur with relatively high frequency in residential psychiatric and correctional settings. Best practices include pairing effective contingency management procedures with solid awareness, knowledge, and action based on assessing, preventing, and managing suicidal behaviors in closed settings. This article synthesizes evidence-based practice strategies found effective in psychiatric and correctional residential settings.

**Exploring resilience and borderline personality disorder: A qualitative study of pairs of sisters**  
Research indicates that a proportion of children exposed to childhood abuse develop psychological symptoms and are at risk for borderline personality disorder (BPD). However, not all maltreated children develop BPD as adults. This qualitative study explores some of the protective factors that contribute to resilient outcomes. The methods involved interviewing pairs of sisters who both experienced childhood abuse and family dysfunction but only one of whom developed BPD. The themes that emerged included individual, family, external and novel factors (acceptance of the past and the meaning of children). These findings could be helpful for understanding mechanisms of resilience in populations at risk.

**Body self-evaluation and physical scars in patients with borderline personality disorder: an observational study**

*N Kleindienst, K Priebe, E Borgmann, S Cornelisse... - ... Personality Disorder and ..., 2014*

**Background:**

Data from general psychology suggest that body self-evaluation is linked to self-esteem and social emotions. Although these emotions are fragile in individuals with borderline personality disorder (BPD), body self-evaluation is clearly understudied in BPD research.

**Methods:**

A total of 200 women took part in the study: 80 female BPD patients, and 47 healthy and 73 clinical controls including post-traumatic stress disorder (PTSD) after childhood sexual abuse (CSA). Diagnoses were established through standardised interviews conducted by experienced psychologists. The participants used the Survey of Body Areas to indicate which areas of their own bodies they liked or disliked and to mark the locations of physical scars.

**Results:**

Compared to healthy controls, both BPD patients and patients with PTSD after CSA had a predominantly negative body self-evaluation (Cohen’s d = 1.42 and 1.38, respectively). As indicated by multilevel analyses, scars were related to a negative evaluation of the affected areas in BPD patients, but not in the control groups. Subgroup analyses revealed that the negative body self-evaluation applies to both BPD patients with and without PTSD or reported CSA.

**Conclusion:**

BPD patients show a negative body self-evaluation which is associated with the presence of scars but not with CSA.

**Common ground in Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD)–review of recent findings**

*SD Matthies, A Philipsen - Borderline Personality Disorder and Emotion ..., 2014*
Considerable overlap in diagnostic criteria and shared psychopathologic symptoms in attention deficit hyperactivity disorder (ADHD) and borderline personality disorder (BPD) have stimulated research activities in this field. Longitudinal studies have shown that BPD is frequently diagnosed in adult patients who had been diagnosed with ADHD in childhood. The question of whether ADHD and BPD randomly co-occur as comorbidities, have similar origins or share common pathological mechanisms remains unresolved. Some authors suggest that ADHD contributes to the development of BPD via various mechanisms, and therefore consider it a risk factor for later BPD development. In this article the evidence for the co-occurrence of these disorders will be reviewed as well as studies on their common genetic and environmental influences. Temperamental and developmental issues will be reviewed, and shared features such as impulsivity and emotion dysregulation discussed. From a therapeutic perspective, few studies have investigated psychotherapeutic treatment of the comorbid condition, though the issue is highly important to the management of patients suffering from both disorders. Some thought is given to how therapeutic methods and approaches can be modified to benefit patients, and to their possible succession.

Borderline features are associated with inaccurate trait self-estimations.

*BPD and Emotion Dysregulation, 1:4. [http://www.bpded.com/content/1/1/4]* Morey, LC

**Background:**

Many treatments for Borderline Personality Disorder (BPD) are based upon the hypothesis that gross distortion in perceptions and attributions related to self and others represent a core mechanism for the enduring difficulties displayed by such patients. However, available experimental evidence of such distortions provides equivocal results, with some studies suggesting that BPD is related to inaccuracy in such perceptions and others indicative of enhanced accuracy in some judgments. The current study uses a novel methodology to explore whether individuals with BPD features are less accurate in estimating their levels of universal personality characteristics as compared to community norms.

**Method:**

One hundred and four students received course instruction on the Five Factor Model of personality, and then were asked to estimate their levels of these five traits relative to community norms. They then completed the NEO-Five Factor Inventory and the Personality Assessment Inventory-Borderline Features scale (PAI-BOR). Accuracy of estimates was calculated by computing squared differences between self-estimated trait levels and norm-referenced standardized scores in the NEO-FFI.

**Results:**

There was a moderately strong relationship between PAI-BOR score and inaccuracy of trait level estimates. In particular, high BOR individuals dramatically overestimated their levels of Agreeableness and Conscientiousness, estimating themselves to be slightly above average on each of these characteristics but actually scoring well below average on both. The accuracy of estimates of levels of
Neuroticism were unrelated to BOR scores, despite the fact that BOR scores were highly correlated with Neuroticism.

**Conclusions:**
These findings support the hypothesis that a key feature of BPD involves marked perceptual distortions of various aspects of self in relationship to others. However, the results also indicate that this is not a global perceptual deficit, as high BOR scorers accurately estimated that their emotional responsiveness was well above average. However, such individuals appear to have limited insight into their relative disadvantages in the capacity for cooperative relationships, or their limited ability to approach life in a planful and non-impulsive manner. Such results suggest important targets for treatments addressing problems in self-other representations.

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**Risk for Suicidal Ideation and Attempt among a Primary Care Sample of Adolescents Engaging in Nonsuicidal Self-Injury**

One in five adolescents in the United States has engaged in nonsuicidal self-injury (NSSI), one in eight have had serious thoughts of suicide, and one in 25 have attempted suicide. Research suggests that NSSI may increase risk for suicide attempt, yet little is known about the relationship between NSSI and suicidal ideation or attempts. In a primary care setting, 1,561 youth aged 14–24 years completed a brief, comprehensive, mental health screen as part of a routine well visit to determine which factors were most likely to predict suicidal ideation and attempt among youth engaging in NSSI. Results of recursive partitioning revealed that current depression and history of alcohol use best differentiated youth engaging in NSSI with low versus high risk for suicidal ideation and attempts. This simple algorithm is presented as a clinical screening tool that might aid medical providers in determining which youth would benefit from more intensive assessment and intervention.

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**Improving Outcome of Psychosocial Treatments by Enhancing Memory and Learning**

Mental disorders are prevalent and can lead to significant impairment. Some progress has been made toward establishing treatments; however, effect sizes are small to moderate, gains may not persist, and many patients derive no benefit. Our goal is to highlight the potential for empirically supported psychosocial treatments to be improved by incorporating insights from cognitive psychology and research on education. Our central question is: If it were possible to improve memory for the content of sessions of psychosocial treatments, would outcome substantially improve? We leverage insights from scientific knowledge on learning and memory to derive strategies for transdiagnostic and transtreatment cognitive support interventions. These strategies can be applied within and between
sessions and to interventions delivered via computer, the Internet, and text message. Additional novel pathways to improving memory include improving sleep, engaging in exercise, and using imagery. Given that memory processes change across the lifespan, services to children and older adults may benefit from different types and amounts of cognitive support.

**Non-DBT BPD Treatment Research**

*Predictors of treatment response to an adjunctive emotion regulation group therapy for deliberate self-harm among women with borderline personality disorder.*


Despite evidence for the efficacy of several treatments for deliberate self-harm (DSH) within borderline personality disorder (BPD), predictors of response to these treatments remain unknown. This study examined baseline demographic, clinical, and diagnostic predictors of treatment response to an adjunctive emotion regulation group therapy (ERGT) for DSH among women with BPD. A recent RCT provided evidence for the efficacy of this ERGT (relative to a treatment-as-usual only waitlist condition). Participants in this study include the full intent-to-treat sample who began ERGT (across treatment and waitlist conditions; n = 51). Baseline diagnostic and clinical data were collected at the initial assessment, and outcome measures of DSH and self-destructive behaviors, emotion dysregulation/avoidance, and BPD symptoms (among others) were administered at pretreatment, posttreatment, and 3- and 9-months posttreatment. Notably, both demographic variables and characteristics of participants’ ongoing therapy in the community had minimal impact on treatment response. However, several indicators of greater severity in domains relevant to this ERGT (i.e., baseline emotion dysregulation and BPD criteria, lifetime and recent DSH, and past-year hospitalization and suicide attempts) predicted better responses during treatment and follow-up across the primary targets of treatment. Likewise, several co-occurring disorders (i.e., social phobia, panic disorder, and a cluster B personality disorder) predicted greater improvements in BPD symptoms during treatment or follow-up. Finally, although co-occurring generalized anxiety disorder, posttraumatic stress disorder, and cluster A and C personality disorders were associated with poorer treatment response during follow-up, most of these effects reflected a lack of continued improvements during this period (vs. worsening of symptoms). (PsycINFO Database Record (c) 2014 APA, all rights reserved)