1. **The therapeutic alliance as a predictor of outcome in dialectical behavior therapy versus nonbehavioral psychotherapy by experts for borderline personality disorder.**

   JD Bedics, DC Atkins, MS Harned, MM Linehan, *Psychotherapy*, 2015

   The purpose of the present study was to explore facets of the client- and therapist-rated therapeutic alliance as predictors of suicide attempts, nonsuicidal self-injury, depression, and introject during the course of 2 psychosocial treatments for borderline personality disorder. A total of 101 women meeting Diagnostic and Statistical Manual of Mental Disorders-IV DSM-IV criteria for borderline personality disorder participated in a randomized controlled trial of dialectical behavior therapy (DBT) versus community treatment by experts. Clients and therapists rated the therapeutic alliance at 4 time points during 1 year of treatment. Multilevel models showed no significant differences in client ratings of the alliance by treatment condition. DBT therapists reported greater working strategy consensus early in treatment and an overall greater alliance during treatment. Client ratings of commitment and working capacity were associated with fewer suicide attempts in DBT. Client ratings of commitment were also associated with reduced nonsuicidal self-injury in DBT only. Therapist ratings of the alliance were predictive of reduced suicide attempts in both treatments. Therapist ratings of the alliance in community treatment by experts were predictive of increased nonsuicidal self-injury. Client and therapist ratings of the alliance were not significantly associated with changes in depression or introject across both treatments. The study supported theoretically predicted relationships between facets of the therapeutic alliance in DBT and suicidal behavior. Results are discussed in the context of recommendations for developing the therapeutic alliance in DBT.

2. **Influence of Meta Learning the effectiveness of dialectical behavior therapy in reducing symptoms in patients with borderline personality disorder**

   L Tourani – 2015

   This study was a quasi-experimental design and pretest-posttest control group. The population consisted of patients under treatment at a counseling center in Tehran. According to the inclusion criteria, 15 subjects were divided into three groups randomly. The first group was exposed to a dialectical behavior therapy, the second group, subject to the dialectical behavior therapy skills Meta Learning and third group, exposed as a control group. The Clinical Interview (SCID) DSM-IV used for diagnosis of Borderline personality disorder, also borderline personality disorder criteria, were used to assess symptoms. To analyze the data obtained is used for multivariate analysis of covariance. The results showed that dialectical behavior therapy reduced all symptoms except the feeling of emptiness and boredom. However, the "dialectical behavior therapy with learning to learn skills," with much greater effect, reduces all components. There were significant differences between the two mentioned treatments. "Dialectical Behavior Therapy Skills Meta Learning with" more of dialectical behavior therapy to reduced symptoms of borderline personality disorder. Based on the results we can say that meta-learning can increase the efficacy of the dialectic.
3. **Ambulatory Measurement of Emotional Dysfunction in Borderline Personality Disorder**  

Empirical research has used many methods and measures to study emotional dysfunction in borderline personality disorder (BPD) in controlled laboratory settings. Equally important, however, is the need to use externally valid laboratory and field methods to understand the real-world, personally relevant contexts in which difficulties with emotional functioning occur in BPD. Prospective and longitudinal methods using mobile technologies, such as ecological momentary assessment and ambulatory behavioral and psychophysiological measurement, allow researchers to investigate emotional and behavioral processes over time and in relevant contexts. Researchers in recent years have begun to use these methods to better understand emotional processes in the daily lives of individuals with BPD. The two primary purposes of the present review are to (1) provide an overview of several advances in ambulatory methods used to investigate emotional functioning in BPD and (2) offer suggestions for next steps in this area of research.

4. **The Affect Regulation Training (ART): A Transdiagnostic Approach to the Prevention and Treatment of Mental Disorders**  
M Berking, CA Lukas - Current Opinion in Psychology, 2015

Deficits in emotion regulation skills likely contribute to the development and maintenance of various mental health problems. Thus, we developed the Affect Regulation Training (ART) as a transdiagnostic intervention that can be used to enhance such skills whenever a focus on emotion-regulation appears promising in preventing or treating mental health problems. In the present article we introduce the readers to the theoretical background, the aim and scope, and the procedure constituting ART. We will also present some research on the treatment's efficacy as well as perspectives for future treatment development and research.

5. **Interactions of Borderline Personality Disorder and Anxiety Disorders Over Ten Years**  
AS Keuroghlian, JG Gunderson, ME Pagano… - Journal of Clinical …, 2015

**Objective:** This report examines the relationship of borderline personality disorder (BPD) to DSM-IV anxiety disorders using data on the reciprocal effects of improvement or worsening of BPD and anxiety disorders over the course of 10 years.  
**Method:** We reliably and prospectively assessed borderline patients (N= 164) with DSM-IV-defined co-occurring generalized anxiety disorder (GAD; N= 42), panic with agoraphobia (PWA; N= 39), panic without agoraphobia (PWOA; N= 36), social phobia (N= 48), obsessive-compulsive disorder (OCD; N= 36), and posttraumatic stress disorder (PTSD; N= 88) annually over a period of 10 years between 1997 and 2009. We used proportional hazards regression analyses to assess the effects of monthly improvement or worsening of BPD and anxiety disorders on each other’s remission and relapse the following month.  
**Results:** BPD improvement significantly predicted remission of GAD (HR=0.65, p<0.05) and PTSD (HR=0.57, p<0.05), whereas BPD worsening significantly predicted social phobia relapse (HR=1.87,
p<0.05). The course of anxiety disorders did not predict BPD remission or relapse except that worsening PTSD significantly predicted BPD relapse (HR=1.90, p<0.05).

**Conclusions:** BPD negatively affects the course of GAD, social phobia, and PTSD. In contrast, the anxiety disorders, aside from PTSD, had little effect on BPD course. For GAD and social phobia, whose course BPD unidirectionally influences, we suggest prioritizing treatment for BPD, whereas BPD should be treated concurrently with panic disorders, OCD, or PTSD. We discuss state/trait issues in the context of our findings.

6. **Reducing suicidal thoughts in the Australian general population through web-based self-help: study protocol for a randomized controlled trial**  
BAJ van Spijker, AL Calear, PJ Batterham... - Trials, 2015

**Background:** Suicidal thoughts are common in the general population, causing significant disability. However, a substantial number of people struggling with suicidality do not access appropriate services. Online self-help may help overcome barriers to help-seeking. This study aims to examine the effectiveness of an online self-help program targeted at reducing suicidal thoughts compared with an attention-matched control condition in the Australian adult population. This trial is based on a Dutch self-help program, which was found to be effective in reducing suicidal thoughts.

**Methods/Design:** A total of 570 community-dwelling adults (18 to 65 years old) with suicidal thoughts will be recruited via various media and randomly assigned to the 6-week online program aimed at reducing suicidal thoughts or a 6-week attention-matched control program. Primary outcome measure is the severity of suicidal thoughts. Secondary outcome measures include suicide plans, capacity to cope with suicidal thoughts, reasons for living, symptoms of depression, hopelessness, anxiety/worry, rumination, panic, perceived burdensomeness and thwarted belongingness, acquired capability, alcohol consumption, insomnia, and various cost-effectiveness measures.

**Discussion:** Although the original Dutch trial found web-based self-help to be effective in reducing suicidal thoughts, randomized controlled trials (RCT) of online programs for suicidal thoughts are rare. The present study extends previous research by running the first English language RCT of this sort. As a result of the original study, the current RCT includes refinements to the design, including greater levels of participant anonymity and longer follow-up periods. Limitations of this trial include the potential for high drop-out and the inability to ascertain whether any suicides occur during the study.

7. **Attributional “Tunnel Vision” in Patients With Borderline Personality Disorder**  
L Schilling, S Moritz, B Schneider, J Bierbrodt, M Nagel - Journal of Personality ..., 2015

We aimed to examine the profile of interpersonal attributions in BPD. We hypothesized that patients show more mono-causal and internal attributions than healthy controls. A revised version of the Internal, Personal, Situational and Attributions Questionnaire was assessed in 30 BPD patients and 30 healthy controls. BPD patients and controls differed significantly in their attributional pattern. Patients displayed more mono-causal inferences, that is, they had difficulties considering alternative explanatory factors. For negative events, patients made more internal attributions compared to healthy controls. We concluded that mono-causal “trapped” thinking might contribute to (interpersonal) problems in BPD patients by fostering impulsive consequential behaviors, for example, harming one's self or others. A self-blaming tendency likely promotes depressive symptoms and low self-esteem.
8. **Using Negative Emotions to Trace the Experience of Borderline Personality Pathology: Interconnected Relationships Revealed in an Experience Sampling Study**

While emotional difficulties are highly implicated in borderline personality disorder (BPD), the dynamic relationships between emotions and BPD symptoms that occur in everyday life are unknown. The current paper examined the function of negative emotions as they relate to BPD symptoms in real time. Experience sampling methodology with 281 participants measured negative emotions and borderline symptoms, expressed as a spectrum of experiences, five times daily for two weeks. Overall, having a BDP diagnosis was associated with experiencing more negative emotions. Multilevel modeling supported positive concurrent relationships between negative emotions and BPD symptoms. Lagged models showed that even after 3 hours negative emotions and several symptoms continued to influence each other. Therefore, results indicated that negative emotions and BPD symptoms are intricately related; some evidenced long-lasting relationships. This research supports emotion-symptom contingencies within BPD and provides insight regarding the reactivity and functionality of negative emotions in borderline pathology.

KH Bentley, CF Cassiello-Robbins, L Vittorio... - Clinical Psychology Review, 2015

Existing research supports a relationship between nonsuicidal self-injury (NSSI) and the emotional disorders (i.e., anxiety, mood, and related disorders). The aim of this investigation was to conduct a meta-analysis of the associations between NSSI and the emotional disorders, and evaluate the quality of evidence supporting this relationship. A literature search was conducted from database inception through June 2014, and two reviewers independently determined the eligibility and quality of studies. A total of 56 articles providing data on engagement in NSSI among individuals with and without emotional disorders met eligibility criteria. Compared to those without an emotional disorder, individuals with an emotional disorder were more likely to report engagement in NSSI (OR = 1.75, 95% CI: 1.49, 2.06). This increase of risk of NSSI was shown for each disorder subgroup, with the exceptions of bipolar disorder and social anxiety disorder. The largest associations were observed for panic and post-traumatic stress disorder; however, the risk of NSSI did not differ significantly across disorders. The quality of evidence was variable due to inconsistent methodological factors (e.g., adjustment for confounding variables, NSSI assessment). Overall, these findings provide evidence for a relationship between NSSI and the emotional disorders, and support conceptualizations of NSSI as transdiagnostic.

10. **Borderline personality disorder and Axis I psychiatric and substance use disorders among women experiencing homelessness in three US cities**
LB Whitbeck, BE Armenta, ML Welch-Lazoritz - Social Psychiatry and Psychiatric ..., 2015

**Purpose:** In this study, we report prevalence rates of borderline personality disorder (BPD) and Axis I psychiatric and substance use disorders among randomly selected women who were experiencing episodes of homelessness in three US cities.

**Methods:** The sample consists of 156 women, 79 from Omaha, NE, 39 from Pittsburgh, PA, and 38 from Portland, OR. It included 140 women from shelters and 16 women from meal locations. Latent class analysis was used to evaluate BPD symptoms.
**Results:** A large majority of the women (84.6 %) met criteria for at least one lifetime psychiatric disorder, about three-fourths (73.1 %) met criteria for a psychiatric disorder in the past year, and 39.7 % met past month criteria for a psychiatric disorder. Approximately three-fourths of the sample (73.7 %) met lifetime criteria for at least two disorders, about half (53.9 %) met criteria for at least three lifetime disorders, and approximately one-third (39.1 %) met criteria for four or more disorders. Latent class analyses indicated that 16.7 % of the women could be categorized as low self-harm BPD and 19.9 % high self-harm BPD.

**Conclusions:** In shelters and in treatment settings, these women will present with complex histories of multiple serious psychiatric disorders. They are highly likely to manifest symptoms of BPD, post-traumatic stress disorder, and substance abuse disorders in addition to other psychiatric symptoms which will add to clinical complications.

11. **Examining Emotion Regulation as an Outcome, Mechanism, or Target of Psychological Treatments**
KL Gratz, NH Weiss, MT Tull - Current Opinion in Psychology, 2015

This paper reviews the extant literature on emotion regulation (ER) in psychological interventions. First, we review current conceptualizations of ER, highlighting a model with established clinical utility (particularly with regard to the development of new interventions and modification of existing interventions). Next, we review the literature on the effects of psychological interventions on ER, from traditional cognitive-behavioral and acceptance-based behavioral interventions that do not target ER directly to treatments that directly target ER as one component of a larger or more comprehensive treatment, as well as the preliminary research examining ER as a mechanism of change in these treatments. Finally, extant data on three treatments developed specifically to address ER are reviewed, with an emphasis on the ER-specific treatment with the most empirical support to date (emotion regulation group therapy).

**Non-DBT BPD Treatment Research**

12. **Transdiagnostic Treatment of Borderline Personality Disorder and Comorbid Disorders: A Clinical Replication Series**

Borderline personality disorder (BPD) is a severe, difficult-to-treat psychiatric condition that represents a large proportion of treatment-seeking individuals. BPD is characterized by high rates of co-occurrence with depressive and anxiety disorders, and recently articulated conceptualizations of this comorbidity suggest that these disorders may result from common temperamental vulnerabilities and functional maintenance factors. The Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (UP) was developed to address these shared features relevant across frequently co-occurring disorders. The purpose of the present study was to explore the preliminary efficacy of the UP for treatment of BPD with comorbid depressive and/or anxiety disorders in a clinical replication series consisting of five cases. For the majority of cases, the UP resulted in clinically significantly decreases in BPD, anxiety, and depressive symptoms, as well as increases in emotion regulation skills.