1. **Dialectical Behavior Therapy for High Suicide Risk in Individuals With Borderline Personality Disorder: A Randomized Clinical Trial and Component Analysis.**

MM Linehan, KE Korslund, MS Harned, RJ Gallop… - JAMA psychiatry, 2015

**IMPORTANCE** Dialectical behavior therapy (DBT) is an empirically supported treatment for suicidal individuals. However, DBT consists of multiple components, including individual therapy, skills training, telephone coaching, and a therapist consultation team, and little is known about which components are needed to achieve positive outcomes.

**OBJECTIVE** To evaluate the importance of the skills training component of DBT by comparing skills training plus case management (DBT-S), DBT individual therapy plus activities group (DBT-I), and standard DBT which includes skills training and individual therapy.

**DESIGN, SETTING, AND PARTICIPANTS** We performed a single-blind randomized clinical trial from April 24, 2004, through January 26, 2010, involving 1 year of treatment and 1 year of follow-up. Participants included 99 women (mean age, 30.3 years; 69 [71%] white) with borderline personality disorder who had at least 2 suicide attempts and/or nonsuicidal self-injury (NSSI) acts in the last 5 years, an NSSI act or suicide attempt in the 8 weeks before screening, and a suicide attempt in the past year. We used an adaptive randomization procedure to assign participants to each condition. Treatment was delivered from June 3, 2004, through September 29, 2008, in a university-affiliated clinic and community settings by therapists or case managers. Outcomes were evaluated quarterly by blinded assessors. We hypothesized that standard DBT would outperform DBT-S and DBT-I.

**INTERVENTIONS** The study compared standard DBT, DBT-S, and DBT-I. Treatment dose was controlled across conditions, and all treatment providers used the DBT suicide risk assessment and management protocol.

**MAIN OUTCOMES AND MEASURES** Frequency and severity of suicide attempts and NSSI episodes.

**RESULTS** All treatment conditions resulted in similar improvements in the frequency and severity of suicide attempts, suicide ideation, use of crisis services due to suicidality, and reasons for living. Compared with the DBT-I group, interventions that included skills training resulted in greater improvements in the frequency of NSSI acts ($F_{1,85} = 59.1 \ [P < .001]$ for standard DBT and $F_{1,85} = 56.3 \ [P < .001]$ for DBT-S) and depression ($t_{399} = 1.8 [P = .03]$ for standard DBT and $t_{399} = 2.9 [P = .004]$ for DBT-S) during the treatment year. In addition, anxiety significantly improved during the treatment year in standard DBT ($t_{94} = −3.5 \ [P < .001]$) and DBT-S ($t_{94} = −2.6 [P = .01]$), but not in DBT-I. Compared with the DBT-I group, the standard DBT group had lower dropout rates from treatment (8 patients [24%] vs 16 patients [48%] [P = .04]), and patients were less likely to use crisis services in follow-up (ED
visits, 1 [3%] vs 3 [13%] \( P = .02 \); psychiatric hospitalizations, 1 [3%] vs 3 [13%] \( P = .03 \)).

**CONCLUSIONS AND RELEVANCE** A variety of DBT interventions with therapists trained in the DBT suicide risk assessment and management protocol are effective for reducing suicide attempts and NSSI episodes. Interventions that include DBT skills training are more effective than DBT without skills training, and standard DBT may be superior in some areas.

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**Other Articles Relevant to DBT & BPD**

2. **Classical conditioning in borderline personality disorder: an fMRI study**  
   A Krause-Utz, J Keibel-Mauchnik, U Ebner-Priemer… - European Archives of ..., 2015

   Previous research suggests disturbed emotional learning and memory in borderline personality disorder (BPD). Studies investigating the neural correlates of aversive differential delay conditioning in BPD are currently lacking. We aimed to investigate acquisition, within-session extinction, between-session extinction recall, and reacquisition. We expected increased activation in the insula, amygdala, and anterior cingulate, and decreased prefrontal activation in BPD patients. During functional magnetic resonance imaging, 27 medication-free female BPD patients and 26 female healthy controls (HC) performed a differential delay aversive conditioning paradigm. An electric shock served as unconditioned stimulus, two neutral pictures as conditioned stimuli (CS+/CS−). Dependent variables were blood-oxygen-level-dependent response, skin conductance response (SCR), and subjective ratings (valence, arousal). No significant between-group differences in brain activation were found \( p(FDR) > 0.05 \). Within-group comparisons for CS+,unpaired > CS− revealed increased insula activity in BPD patients but not in HC during early acquisition; during late acquisition, both groups recruited fronto-parietal areas \( p(FDR) < 0.05 \). During extinction, BPD patients rated both CS+ and CS− as significantly more arousing and aversive than HC and activated the amygdala in response to CS+. In contrast, HC showed increased prefrontal activity in response to CS+ > CS during extinction. During extinction recall, there was a trend for stronger SCR to CS+ > CS in BPD patients. Amygdala habituation to CS+,paired (CS+ in temporal contingency with the aversive event) during acquisition was found in HC but not in patients. Our findings suggest altered temporal response patterns in terms of increased vigilance already during early acquisition and delayed extinction processes in individuals with BPD.

3. **Adult attachment and emotion dysregulation in borderline personality and somatoform disorders**  
   A van Dijke, JD Ford - Borderline Personality Disorder and Emotion ..., 2015

   **Background:** Borderline personality disorder (BPD) and somatoform disorders (SoD) involve significant problems in relationships and emotion regulation, but the similarities and differences between these disorders in these areas is not well understood.  
   **Method:** In 472 psychotherapy inpatients BPD and/or SoD diagnoses were confirmed or ruled out using clinical interviews and standardized measures. Emotional under- and over-regulation and indices of adult attachment working models and fears were assessed with validated self-report measures.
Bivariate and multivariate analyses were conducted to examine relationships among the study variables and differences based on diagnostic status.

**Results:** Under-regulation of emotion was moderately related to fear of abandonment but weakly related to fear of closeness. Over-regulation of emotion was moderately related to fear of closeness but not to fear of abandonment. BPD was associated with under-regulation of emotion and fear of abandonment, and, when comorbid with SoD, with fear of closeness. SoD was associated with inhibition or denial of fears of abandonment or closeness, and over-regulation of emotion.

**Conclusions:** Study results suggest that insecure attachment may play a role in both BPD and SoD, but in different ways, with hyperactivating emotion dysregulation prominent in BPD and deactivating emotion dysregulation evident in SoD. Also, combined hyper- and de-activating strategy components that may reflect a pattern of disorganized attachment were found, particularly in patients with comorbid BPD and SoD.

4. **Rejection sensitivity and symptom severity in patients with borderline personality disorder: effects of childhood maltreatment and self-esteem**

M Bungert, L Liebke, J Thome, K Haeussler, M Bohus... - Personality Disorder and ..., 2015

**Background:** Interpersonal dysfunction in Borderline Personality Disorder (BPD) is characterized by an ‘anxious preoccupation with real or imagined abandonment’ (DSM-5). This symptom description bears a close resemblance to that of rejection sensitivity, a cognitive affective disposition that affects perceptions, emotions and behavior in the context of social rejection. The present study investigates the level of rejection sensitivity in acute and remitted BPD patients and its relation to BPD symptom severity, childhood maltreatment, and self-esteem.

**Methods:** Data were obtained from 167 female subjects: 77 with acute BPD, 15 with remitted BPD, and 75 healthy controls who were matched with the patients for age and education. The instruments used for assessment were the Rejection Sensitivity Questionnaire, the short version of the Borderline Symptom List, the Childhood Trauma Questionnaire, and the Rosenberg Self-Esteem Scale.

**Results:** Both acute and remitted BPD patients had higher scores on the Rejection Sensitivity Questionnaire than did healthy controls. Lower self-esteem was found to be positively correlated with both increased BPD symptom severity and higher rejection sensitivity, and mediated the relation between the two. History of childhood maltreatment did not correlate with rejection sensitivity, BPD symptom severity, or self-esteem.

**Conclusions:** Our findings support the hypothesis that rejection sensitivity is an important component in BPD, even for remitted BPD patients. Level of self-esteem appears to be a relevant factor in the relationship between rejection sensitivity and BPD symptom severity. Therapeutic interventions for BPD would do well to target rejection sensitivity.

5. **Emotional hyperreactivity in response to childhood abuse by primary caregivers in patients with borderline personality disorder**

J Lobbestaël, A Arntz - Journal of Behavior Therapy and Experimental ..., 2015

**Background:** One of the core postulated features of borderline personality disorder (BPD) is extreme emotional reactivity to a wide array of evocative stimuli. Findings from previous experimental research however are mixed, and some theories suggest specificity of hyper emotional responses, as being related to abuse, rejection and abandonment only.

**Objective:** The current experiment examines the specificity of emotional hyperreactivity in BPD.

**Method:** The impact of four film clips (BPD-specific: childhood abuse by primary caregivers; BPD-nonspecific: peer bullying; positive; and neutral) on self-reported emotional affect was assessed in three
female groups; BPD-patients (n = 24), cluster C personality disorder patients (n = 17) and non-patient controls (n = 23).

**Results:** Results showed that compared to the neutral film clip, BPD-patients reacted with more overall negative affect following the childhood abuse clip, and with more anger following the peer bullying clip than the two other groups.

**Limitations:** The current study was restricted to assessment of the impact of evocative stimuli on self-reported emotions, and the order in which the film clips were presented to the participants was fixed.

**Conclusions:** Results suggest that BPD-patients only react generally excessively emotional to stimuli related to childhood abuse by primary caregivers, and with excessive anger to peer-bullying stimuli. These findings are thus not in line with the core idea of general emotional hyperreactivity in BPD.

6. **Impulsivity and Nonsuicidal Self-Injury: A Review and Meta-Analysis**
   CA Hamza, T Willoughby, T Heffer - Clinical Psychology Review, 2015

Nonsuicidal self-injury (NSSI; direct self-injury without lethal intent) often is thought to be associated with impulse control problems. Recent research, however, offers conflicting results about whether impulsivity is a risk factor for NSSI engagement. To disentangle findings on the link between impulsivity and NSSI, an extensive review of the literature was conducted using several electronic databases (i.e., PsychInfo, PsychArticles, ERIC, CINAHL, and MEDLINE). In total, 27 studies that met the specific inclusion criteria were identified. Results of a meta-analysis revealed that individuals who engaged in NSSI self-reported greater impulsivity than individuals who did not engage in NSSI, and that this effect was most consistent for measures of negative urgency. In contrast, there was little evidence of an association between lab-based measures of impulsivity (e.g., Go/No-Go, Stop/Signal Task) and NSSI. Moreover, the link between impulsivity and NSSI found for self-report measures was sometimes eliminated when other risk factors for NSSI were controlled (e.g., abuse, depression, post-traumatic stress disorder). In addition to integrating findings, the present review provides several explanations for the discrepancies in findings between studies employing self-report versus lab-based measures of impulsivity. To conclude, several specific recommendations for future research directions to extend the literature on impulsivity and NSSI are offered.