1. **Title:** Predicting Treatment Outcomes from Prefrontal Cortex Activation for Self-Harming Patients with Borderline Personality Disorder: A Preliminary Study  
**Authors:** AC Ruocco, AH Rodrigo, SF McMain, E Page-Gould, H Ayaz, PS Links  
**Journal & Date:** Frontiers in Human Neuroscience (2016)  
Self-harm is a potentially lethal symptom of borderline personality disorder (BPD) that often improves with dialectical behavior therapy (DBT). While DBT is effective for reducing self-harm in many patients with BPD, a small but significant number of patients either does not improve in treatment or ends treatment prematurely. Accordingly, it is crucial to identify factors that may prospectively predict which patients are most likely to benefit from and remain in treatment. In the present preliminary study, 29 actively self-harming patients with BPD completed brain-imaging procedures probing activation of the prefrontal cortex (PFC) during impulse control prior to beginning DBT and after 7 months of treatment. Patients that reduced their frequency of self-harm the most over treatment displayed lower levels of neural activation in the bilateral dorsolateral prefrontal cortex (DLPFC) prior to beginning treatment, and they showed the greatest increases in activity within this region after 7 months of treatment. Prior to starting DBT, treatment non-completers demonstrated greater activation than treatment-completers in the medial PFC and right inferior frontal gyrus. Reductions in self-harm over the treatment period were associated with increases in activity in right DLPFC even after accounting for improvements in depression, mania, and BPD symptom severity. These findings suggest that pre-treatment patterns of activation in the PFC underlying impulse control may be prospectively associated with improvements in self-harm and treatment attrition for patients with BPD treated with DBT.

2. **Title:** Dialectical Behavior Therapy in College Counseling Centers: Current Trends and Barriers to Implementation  
**Authors:** CD Chugani, SJ Landes  
**Journal & Date:** Journal of College Student Psychotherapy (2016)  
The purpose of this study was to examine trends and barriers in implementation of dialectical behavior therapy (DBT) programs in college counseling centers (CCCs). Participants were 107 CCC employees who participated in an electronic survey. One third of respondents endorsed use or planned use of DBT at their centers. The most prevalent primary mode of DBT offered was group skills training. Highly endorsed barriers to implementation included productivity demands and lack of individual therapists, time for team consultation, and willingness to offer phone coaching. Suggested implementation strategies include developing community partnerships, use of virtual teams, supporting programs with campus data, and adapting DBT strategically.
3. **Title:** Assessing a six-month dialectical behaviour therapy skills-only group: Results from a study of the effectiveness of a stand-alone treatment for people with borderline personality disorder and other serious mental illnesses  

**Authors:** J Vickers  

**Journal & Date:** Mental Health Practice (2016)  

**Background:** Dialectical behaviour therapy (DBT) is recognised as a successful treatment for borderline personality disorder. There is a body of research suggesting it can be helpful for other diagnoses. A full DBT programme, however, is expensive. Emerging evidence suggests that using only the skills training part of DBT is an effective, less costly treatment option.  

**Aim:** To evaluate the effectiveness of a DBT skills-only training group as a standalone treatment for people with serious mental illness.  

**Method:** An examination of self-rated outcome measure scores and evaluation forms from 40 people with serious mental illness who have completed a group in the past four years.  

**Results:** Significant improvement in functioning and symptoms, particularly anxiety and depression difficulties, with certain skills perceived as most helpful.  

**Conclusion:** A DBT skills-only group appears to be an effective and cost-efficient treatment for people with serious mental illness.

4. **Title:** Therapists’ continuations following I don’t know—responses of adolescents in psychotherapy  

**Authors:** M Jager, M Huiskes, J Metselaar, EJ Knorth, AF DeWinter, SA Reijneveld  

**Journal & Date:** Patient Education and Counseling (2016)  

**Objective:** In psychotherapy clients’ I don’t know—responses (IDK-responses) to therapists’ questions are typically considered to be non-cooperating behaviors. How therapists actually handle these behaviors remains unclear. This study therefore aims to assess client-therapist interactions following IDK-responses.  

**Methods:** Data were collected in a Dutch child and adolescent mental healthcare service by observing Dialectical Behavior Therapy aimed at adolescents with severe emotional distress. Eighteen individual psychotherapy sessions involving two therapists with six clients were video-recorded and transcribed. Stand-alone IDK-responses were selected (n = 77) and analyzed using conversation analysis.  

**Results:** Adolescents’ IDK-responses led to varying actions of therapists. We identified five categories of continuations after IDK-responses: no IDK-related continuation; redoing of the question; proposing a candidate answer; employing therapy-specific techniques; and meta-talk on the problematic nature of the IDK-response.  

**Conclusions:** Therapists treat IDK-responses not just as non-cooperative behavior on the part of the client; IDK-responses are also used as a starting point to collaboratively enhance clients’ insights in their own thoughts, emotions, and behaviors.  

**Practice implications:** After IDK-responses therapists can use a variety of continuation strategies with varying therapeutic functions. These strategies can be embedded in training of therapists to deal with potentially non-cooperative behavior.
5. **Title:** Surveying the Effectiveness of Dialectical Behavioral Therapy on Clinical Symptoms, Body Image, Self-Efficacy of People with Bulimia Disorder  
**Authors:** FSM Hassan, T Hassan  
**Journal & Date:** Mediterranean Journal of Social Sciences (2016)  
This research is a semi-experimental research (pretest-posttest with control group) with the purpose of surveying the effectiveness of Dialectical Behavioral Therapy (DBT) on clinical symptoms, self-efficacy and body image of people with bulimia disorder. Statistical population of this study was women with bulimia disorder referred to nutrition clinics in Mashhad. The statistical sample of this research was 40 women with bulimia disorder chosen randomly by convenience sampling method and divided into two groups (20 women in experimental group and 20 women in control group), randomly. Applied tools were clinical symptoms questionnaire made by researcher, Sherer self-efficacy questionnaire and PSDQ (Physical Self-Description Questionnaire). For experimental group, Dialectical Behavior Therapy training sessions were held during 12 sessions, 75 minutes per session. During this time, control group didn’t get any intervention. After the 12th session, research tools performed on subjects again, as posttest. The data of questionnaires were analyzed by descriptive statistic methods of mean and standard deviation, and Inferential statistics of covariance analysis. The results showed that the clinical symptoms of experimental group were decreased comparing to control group, and self-efficacy and self-description were increased.

6. **Title:** The Impact of Stimulus Arousal Level on Emotion Regulation Effectiveness in Borderline Personality Disorder  
**Authors:** S Fitzpatrick, JR Kuo  
**Journal & Date:** Psychiatry Research (2016)  
Basic emotion theory suggests that the effectiveness of different emotion regulation strategies vary with the intensity of the emotionally-salient stimulus. Although findings from studies using healthy samples are concordant with what is proposed by theory, it is unclear whether these relationships hold true among individuals with borderline personality disorder (BPD). Twenty-five individuals with BPD and 30 HCs were exposed to negative images of varying levels of emotional arousal and were instructed to either react as they normally would, distract, or use mindful awareness. Self-reported negativity ratings, heart rate, and skin conductance level (SCL) were monitored throughout. SCL data indicated that increases in image arousal resulted in larger reductions in SCL when distracting but not when implementing mindful awareness. Self-report data suggested that, in HCs, the effectiveness of mindful awareness decreased to a greater extent than distraction when image arousal increased. These findings are consistent with basic emotion research and suggest that some forms of emotion regulation (distraction) are more suited to high emotion arousal contexts than others (mindful awareness) and that, compared with HCs, individuals with BPD may be more resilient to the deteriorating effectiveness of mindful awareness with respect to increasing emotional arousal.

7. **Title:** Emotion regulation choice in female patients with borderline personality disorder: findings from self-reports and experimental measures  
**Authors:** C Sauer, G Sheppes, HK Lackner, EA Arens, R Tarrasch, S Barnow  
**Journal & Date:** Psychiatry Research (2016)  
Emotion dysregulation is a core feature of borderline personality disorder (BPD). So far, many studies have tested the consequences of the implementation of certain emotion regulation (ER) strategies, but there have been no investigations about ER choices in BPD. Thus, the aim of this study was to investigate habitual ER choices by self-report questionnaires and experimentally by testing the preference to select between distraction and reappraisal when facing different emotional intensities (high vs. low) and contents (borderline-specific vs. unspecific negative) in patients with BPD (n = 24) compared with clinical controls (patients with major depression, n = 19) and a healthy control group (n = 32). Additionally, heart rate (HR) responses were continuously assessed. Main results revealed that both patient groups showed maladaptive self-reported ER choice profiles compared with HC. We found, however, no differences between the groups in the choice of distraction and reappraisal on the behavioral level and in HR responses. In BPD, within-group analyses revealed a positive association between symptom severity and the preference for distraction under high-intensity borderline-specific stimuli. Our findings provide preliminary evidence of ER choices in BPD and show the robustness of the choice effect in patients with affective disorders.
8. **Title:** Suicide prevention strategies revisited: 10-year systematic review  
**Authors:** G Zalsman, K Hawton, D Wasserman, K van Heeringen...  
**Journal & Date:** The Lancet Psychiatry (2016)

**Background:** Many countries are developing suicide prevention strategies for which up-to-date, high-quality evidence is required. We present updated evidence for the effectiveness of suicide prevention interventions since 2005.

**Methods:** We searched PubMed and the Cochrane Library using multiple terms related to suicide prevention for studies published between Jan 1, 2005, and Dec 31, 2014. We assessed seven interventions: public and physician education, media strategies, screening, restricting access to suicide means, treatments, and internet or hotline support. Data were extracted on primary outcomes of interest, namely suicidal behaviour (suicide, attempt, or ideation), and intermediate or secondary outcomes (treatment-seeking, identification of at-risk individuals, antidepressant prescription or use rates, or referrals). 18 suicide prevention experts from 13 European countries reviewed all articles and rated the strength of evidence using the Oxford criteria. Because the heterogeneity of populations and methodology did not permit formal meta-analysis, we present a narrative analysis.

**Findings:** We identified 1797 studies, including 23 systematic reviews, 12 meta-analyses, 40 randomised controlled trials (RCTs), 67 cohort trials, and 22 ecological or population-based investigations. Evidence for restricting access to lethal means in prevention of suicide has strengthened since 2005, especially with regard to control of analgesics (overall decrease of 43% since 2005) and hot-spots for suicide by jumping (reduction of 86% since 2005; 79% to 91%). School-based awareness programmes have been shown to reduce suicide attempts (odds ratio [OR] 0·45, 95% CI 0·24–0·85; p=0·014) and suicidal ideation (0·5, 0·27–0·92; p=0·025). The anti-suicidal effects of clozapine and lithium have been substantiated, but might be less specific than previously thought. Effective pharmacological and psychological treatments of depression are important in prevention. Insufficient evidence exists to assess the possible benefits for suicide prevention of screening in primary care, in general public education and media guidelines. Other approaches that need further investigation include gatekeeper training, education of physicians, and internet and helpline support. The paucity of RCTs is a major limitation in the evaluation of preventive interventions.

**Interpretation:** In the quest for effective suicide prevention initiatives, no single strategy clearly stands above the others. Combinations of evidence-based strategies at the individual level and the population level should be assessed with robust research designs.

9. **Title:** Prevalence of Borderline Personality Disorder in University Samples: Systematic Review, Meta-Analysis and Meta-Regression  
**Authors:** R Meaney, P Hasking, A Reupert  
**Journal & Date:** PLOS ONE (2016)

**Objective:** To determine pooled prevalence of clinically significant traits or features of Borderline Personality Disorder among college students, and explore the influence of methodological factors on reported prevalence figures, and temporal trends. Data

**Sources:** Electronic databases (1994–2014: AMED; Biological Abstracts; Embase; MEDLINE; PsycARTICLES; CINAHL Plus; Current Contents Connect; EBM Reviews; Google Scholar; Ovid Medline; Proquest central; PsychINFO; PubMed; Scopus; Taylor & Francis; Web of Science (1998–2014), and hand searches. Study Selection: Forty-three college-based studies reporting estimates of clinically significant BPD symptoms were identified (5.7% of original search). Data

**Extraction:** One author (RM) extracted clinically relevant BPD prevalence estimates, year of publication, demographic variables, and method from each publication or through correspondence with the authors.

**Results:** The prevalence of BPD in college samples ranged from 0.5% to 32.1%, with lifetime prevalence of 9.7% (95% CI, 7.7–12.0; p < .005). Methodological factors contributing considerable between-study heterogeneity in univariate meta-analyses were participant anonymity, incentive type, research focus and participant type. Study and sample characteristics related to between-study heterogeneity were sample size, and self-identifying as Asian or “other” race. The prevalence of BPD varied over time: 7.8% (95% CI 4.2–13.9) between 1994 and 2000; 6.5% (95% CI 4.0–10.5) during 2001 to 2007; and 11.6% (95% CI 8.8–15.1) from 2008 to 2014, yet was not a source of heterogeneity (p = .09).

**Conclusions:** BPD prevalence estimates are influenced by the methodological or study sample factors measured. There is a need for consistency in measurement across studies to increase reliability in establishing the scope and characteristics of those with BPD engaged in tertiary study.
Title: Disturbed Self Concept Mediates the Relationship between Childhood Maltreatment and Adult Personality Pathology

Authors: L Cohen, O Leibu, T Tanis, F Ardalan, I Galynker

Journal & Date: Comprehensive Psychiatry (2016)

Background: Despite a robust literature documenting the relationship between childhood maltreatment and personality pathology in adulthood, there is far less clarity about the mechanism underlying this relationship. One promising candidate for such a linking mechanism is disturbance in the sense of self. This paper tests the hypothesis that disturbances in the sense of self mediate the relationship between childhood maltreatment and adult personality pathology. Specifically, we assess the self-related traits of stable self-image, self-reflective functioning, self-respect and feeling recognized.

Methods: The sample included 113 non-psychotic psychiatric inpatients. Participants completed the Child Trauma Questionnaire (CTQ), the Personality Diagnostic Questionnaire-4 (PDQ-4 +), and the self-reflective functioning, stable self-image, self-respect, and feeling recognized scales from the Severity Indices of Personality Problems (SIPP-118). A series of linear regressions was then performed to assess the direct and indirect effects of childhood trauma on personality disorder traits (PDQ-4+ total score), as mediated by self-concept (SIPP-118 scales). Aroian tests assessed the statistical significance of each mediating effect.

Results: There was a significant mediating effect for all SIPP self-concept variables, with a full mediating effect for the SIPP composite score and for SIPP feeling recognized and self-reflective functioning, such that the direct effect of childhood trauma on personality did not retain significance after accounting for the effect of these variables. There was a partial mediating effect for SIPP stable self-image and self-respect, such that the direct effect of the CTQ retained significance after accounting for these variables. SIPP feeling recognized had the strongest mediating effect.

Conclusions: Multiple facets of self-concept, particularly the degree to which an individual feels understood by other people, may mediate the relationship between childhood maltreatment and adult personality pathology. This underscores the importance of attending to disturbances in the sense of self in patients with personality pathology and a history of childhood maltreatment. These findings also support the centrality of disturbed self-concept to the general construct of personality pathology.