

RESEARCH ON DIALECTICAL BEHAVIOR THERAPY: SUMMARY OF THE DATA TO DATE

ABSTRACTS OF PUBLISHED RANDOMIZED CONTROLLED TRIALS

Linehan,M.M.; Armstrong,H.E.; Suarez,A.; Allmon,D.; Heard,H.L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients [see comments]. *Archives of General Psychiatry*, 48, 1060-1064. A randomized clinical trial was conducted to evaluate the effectiveness of a cognitive-behavioral therapy, i.e., dialectical behavior therapy, for the treatment of chronically parasuicidal women who met criteria for borderline personality disorder. The treatment lasted 1 year, with assessment every 4 months. The control condition was "treatment as usual" in the community. At most assessment points and during the entire year, the subjects who received dialectical behavior therapy had fewer incidences of parasuicide and less medically severe parasuicides, were more likely to stay in individual therapy, and had fewer inpatient psychiatric days. There were no between-group differences on measures of depression, hopelessness, suicide ideation, or reasons for living although scores on all four measures decreased throughout the year.

Linehan,M.M.; Heard,H.L.; Armstrong,H.E. (1993). Naturalistic follow-up of a behavioral treatment for chronically parasuicidal borderline patients. *Archives of General Psychiatry*, 50, 971-974.

BACKGROUND: A randomized clinical trial was conducted to evaluate whether the superior performance of dialectical behavior therapy (DBT), a psychosocial treatment for borderline personality disorder, compared with treatment-as-usual in the community, is maintained during a 1-year post treatment follow-up. **METHODS:** We analyzed 39 women who met criteria for borderline personality disorder, defined by Gunderson's Diagnostic Interview for Borderline Personality Disorder and DSM-III-R criteria, and who had a history of parasuicidal behavior. Subjects were randomly assigned either to 1 year of DBT, a cognitive behavioral therapy that combines individual psychotherapy with group behavioral skills training, or to treatment-as-usual, which may or may not have included individual psychotherapy. Efficacy was measured on parasuicidal behavior (Parasuicide History Interview), psychiatric inpatient days (Treatment History Interview), anger (State-Trait Anger Scale), global functioning (Global Assessment Scale), and social adjustment (Social Adjustment Scale--Interview and Social Adjustment Scale--Self-Report). Subjects were assessed at 6 and 12 months into the follow-up year. **RESULTS:** Comparison of the two conditions revealed that throughout the follow-up year, DBT subjects had significantly higher Global Assessment Scale scores. During the initial 6 months of the follow-up, DBT subjects had significantly less parasuicidal behavior, less anger, and better self-reported social adjustment. During the final 6 months, DBT subjects had significantly fewer psychiatric inpatient days and better interviewer-rated social adjustment. **CONCLUSION:** In general, the superiority of DBT over treatment-as-usual, found in previous DBT studies at the completion of 1 year of treatment, was retained during a 1-year follow-up.

Linehan,M.M.; Tutek,D.A.; Heard,H.L.; Armstrong,H.E. (1994). Interpersonal outcome of cognitive behavioral treatment for chronically suicidal borderline patients. *American Journal of Psychiatry*, 151, 1771-1776.

OBJECTIVE: This study reports the efficacy of a cognitive behavioral outpatient treatment on interpersonal outcome variables for patients diagnosed with borderline personality disorder. **METHOD:** In a 1-year clinical trial, 26 female patients with borderline personality disorder were randomly assigned to either dialectical behavior therapy or a treatment-as-usual comparison condition. All subjects met criteria of DSM-III-R and Diagnostic Interview for Borderline Patients for borderline personality disorder and were chronically suicidal. **RESULTS:** In both the intent-to-treat and treatment completion groups, dialectical behavior therapy subjects had significantly better scores on measures of anger, interviewer-rated global social adjustment, and the Global Assessment Scale and tended to rate themselves better on overall social adjustment than treatment-as-usual subjects. **CONCLUSIONS:** These results suggest that dialectical behavior therapy is a promising psychosocial intervention for improving interpersonal functioning among severely dysfunctional patients with borderline personality disorder.

Linehan,M.M.; Schmidt,H.; Dimeff,L.A.; Craft,J.C.; Kanter,J.; Comtois,K.A. (1999). Dialectical behavior therapy for patients with borderline personality disorder and drug-dependence. *American Journal on Addiction*, 8, 279-292.

A randomized clinical trial was conducted to evaluate whether Dialectical Behavior Therapy (DBT), an effective cognitive-behavioral treatment for suicidal individuals with borderline personality disorder (BPD), would also be effective for drug-dependent women with BPD when compared with treatment-as-usual (TAU) in the community. Subjects were randomly assigned to either DBT or TAU for a year of treatment. Subjects were assessed at 4, 8, and 12 months, and at a 16-month follow-up. Subjects assigned to DBT had significantly greater reductions in drug abuse measured both by structured interviews and urinalyses throughout the treatment year and at follow-up than did subjects assigned to TAU. DBT also maintained subjects in treatment better than did TAU, and subjects assigned to DBT had significantly greater gains in global and social adjustment at follow-up than did subjects assigned to TAU. DBT has been shown to be more effective than treatment-as-usual in treating drug abuse in this study, providing more support for DBT as an effective treatment for

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severely dysfunctional BPD patients across a range of presenting problems.

Evans, K.; Tyrer, P.; Catalan, J.; Schmidt, U.; Davidson, K.; Dent, J.; Tata, P.; Thornton, S.; Barber, J.; Thompson, S. (1999). Manual-assisted cognitive-behavior therapy (MACT): A randomized controlled trial of a brief intervention with bibliotherapy in the treatment of recurrent deliberate self-harm. Psychological Medicine, 29, 19-25.

Investigated the effectiveness of a new manual-based treatment for recurrent deliberate self-harm that varied from bibliotherapy (6 self-help booklets) alone to 6 sessions of cognitive therapy linked to the booklets, which contained elements of dialectical behavior therapy. Thirty-four patients, aged 16-50 yrs, seen after an episode of deliberate self-harm, with personality disturbance within the flamboyant cluster and a previous parasuicide episode within the past 12 months, were randomly assigned to treatment with MACT (18 Ss) or treatment as usual (TAU; 16 Ss). Assessments of clinical symptoms and social function were made at baseline and repeated at 6 months. The number and rate of all parasuicide attempts, time to next episode and costs of care were also determined. Thirty-two patients (18 MACT; 14 TAU) were seen at follow-up and 10 patients in each group (56% MACT and 71% TAU) had a suicidal act during the 6 months. The rate of suicidal acts per month was lower with MACT (median 0.17/mo MACT; 0.37/mo TAU) and self-rated depressive symptoms also improved. The treatment involved a mean of 2.7 sessions and the observed average cost of care was 46% less with MACT. Results suggest that this new form of cognitive-behavior therapy is promising in its efficacy and feasible in clinical practice.

Koons, C.R., Robins, C.J., Tweed, J.L., Lynch, T.R., Gonzalez, A.M, G.K., Morse, J.Q., Bishop, G.K., Butterfield, M.I., & Bastian, L.A. (2001). Efficacy of dialectical behavior therapy in women veterans with borderline personality disorder. Behavior Therapy, 32, 371-390.

Twenty women veterans who met criteria for borderline personality disorder (BPD) were randomly assigned to Dialectical Behavior Therapy (DBT) or to treatment as usual (TAU) for 6 months. Compared with patients in TAU, those in DBT reported significantly greater decreases in suicidal ideation, hopelessness, depression, and anger expression. In addition, only patients in DBT demonstrated significant decreases in number of parasuicidal acts, anger experienced but not expressed, and dissociation, and a strong trend on number of hospitalizations, although treatment group differences were not statistically significant on these variables. Patients in both conditions reported significant decreases in depressive symptoms and in number of BPD criterion behavior patterns, but no decrease in anxiety. Results of this pilot study suggest that DBT can be provided effectively independent of the treatment's developer, and that larger efficacy and effectiveness studies are warranted.

Telch, C.F., Agras, W.S., & Linehan, M.M. (in press). Dialectical behavior therapy for binge eating disorder: A promising new treatment. Journal of Consulting and Clinical Psychology.

This study evaluated the use of Dialectical Behavior Therapy (DBT) adapted for binge eating disorder (BED). Forty-four women with BED were randomly assigned to group DBT or a wait-list control condition and administered the Eating Disorder Examination in addition to measures of weight, mood, and affect regulation at baseline and post-treatment. Treated women evidenced significant improvement on measures of binge eating and eating pathology compared to controls, and 89% of the women receiving DBT had stopped binge eating by the end of the treatment. Abstinence rates were reduced to 56% at the six-month follow-up. Overall, the findings on the measures of weight, mood, and affect regulation were not significant. These results support further research into DBT as a treatment of BED.

Linehan, M.M., Dimeff, L.A., Reynolds, S.K., Comtois, K.A., Shaw Welch, S., Heagerty, P., & Kivlanhan, D.R. (in press). Dialectical Behavior Therapy versus Comprehensive Validation Plus 12-Step for the Treatment of Opioid Dependent Women Meeting Criteria for Borderline Personality Disorder. Drug and Alcohol Dependence.

A randomized clinical trial was conducted to evaluate whether Dialectical Behavior Therapy (DBT), a treatment that synthesizes behavioral change with radical acceptance treatment strategies, would be more effective for heroin-dependent women with borderline personality disorder ($N=23$) than Comprehensive Validation Therapy with 12-Step (CVT +12S), a manualized approach that provided the major acceptance-based strategies used in DBT in combination with participation in 12-Step programs. There were three major findings. First, results of urinalyses indicated that both treatments—when combined with LAAM replacement medication—were effective in reducing opiate use relative to baseline. At 16 months post-randomization (four months post treatment), subjects in both treatment conditions had a low proportion of opiate-positive urinalyses (27% in DBT; 33% in CVT+12S). Second, participants assigned to DBT maintained reductions in mean opiate use through 12 months of active treatment while those assigned to CVT+12S significantly increased opiate use during the last four months of treatment. Second, CVT+12S was remarkably effective in maintaining subjects in treatment: 100% stayed for the entire year, compared to 64% in DBT. Third, at both post-treatment and at the 16-month follow-up assessment, subjects in both treatment conditions showed significant overall reductions in level of psychopathology relative to baseline. A noteworthy secondary finding was that subjects assigned to DBT were significantly more accurate in self-reporting opiate use than were those assigned to CVT+12S.

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SUMMARY OF RESEARCH FINDINGS IN DBT

DIMEFF, L., KOERNER, K., & LINEHAN, M.M. (2001)

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Linehan, Armstrong, Suarez, Allmon, & Heard (1991).	Chronically suicidal women with BPD between 18-45 years of age; outpatient clinic.	Randomized controlled trial comparing DBT (n=24) to community -based treatment-as-usual (n=23). Treatment was 12 months in duration. Following completion of treatment, Ss were assessed at six-month intervals for one year.	Comprehensive DBT program with individual psychotherapy, 150-minute group skills training including didactic and homework review, and consultation team. Ss were exposed to all skills twice within this 12-month trial.	Ss assigned to DBT showed statistically significant reductions in parasuicidal behavior, were significantly more likely to start treatment (100% vs. 73%) and were significantly more likely to complete treatment (83% vs. 42%). DBT Ss had significantly fewer inpatient hospital days compared to TAU Ss. These findings were largely maintained throughout the post-treatment follow up year. During the one-year post-treatment follow-up, parasuicide repeat rate was significantly lower for DBT Ss compared to TAU (26% vs. 60%).
Linehan, Heard, & Armstrong, (1993).	Chronically suicidal women with BPD. Ss were currently undergoing outpatient individual psychotherapy in the community.	Ss already in psychotherapy with therapist in the community were matched and randomly assigned to DBT group skills training condition as an add-on to existing individual therapy (n=11) or assessment only condition (n=8).	Ss in DBT condition only were exposed to DBT group skills training.	Despite strong prediction that adding DBT skills training group to ongoing individual psychotherapy would enhance treatment outcomes, no such effects emerged.
Barley, Buie, Peterson, Hollingsworth, Griva, Hickerson, Lawson, & Bailey (1993).	Mostly female (79%) on an inpatient personality disorders unit. <u>M</u> age = 30 years (range=16-57). Length of stay in hospital: <u>M</u> = 106 days (range=3-629 days).	Quasi-experimental study (N=130). Study compares outcomes between Ss during three phases of integrating DBT onto unit: (1) no DBT; (2) phasing in/introducing DBT to unit; (3) full DBT program. To control for effects of time, investigators compared changes in parasuicide episodes across three intervals to changes in parasuicide rates across intervals on another psychiatric unit within hospital during same period of time.	Program was evolving from sole psychodynamic focus to incorporation of DBT; psychodynamic continued to inform case conceptualization and aspects of treatment with DBT skills training group as an adjunct to psychodynamic treatment. Included DBT skills training group, a separate "homework group" using problem-solving strategies when Ss didn't complete homework, and "fundamentals" group for new patients to provide general overview of skills and extensive exposure to crisis survival skills.	Mean monthly parasuicide rate on the personality disorders unit was significantly lower following the implementation of DBT on the unit. Rates of parasuicide on the general psychiatric unit were not significantly different at any of the three time periods. Results suggest that once incorporated onto the unit, use of DBT skills reduces parasuicidal behavior among Ss on a personality disorders unit. Because this study lacks randomization, other competing hypotheses for these findings are not eliminated. Its obvious strengths include its naturalistic setting on an inpatient unit.
Miller, Rathus, & Leigh (AABT, 1996, Nov).	Suicidal teens (<u>M</u> age=16); outpatient services in the Bronx, NY. 22% were male. Ethnicity: 68% Latino; 17% African American. DBT Ss met following inclusion criteria: BPD or BPD features plus current suicidal ideation or engaged in parasuicidal behavior within past 16 weeks.	Non-randomized control quasi-experimental pilot study comparing DBT for adolescents to treatment as usual. Of total (N=111), most severe teens were referred to DBT program. Ss in DBT received twice weekly individual and multi-family skills training; TAU Ss received twice weekly individual and family sessions.	Modifications to standard DBT included: inclusion of as-needed family therapy (added onto individual therapy) and inclusion of family members in group. Skills handouts modified for ease with teens and number of skills in modules reduced. Core mindfulness skills were taught 3 times, other modules were taught only once each. Treatment length was 12 weeks.	Ss in DBT group were significantly more likely to complete treatment than TAU Ss (62% vs. 40%). Ss in DBT had significantly fewer psychiatric hospitalizations (13% hospitalized in TAU vs. 0% in DBT-A). No significant differences in parasuicidal behaviors were observed. However, since Ss in DBT were recruited for this condition because of their suicidal behaviors, no difference between conditions on this outcome variable is noteworthy. Additional outcome measures from DBT (pre/post within DBT group): significant decreases in suicidal ideation, significant reductions in global severity index and positive symptoms distress index, and significant changes on SCL-90: anxiety, depression, interpersonal sensitivity, and obsessive compulsive, and trend toward significance on paranoid scale; reductions on Life Problems Inventory in total LPI scores as well as four problem areas: confusion about self, impulsivity, emotion dysregulation, and interpersonal difficulties.
Stanley, Ivanoff, Brodsky, Oppenheim, & Mann (AABT, 1998, Nov).	All Ss were females with BPD.	Non-randomized pilot project comparing efficacy for patients in standard DBT with a matched group of patients receiving TAU in the community.	This study included all components of standard, comprehensive DBT but was provided for a shorter treatment duration (six months) than Linehan's original trial. Hence, all skills were taught one time only.	Statistically significant reductions in self-mutilation behaviors, self-mutilation urges, suicidal ideation, and suicidal urges were observed favoring DBT. No differences in self-reported psychopathology were observed. There were no suicide attempts in either group during the duration of the study.

SUMMARY OF RESEARCH FINDINGS IN DBT

DIMEFF, L., KOERNER, K., & LINEHAN, M.M. (2001)

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Evans, Tyrer, Catalan, Schmidt, Davidson, Dent, Tata, Thornton, Barber, & Thompson (1999).	Ss ranging in age from 16-50 with recent episode of deliberate self-harm as well as at least 1 other episode of parasuicidal behavior in the past year. All Ss had a personality disturbance in Cluster B.	Randomized controlled trial (N=34) comparing a manual-assisted cognitive-behavioral brief intervention (MACT) to treatment-as-usual. Following baseline, Ss were assessed at six months. Exposure to MACT ranged on a continuum from 2 to 6 sessions of problem-focused psychotherapy along with bibliotherapy (a manual of six short chapters covering problem-solving and basic cognitive techniques to manage emotions and negative thinking and relapse prevention strategies). Substance dependent clients were excluded from this study.	In contrast to comprehensive DBT, MACT constitutes a very brief treatment, up to six sessions of psychotherapy. Ss in MACT were instructed how to conduct a behavioral chain analysis using materials developed by Linehan and used in DBT and encouraged to conduct a chain analysis on their last episode of parasuicidal behavior. Ss were taught DBT crisis survival skills, including pros and cons and encouraged to practice these skills during the week.	During the six month assessment period, 10 Ss (56% MACT; 71% TAU) engaged in parasuicidal behavior. The rate of parasuicidal acts per month was lower with MACT than in TAU (median 0.17/month vs. 0.37/month, respectively). This finding was not statistically significant (p=0.11), which may be due to lack of statistical power. A statistically significant difference between conditions was noted on self-report of depression favoring MACT. The observed average cost of care was 46% less with MACT.
Linehan, Schmidt, Dimeff, Craft, Kanter, & Comtois (1999).	Substance dependent, multi-disordered women with BPD between 18-45 years of age; outpatient clinic.	Randomized controlled trial (N=28) comparing DBT to community-based treatment-as-usual. Ss assessed at 4, 8, 12 months and at a 16 month follow-up.	Ss received yearlong treatment, including individual psychotherapy and group skills training. Each skills training module was reviewed twice during the duration of the year. Therapists attended a weekly one hour consultation team meeting.	Statistically significant reduction in substance abuse among DBT Ss compared to TAU Ss among both intent-to-treat and treated samples; findings corroborated by urinalyses (between-group mean effect sizes varied between .6 and 1.1). DBT more effectively retained subjects in therapy, with a 64% retention of DBT Ss compared to 27% of TAU Ss that remained in treatment with their primary therapist for the duration of treatment. Statistically significant improvements in social and global adjustment in DBT Ss were observed at follow-up when compared to TAU Ss. Within DBT condition, clients of therapists who consistently adhered to the DBT treatment manual had better outcomes than clients of non-adhering therapists suggesting therapist adherence to DBT manual and therapist competence may be important predictors of outcome.
Bohus, Haaf, Stiglmayr, et al. (2000).	BPD female Ss in an inpatient setting; had at least two parasuicide episodes in past two years.	Using a pre-post study design, Ss were assessed at admission to hospital and at one-month post-discharge.	All DBT Ss received DBT individual psychotherapy as well as DBT group skills training for the duration of their hospital stay. Additionally, skills coaching was provided in the milieu to further strengthen skills.	Significant decreases in the number of parasuicidal acts post-treatment as well as significant improvements in ratings of depression, dissociation, anxiety and global stress.
Springer, Lohr, Buchtel, & Silk, (1996).	General inpatient unit. <u>M</u> length of stay = 13 days. Ss were selected for group on the basis of having a personality disorder.	Quasi-experimental study where investigators compared outcomes of Ss assigned to a treatment group that included DBT skills in a Creative Coping Group (CC) to a treatment as usual lifestyles and wellness discussion group.	Creative coping group format where Ss were encouraged to discuss parasuicidal in group. Ss only exposed to a limited number of DBT skills from three of four modules (emotion regulation, distress tolerance, and interpersonal effectiveness).	Ss in both conditions attended an average of six sessions and improved during their hospital stay. Ss in the CC treatment group were significantly more likely to believe that the lessons learned in group would help them manage their lives better upon discharge from the hospital. Investigators also note that Ss in the modified treatment group engaged in significantly <i>more</i> "acting out" behaviors during their hospital stay which they attribute to "discussing parasuicidal in the CC (creative coping) group and listening to patients describe their self-mutilative behaviors or fantasies." Two of the six individuals who engaged in self-mutilative acts while in the CC group had no prior history of such behavior. Authors conclude that adaptation of DBT to a short-term inpatient setting may not be in the patient's best interest because of possible contagion effect. This finding validates an important DBT principle described in Linehan's Skills Training manual: with chronically parasuicidal patients, do not encourage discussion of parasuicidal acts in a group setting because of contagion effects (p.24).

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Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
McCann & Ball, (1996). McCann, Ball, & Ivanoff (in review).	Primarily male forensic inpatients on medium & intermediate security wards; most committed violent crimes. 50% with BPD; 50% with ASPD. Recruited from 5 wards.	Quasi-experimental study comparing DBT (n=21) to treatment as usual (n=14) over 20 months. TAU was described as "individualized supportive care" that combined psychotropic medications, individual and group therapy.	DBT ward assumed DBT philosophy and patient assumptions. Individuals in DBT ward received DBT individual therapy, DBT group skills training, as well as skills coaching on the ward. Inpatients were encouraged to conduct a chain analysis of ward-interfering behavior, as well as therapy - interfering behavior.	In comparison to TAU, DBT Ss had a significant decrease in depressed and hostile mood, paranoia, and psychotic behaviors. Furthermore, DBT Ss had a significant decrease in several maladaptive interpersonal coping styles and an increase in adaptive coping in comparison to TAU. Finally, a trend towards reduction in staff burn-out was reported, again favoring DBT.
Telch, Agras, & Linehan (2000).	Female Ss between 18 and 65 years of age in outpatient treatment program for Binge Eating Disorder.	Small preliminary pre-post design (N=11) adapting DBT to treatment of Binge Eating Disorder. 20 session-group format that includes skills training as well as behavioral chain analysis.	Ss only received DBT group skills training. With the exception of the interpersonal effective module, all DBT modules were taught. Additionally, chain analysis was taught as a self-management skill within group and Ss were instructed to conduct a chain analysis using specifically developed behavioral targets for mindful eating. Skill modules taught once, although a review of all skills in a particular module was provided at the end of each module.	Both the number of binge episodes and binge days decreased significantly from baseline to post-treatment and included weight loss. Three and six-month post-treatment assessment data showed strong continued abstinence from binge eating and maintenance of lower weight. No treatment drop outs were reported and attendance was strong.
Koons, Robins, Tweed, Lynch, et al. (2001).	BPD women recruited from Veterans' Administration clinic. Ss not required to have history of parasuicidal behavior.	Randomized controlled trial comparing DBT(n=10) to treatment-as-usual (n=10) in outpatient setting. Length of treatment was six months. Ss were assessed at baseline, treatment midpoint (3 months), and at treatment completion (six months).	This study included all components of standard DBT. Because of shorter treatment duration (six months), all skills were taught one time only.	Ss in the DBT condition showed statistically greater reductions in suicidal ideation, depression, hopelessness, and anger compared to TAU Ss at post-treatment. Upon treatment completion, 3 of 10 DBT Ss continued to meet criteria for BPD compared to 5 of 10 in TAU. This study differs from Linehan's original trial in its shortened duration of treatment (from 12 months to 6 months). Additionally, this study did not include current or past history of parasuicidal behaviors as criteria for inclusion.
Trupin, Stewart, Beach, Boesky (in press).	Juvenile female offenders in a mental health cottage in a correctional facility.	Quasi-experimental study comparing pre-post outcomes. Compared outcomes from cottage implementing DBT to a treatment as usual cottage with comparable characteristics.	Application primarily of DBT skills as well as consultation team. Each skills module taught over four week period in 60-90 minute groups occurring 1 to 2 times weekly. Skills strengthening occurred through coaching in the milieu.	Behavioral problems (aggression, parasuicide, and class disruption) were significantly higher within the experimental cottage at pretreatment and decreased significantly during intervention compared to other cottage. Following the DBT intervention, staff in the DBT cottage used fewer restrictive punitive responses. Following the DBT intervention, youth showed significantly improved transition to and participation in on-campus therapeutic, educational and vocational services.
Lynch, Morse, Mendelson, & Robins (under review)	Ss of depressed individuals age 60 and older; outpatient treatment	Randomized controlled trial (N=34) comparing DBT to treatment as usual plus clinical management in 28 week treatment. All Ss received anti-depressant medications. Ss assessed at baseline, 28 weeks, and at 6-month follow up.	Ss only received DBT group skills training mode of treatment, in addition to anti-depressant medications. Targets modified to emphasize treating depression in elderly population. Skills modules taught once.	Between group analyses revealed one significant difference. The DBT condition showed significantly less maladaptive Pleasing Others compared to TAU. The number of individuals with clinically significant minimal depression at posttreatment using the BDI were similar across condition, but favored DBT at follow-up. For the HAMD, 67% of DBT patients met criteria for being both significantly improved and asymptomatic at posttreatment, as opposed to 50% of TAU patients. At the 6-month follow-up, 73% of DBT patients and 40% of TAU patients were within the asymptomatic range. Analyses revealed a number of significant changes over time within group on secondary measures of functional status and coping style, with the vast majority favoring the DBT condition.

SUMMARY OF RESEARCH FINDINGS IN DBT

DIMEFF, L., KOERNER, K., & LINEHAN, M.M. (2001)

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Linehan, Dimeff, Reynolds, Comtois, Shaw Welch, Heagerty, & Kivlahan (submitted)	Opiate-addicted BPD women, 18 to 45 years old; outpatient clinic.	Randomized controlled trial (N=23) comparing DBT to Comprehensive Validation Therapy (CVT) with 12-Step. Ss assessed at 4, 8, 12 months and at a 16 month follow-up. All subjects (experimental and control) received a maintenance dose of opiate-replacement medication (i.e., ORLAAM or methadone). Ss transferred to methadone maintenance program following completion of treatment for ongoing drug replacement therapy.	DBT Ss received comprehensive DBT, modified for substance abusers with BPD. Modes of treatment included weekly individual psychotherapy, 90 minute group skills training (didactic only) and 30-minute individual skills coaching (homework review) homework review, as-needed case management, pharmacotherapy, and consultation team. Ss were exposed to all skills twice within this 12-month trial. Modes of CVT included weekly psychotherapy, weekly therapist supervision, as needed case management, pharmacotherapy, and optional 12-step sponsor meeting and standard 12-step meeting.	In contrast to DBT, CVT+12S was focused on validating the client and her experiences in a warm and supportive, non-directive atmosphere. Clients were encouraged to develop their confidence in themselves as capable, individuals worthy of therapists' respect, and reinforcing self-verification. Validation of public and private behaviors occurred only when the behavior was valid (e.g., effective in terms of the client's long term goals, was logically consistent with actual data or consistent with normative behavior). Major findings are three-fold: First, Ss in both conditions significantly reduced opiate use over time; at the 16 month assessment, subjects in both treatments had a low proportion of opiate-positive UA (27% DBT; 33% CVT). Secondly, CVT was remarkably effective in maintaining Ss in treatment (100% remained the entire treatment year, compared to 64% in DBT). Finally, Ss in both conditions showed a significant reduction in psychopathology over time.
Turner, Ralph M.	Ss recruited from ER after suicide attempts; outpatient	Randomized controlled trial (N=24) comparing DBT-oriented therapy to client-centered therapy (session range: 49-84 sessions). Ss assessed at baseline and at 6- and 12-month follow-ups. Ss received	Psychodynamic techniques added to standard DBT to conceptualize Ss' emotions and cognitions. To keep treatment conditions equal with regard to clinical contact hours, DBT skills training took place during individual therapy sessions, not in a separate group. Both treatment conditions received six sessions of group focusing on significant persons in the Ss environment.	Modifications to standard DBT made at theoretical and applied level, including incorporating of psychodynamic strategies and elimination of distinct DBT skills training mode. Results support efficacy of DBT-oriented treatment. At 6- and 12-month follow-up, Ss in DBT condition showed statistically significant gains in suicide/self-harm behavior compared to CCT Ss. At 12-month follow-up, DBT Ss showed significantly less anger, impulsivity, and depression than CCT Ss, as well as significantly improved global mental health functioning. At both 6-and 12-month follow-ups, DBT-oriented therapy significantly reduced hospitalization stays.

SUMMARY OF RESEARCH FINDINGS IN DBT

DIMEFF, L., KOERNER, K., & LINEHAN, M.M. (2001)

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