The DBT Coach Mobile Application as an Adjunct to Treatment for Suicidal and Self-Injuring Individuals With Borderline Personality Disorder: A Preliminary Evaluation …
SL Rizvi, CD Hughes, MC Thomas - 2016

Acquisition and generalization of specific behavioral skills is a key component of dialectical behavior therapy (DBT) for individuals with borderline personality disorder (BPD). We examined the feasibility, acceptability, usability, and immediate effects of the DBT Coach, a mobile phone application (app) designed specifically to augment skills generalization through interactive coaching in DBT skills. In this pilot study, we provided the DBT Coach installed on a mobile device as an adjunct to 6 months of standard DBT, among a sample of 16 individuals with BPD and a recent history of attempted suicide and/or nonsuicidal self-injury (NSSI). Results indicate good acceptability and usability of the DBT Coach with considerable between-person variability in the frequency of app use and a median use of only 11.5 times over the course of treatment and a 3-month follow-up period. Using a hierarchical linear modeling approach, analyses indicated the DBT Coach reduced subjective distress and urges to self-harm following app use. However, use of the DBT Coach was not related to any treatment outcomes, except for reductions in NSSI. This study is the first to examine the use of mobile technology as an adjunct in DBT and highlights some potential challenges in incorporating apps into treatment. Implications for future research and clinical utility are discussed.

Teaching Dialectical Behavior Therapy to Psychiatry Residents: The Columbia Psychiatry Residency DBT Curriculum
BS Brodsky, DL Cabaniss, M Arbuckle, MA Oquendo… - Academic Psychiatry, 2016

Objective
Dialectical behavior therapy (DBT) is an evidence-based psychosocial treatment with efficacy in reducing self-harm behaviors in borderline personality disorder (BPD). This study describes and evaluates a clinical curriculum to teach DBT to psychiatry residents, developed at a large urban university hospital. The curriculum objectives are to (1) have psychiatry residents achieve basic understanding of DBT theory and clinical skill, (2) increase residents’ ability and confidence in treating self-harm behaviors (both suicidal behavior and non-suicidal self-injury), and (3) enhance residents’ willingness to treat individuals with BPD.

Methods
In addition to a 6-week didactic course on DBT offered to all residents (n = 62), 25 elected to enroll in a year-long DBT clinical training curriculum over the course of a 5-year period. The DBT clinical training consisted of 15 h of additional didactics, ongoing conduct of individual therapy and group DBT skills training, videotaping of individual therapy sessions, and weekly supervision meetings utilizing videotape to provide feedback. Residents participating in the clinical training program videotaped baseline and
later sessions, which were rated for DBT adherence. All 62 graduates of the program were surveyed regarding the impact of the training on their practice of psychiatry.

**Results**
Upon graduation, a high percentage (87% in the curriculum and 70% in the didactic course only) reported incorporating DBT into their psychiatry practice, as well as willingness and confidence in treating BPD and self-harm behaviors. Residents participating in the clinical training demonstrated significant improvement in their ability to utilize DBT interventions, particularly in structuring sessions, problem assessment, problem solving, and using validation and dialectical strategies.

**Conclusion**
This DBT curriculum was effective in preparing psychiatrists-in-training to incorporate evidence-based practices for effective treatment of BPD and self-harm behaviors and can serve as a model for teaching DBT during psychiatry residency training. Limitations include a small sample size and lack of baseline survey measurement of attitudes for pre- and post-curriculum comparison.

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**Dialectical Behavior Therapy Training and Desired Resources for Implementation: Results From a National Program Evaluation in the Veterans Health Administration**

SJ Landes, MM Matthieu, BN Smith, LR Trent… - *Military Medicine, 2016*

Context: Little is known about nonresearch training experiences of providers who implement evidence-based psychotherapies for suicidal behaviors among veterans. Evidence Acquisition: This national program evaluation identified the history of training, training needs, and desired resources of clinicians who work with at-risk veterans in a national health care system. This sequential mixed methods national program evaluation used a post-only survey design to obtain needs assessment data from clinical sites (*N* = 59) within Veterans Health Administration (VHA) facilities that implemented dialectical behavior therapy (DBT). Data were also collected on resources preferred to support ongoing use of DBT. Results: While only 33% of clinical sites within VHA facilities reported that staff attended a formal DBT intensive training workshop, nearly 97% of participating sites reported having staff who completed self-study using DBT manuals. Mobile apps for therapists and clients and templates for documentation in the electronic health records to support measurement-based care were desired clinical resources. Conclusion: Results indicate that less-intensive training models can aid staff in implementing DBT in real-world health care settings. While more training is requested, a number of VHA facilities have successfully implemented DBT into the continuum of care for veterans at risk for suicide.
Recovery from Borderline Personality Disorder: A Systematic Review of the Perspectives of Consumers, Clinicians, Family and Carers
FYY Ng, ME Bourke, BFS Grenyer - PLOS ONE, 2016

Purpose
Longitudinal studies support that symptomatic remission from Borderline Personality Disorder (BPD) is common, but recovery from the disorder probably involves a broader set of changes in psychosocial function over and above symptom relief. A systematic review of literature on both symptomatic and personal recovery from BPD was conducted including the views of consumers, clinicians, family and carers.

Materials and Methods
A PRISMA guided systematic search identified research examining the process of recovery from BPD. Longitudinal studies with a follow-up period of five or more years were included to avoid treatment effects.

Results
There were 19 studies, representing 11 unique cohorts (1,122 consumers) meeting the review criteria. There was a limited focus on personal recovery and the views of family and carers were absent from the literature. Rates of remission and recovery differ depending upon individual and methodological differences between studies. Data on symptomatic remission, recurrence and diagnosis retention suggests that BPD is a stable condition, where symptomatic remission is possible and the likelihood of recurrence following a period of remission is low.

Conclusion
Symptomatic remission from BPD is common. However, recovery including capacities such as engaging in meaningful work was seldom described. Future research needs broader measures of recovery as a sub-syndromal experience, monitoring consumer engagement in meaningful vocation and relationships, with or without the limitations of BPD.

Loneliness, Social Networks, and Social Functioning in Borderline Personality Disorder.
Liebke, L; Bungert, M; Thome, J; Hauschild, S; Gescher, DM; Schmahl, C; Bohus, M; Lis, S

Persistent loneliness is often reported by patients with borderline personality disorder (BPD). However, empirical studies investigating this aspect of BPD psychopathology are sparse. Studies from social psychology revealed that social isolation and low social functioning contribute to loneliness, that is, the subjective feeling of being alone. The aim of the present study was to contribute to the understanding of loneliness in BPD by investigating its relation to social isolation and functioning in different domains of life. Subjective experience of loneliness was measured in 80 women (40 BPD patients, 40 healthy controls) with the UCLA Loneliness Scale. Social isolation and social functioning were assessed with the Social Network Inventory and the Social Functioning Scale. In addition, we assessed global functioning with the Global Assessment of Functioning. BPD patients reported stronger feelings of loneliness compared to healthy participants. In general, the level of lonelines was linked to network size, social engagement, and prosocial behavior. Diversity of social networks and functioning in the domain of interpersonal communication were associated with the level of loneliness only in BPD. A reduced variety of roles in social life together with impairments in interpersonal communication were particularly relevant for the experience of loneliness in BPD,
suggesting an indirect path to target this psychopathological feature in therapeutic interventions. However, both social isolation and social functioning were not sufficient to explain the severely increased loneliness experienced by these patients, stressing the need for further investigation of determinants of loneliness in this clinical population.

**Body plasticity in borderline personality disorder: A link to dissociation.**
Bekrater-Bodmann, R; Chung, BY; Foell, J; Gescher, DM; Bohus, M; Flor, H

**INTRODUCTION:** Patients with borderline personality disorder (BPD) often report an unstable sense of self, which is further enhanced in dissociative states. As one consequence, BPD patients show a labile body percept, which might result in a higher degree of body plasticity. However, experimental data on body plasticity in BPD are not yet available.

**MATERIALS AND METHODS:** The rubber hand illusion (RHI) probes the plasticity of one's body by inducing the feeling of ownership for an artificial limb. We tested the proneness to perceive the RHI in female patients with current and remitted BPD compared to healthy controls, and related their perceptions to state and trait dissociation.

**RESULTS:** Participants with current BPD, compared to healthy controls, reported higher proneness to perceive the RHI (p<.05, with an effect size [Cohen's d] of 0.68). Remission was associated with a stabilization of perceptions. RHI vividness was positively related to state and trait dissociation across the groups, and specifically in current BPD when controlling for symptom severity (all Pearson's r≥.30, p<.05).

**DISCUSSION:** These results indicate enhanced body plasticity related to dissociation in BPD, point to shared neurobiological mechanisms, and might help to elucidate the body-related perceptual disturbances associated with BPD.

**CONCLUSION:** The results provide initial empirical evidence for significant alterations in body ownership processing associated with a current BPD diagnosis, resulting in enhanced body plasticity. Dissociation significantly correlated with illusory limb ownership experiences, making body plasticity a marker for BPD.