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**Journal of Intellectual Disabilities and Offending Behaviour**

**Journeys into dialectical behaviour therapy (DBT): capturing the staff and service-user experience**

Author(s):
- Paula Johnson (Calderstones Partnership NHS Foundation Trust Nr Clitheroe United Kingdom of Great Britain and Northern Ireland)
- Michaela Thomson (Calderstones Partnership NHS Foundation Trust Nr Clitheroe United Kingdom of Great Britain and Northern Ireland)

Citation:
Paula Johnson, Michaela Thomson, (2016) "Journeys into dialectical behaviour therapy (DBT): capturing the staff and service-user experience", Journal of Intellectual Disabilities and Offending Behaviour, Vol. 7 Iss: 2, pp. -
Abstract:
Purpose
This paper will explore the lived experiences of staff and service-users regarding the introduction of Dialectical Behaviour Therapy (DBT) into an NHS forensic learning disability (LD) service.

Design/methodology/approach
Drawing on data from two recent qualitative research studies, the research team used a case-oriented approach to see beyond original findings to capture the shared experiences of the participants’ journeys, thus giving a deeper insight to the commonalities of the participants’ voices which is rarely reported in the literature (Sandelowski, 2011).

Findings
A common set of phenomena became apparent when the cases were analysed, these included; Trust, Intensity and Worthwhile. It is intended this paper gives some opportunity for reflection and shared empathetic responses to the similar experiences discussed.

Originality/value
The case orientated analysis adds value to the evidence base by highlighting the importance of the qualitative voice of both the staff and service user. This is important because most available literature reflects the process of setting up a team or DBT service, rather than describing the team experience. Equally, most published literature regarding the effectiveness of DBT is not written from the perspective of the people who receive the therapy.

Title: Reliability and validity of the DBT-VLCS: A measure to code validation strategies in dialectical behavior therapy sessions.

Citation: Psychotherapy Research, May 2016, vol. 26, no. 3, p. 332-341, 1050-3307 (May 2016)

Author(s): Carson-Wong, Amanda, Rizvi, Shireen

Abstract: Objective: There are six strategies or validation levels in dialectical behavior therapy (DBT), yet there are no measures designed to code for them. This absence limits our understanding of the relationship between validation strategies and treatment outcome. The
DBT-Validation Level Coding Scale (DBT-VLCS) was developed to overcome this limitation.

Method: This research reports on the interrater reliability and content validity for the DBT-VLCS. Results: Overall, interrater reliability was excellent for all items, with the exception of two items that demonstrated good reliability. Good content validity was demonstrated for six of the seven items. Conclusions: This preliminary study suggests that the DBT-VLCS is a reliable and valid measure to code the presence of validation in DBT. This measure creates the opportunity for research that has not previously been possible. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Source: PsycInfo

Title: Neural correlates of distraction in borderline personality disorder before and after dialectical behavior therapy.

Citation: European Archives of Psychiatry and Clinical Neuroscience, Apr 2016, (Apr 18, 2016), 0940-1334 (Apr 18, 2016)

Author(s): Winter, Dorina, Niedtfeld, Inga, Schmitt, Ruth, Bohus, Martin, Schmahl, Christian, Herpertz, Sabine C.

Abstract: Neural underpinnings of emotion dysregulation in borderline personality disorder (BPD) are characterized by limbic hyperactivity and disturbed prefrontal activity. It is unknown whether neural correlates of emotion regulation change after a psychotherapy which has the goal to improve emotion dysregulation in BPD, such as dialectical behavioral therapy (DBT). We investigated distraction as a main emotion regulation strategy before and after DBT in female patients with BPD. Thirty-one BPD patients were instructed to either passively view or memorize letters before being confronted with negative or neutral pictures in a distraction task during functional magnetic resonance imaging. This paradigm was applied before and after a 12-week residential DBT-based treatment program. We compared the DBT group to 15 BPD control patients, who continued their usual, non-DBT-based treatment or did not have any treatment, and 22 healthy participants. Behaviorally, BPD groups and healthy participants did not differ significantly with respect to alterations over time. On the neural level, BPD patients who received DBT-based treatment showed an activity decrease in the right inferior parietal lobe/supramarginal gyrus during distraction from negative rather than neutral stimuli.
when compared to both control groups. This decrease was correlated with improvement in self-reported borderline symptom severity. DBT responders exhibited decreased right perigenual anterior cingulate activity when viewing negative (rather than neutral) pictures. In conclusion, our findings reveal changes in neural activity associated with distraction during emotion processing after DBT in patients with BPD. These changes point to lower emotional susceptibility during distraction after BPD symptom improvement. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Source: PsycInfo

Title: Contingencies Create Capabilities: Adjunctive Treatments in Dialectical Behavior Therapy That Reinforce Behavior Change

Citation: Cognitive and Behavioral Practice, 2016, vol./is. 23/1(110-120), 1077-7229;1878-187X (2016)

Author(s): Carmel A., Comtois K.A., Harned M.S., Holler R., McFarr L.

Language: English

Abstract: Dialectical behavior therapy (DBT) has been shown to be effective in the treatment of borderline personality disorder (BPD), a disorder associated with poor functional outcomes and high utilization of behavioral health services. Contingency management strategies are one of the four primary change procedures in DBT. This paper provides an overview of the use of contingency management strategies in DBT with a particular focus on how adjunctive treatments can be utilized as a reinforcer for positive behavior change. We focus specifically on two adjunctive DBT treatments with evidence of efficacy, including the DBT Prolonged Exposure protocol (DBT PE), which targets PTSD, and DBT-Accepting the Challenges of Exiting the System (DBT-ACES), which targets getting off of psychiatric disability by obtaining and maintaining employment. This paper describes how contingency management strategies are used to help clients make the changes necessary to become eligible to receive these adjunctive treatments, as well as the process of clarifying and managing contingencies to maintain and increase adaptive behaviors as these treatments are implemented. Considerations for how DBT therapists and larger health systems can apply contingency
management strategies to enhance behavioral capabilities in the treatment of individuals with BPD are discussed.

**Publication Type:** Journal: Article

**Source:** EMBASE