

## **RESUMEN**

**Introducción:** La Terapia Dialectico Comportamental fue desarrollada por Marsha Linehan (Linehan, 1987a, 1987b) para mujeres suicidas. Muchas de ellas tenían la etiqueta diagnóstica de trastorno límite de la personalidad y por esto se asoció este tratamiento a este trastorno. En los últimos años, la DBT ha resultado ser uno de los programas psicoterapéuticos más utilizados para el TLP.

**Objetivo:** El objetivo de la presente revisión es examinar la eficacia de la terapia dialéctica comportamental en el trastorno límite de la personalidad.

**Método:** se llevó a cabo una revisión de la literatura siguiendo la metodología PRISMA. Se establecieron criterios de inclusión y exclusión para obtener la información adecuada, obteniendo en total 19 estudios divididos en 5 categorías para facilitar su exposición.

**Resultados:** Se encontró que la DBT es más eficaz que el tratamiento habitual para reducir los síntomas centrales de los pacientes TLP y que aplicando únicamente alguno de sus módulos los pacientes también experimentaban una mejoría. También se vio que con la aplicación de esta terapia se producían cambios a nivel cerebral (funcional y estructural) y que es capaz de producir una mejoría en otros trastornos (TCA, TEPT, drogodependencias). Por último, también se observó que la combinación de la DBT con otra terapia también resultaba en una reducción de los síntomas TLP.

**Discusión:** La revisión aporta información para sugerir que la DBT es una de las mejores opciones a la hora de tratar el trastorno límite de la personalidad, además de tener potencial para cambiar estructural y funcionalmente el cerebro y para reducir la sintomatología de otras patologías. Asimismo, sería necesaria más investigación sobre la eficacia de sus módulos aislados y sobre la capacidad que tiene su combinación con otras terapias.

**Palabras clave:** Terapia Dialéctica Comportamental (TDC), Trastorno límite de personalidad (TLP), ensayo controlado aleatorio (ECA), estudios de eficacia

## **ABSTRACT**

**Introduction:** Dialectical Behavioral Therapy was developed by Marsha Linehan (Linehan, 1987a, 1987b) for suicidal women. Many of them had the diagnostic label of borderline personality disorder and for this reason this treatment was later associated with this disorder. In recent years, DBT has turned out to be one of the most widely used psychotherapeutic programs for BPD.

**Objective:** The aim of the present review is to examine the efficacy of dialectical behavioral therapy in borderline personality disorder.

**Method:** a review of the literature was carried out following the PRISMA methodology. Inclusion and exclusion criteria were established to obtain adequate information, obtaining a total of 19 studies that were divided into 5 categories to facilitate their exposition.

**Results:** It was found that DBT is more effective than treatment as usual in reducing the central symptoms of BPD and that by applying only some of its modules the patients also experienced an improvement. It was also seen that with the application of this therapy changes were produced at the brain level (functional and structural) and that it can produce an improvement in other disorders (ED, PTSD, substance dependence). Finally, it was also observed that the combination of DBT with another therapy also resulted in a reduction of BPD symptoms.

**Discussion:** The review provides information to suggest that DBT is one of the best options to treat borderline personality disorder and has the potential to change the brain structurally and functionally and to reduce the symptomatology of other pathologies. Also, more research would be needed on the efficacy of its isolated modules and on the capacity of its combination with other therapies.

**Key words:** Dialectical behavioral therapy (DBT), borderline personality disorder (BPD), randomized controlled trial (RCT), efficacy studies.



# Literature review of Dialectical Behavioral Therapy for patients with Borderline Personality Disorder



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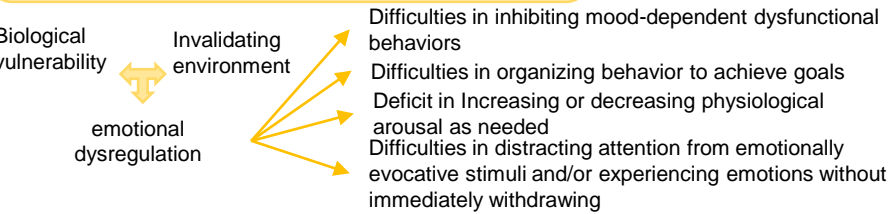
TFG Psicología 2020-2021 (PS1048)

## INTRODUCTION

Created by Marsha Linehan → suicidal women

### BPD

Dissociative symptoms      Instability  
 Anger and difficulty controlling it      Emptiness      Impulsivity  
 Emotional dysregulation      Suicide attempts/ self-injury



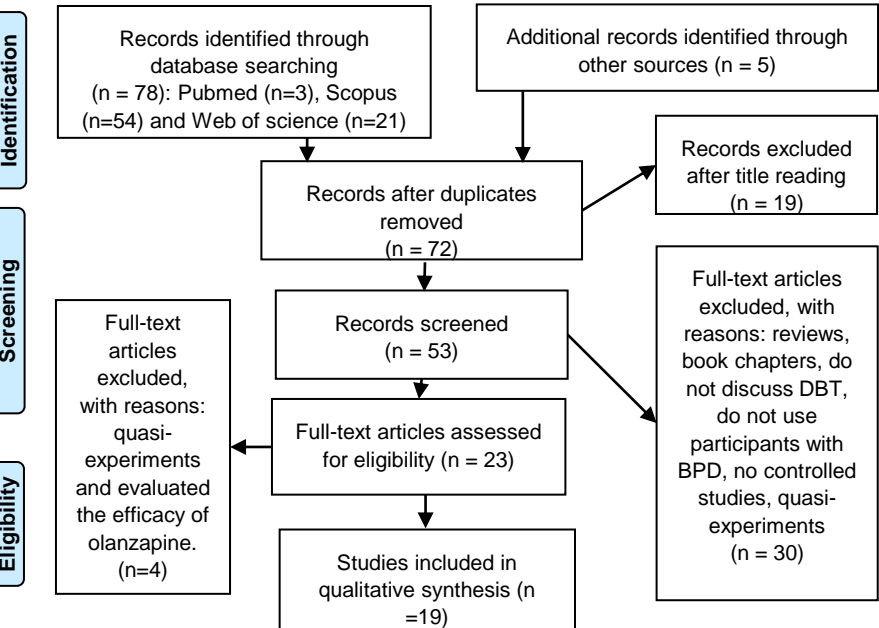
D B T	individual therapy	group therapy
	telephone consultations	clinical sessions for therapists

## OBJECTIVE

to examine the efficacy of dialectical behavior therapy in borderline personality disorder.

## METHODOLOGY

Literature Review following PRISMA methodology ([www.prisma-statement.org](http://www.prisma-statement.org)).



## CATEGORY 1: effectiveness of DBT

NAME	N	VARIABLES	RESULTS
Linehan, et. al. (1991),	N= 498	NSSI, suicidal ideation, hospitalization days,	DBT ↓ NSSI frequency and behavior, days of hospitalization,
Linehan et. al. (2006), Bohus et. al. (2004), Carter, et.al. (2010), Walton, et. al. (2020), Stiglmayr et. al. (2014), Bianchini et. al. (2019)	DBT vs TAU	depression, anxiety, social adjustment, interpersonal problems, general psychopathology and BPD symptoms, disability, quality of life, mindfulness, dissociation, sense of self and emotional regulation, impulsivity	suicide attempts, depression, anxiety, interpersonal functioning, social adjustment, global psychopathology, BPD symptom severity, impulsivity and dissociation  DBT ↑ Quality of life, disability, mindfulness skills and emotion regulation.

## RESULTS

## CATEGORY 2 : effectiveness of only one DBT components

NAME	N	VARIABLES	RESULTS
Neacsiu et. al. (2010), Zeifman et. al. (2010), Soler et. al. (2009), Soler et. al. (2012), Linehan et. al. (2015)	N=4 13 DBT -ST/ DBT -M/ DBT -I	use of DBT skills, number of suicide attempts and NSSI, anger, BPD symptoms, mindfulness, stress tolerance, depression, anxiety, psychiatric symptoms, irritability, impulsivity, emergency department use and behavioral reporting, attention (CPT-II) and impulsivity	DBT-ST ↑ skills, anger management, mindfulness ↓ suicide attempts, NSSI, depression, general psychopathology, dropout rates, anxiety, irritability, and anger.  DBT-M ↑ improved attention and impulsivity  DBT= DBT-ST= DBT-I ↓ suicide attempts and suicidal ideation, NSSI severity, emergency department use and anxiety

## CATEGORY 3: effectiveness of DBT in modifying brain structure

NAME	N	VARIABLES	RESULTS
Mancke, et. al. (2018), Carmona i Farrés, et. al. (2019)	N= 113 DBT/T AU	BPD symptoms, emotional dysregulation, structural exploration MRI, depression, anxiety, mindfulness (n-back).	DBT ↓ emotional dysregulation and severity BPD ↑ GM in ACC, inferior frontal and superior temporal gyrus, alteration GM angular gyrus and supramarginal gyrus  DBT-M ↑ activity of the left anterior insula - frontal operculum and calcarina-cuneus deactivation. No difference in DMN activation/deactivation.

## CATEGORY 4: efficacy of DBT in treating BPD plus other psychopathology

NAME	N	VARIABLES	RESULTS
Linehan, et. al. (1999), Navarro-Haro et. al. (2008), Harned, et. al. (2018), Snoek, et. al. (2020)	N=298 (BPD, drug addicts, ED, PTSD) DBT/TAU DBT+PE/DBT DBT+EMDR/ EMDR	Drug use, NSSI, global functioning, dysfunctional behavior, depression, emotional regulation, PTSD and BPD symptoms, capillary cortisol, blood sample, heart rate, and blood pressure	DBT ↑ abstinence, emotional regulation, global functioning ↓ dysfunctional behaviors, NSSI, depression, DBT+PE ↑ global functioning  EMDR+DBT ↓ BPD and PTSD symptoms predictors and mediators of BPD and PTSD response were identified.

## CATEGORY 5: DBT plus other therapy for treatment of BPD

NAME	N	VARIABLES	RESULTS
Leppanen, et. al. (2015)	112 TLP. DBT+SFT o TAU	Early maladaptive schemas	DBT+SFT ↓ 8/18 maladaptive schemas

DBT= dialectical-behavioral therapy; TAU= treatment as usual; BPD= Borderline personality disorder; NSSI= Nonsuicidal Self-Injury; DBT-ST= DBT skills training; DBT-M= DBT mindfulness; DBT-I= DBT-individual; DBT-IE= DBT-interpersonal effectiveness; GM= gray matter; ACC= Anterior cingulate cortex; ED= Eating disorder; PTSD= Post-traumatic stress disorder; EMDR= Eye Movement Desensitization and Reprocessing; SFT= schema-focused therapy; DMN= default mode network

## DISCUSSION AND CONCLUSION

DBT is effective in treating central symptoms of BPD	DBT is one of the best options for treating BPD
Isolated DBT modules → clinically useful, easier to implement in resource-poor settings (e.g., public health care)	Isolated modules → useful to manage some symptoms → More research
DBT produces a change in brain structures related to emotion regulation	DBT potential to alter brain function and structure and to treat other disorders
DBT also effective in other disorders → transdiagnostic	In combination with other therapies, it could be a good option to approach BPD
DBT + other therapy → beneficial in approaching BPD	



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