



ASOCIACIÓN ESPAÑOLA DE DBT

JORNADAS 2022

ASOCIACIÓN
ESPAÑOLA DE
DBT

"Entendiendo la
Regulación
Emocional para
Entender la
Conducta Suicida"

CO-ORGANIZA:



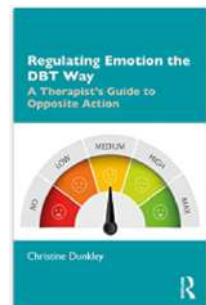
WORKSHOP INTERNACIONAL
(con traducción simultánea)

"COMO REGULAR EMOCIONES
AL ESTILO DBT"

A CARGO DE CHRISTINE
DUNKLEY, PHD



"Regulating emotions the
DBT way: A Therapist guide
to opposite action"



The Global Scope of DBT: Active Teams



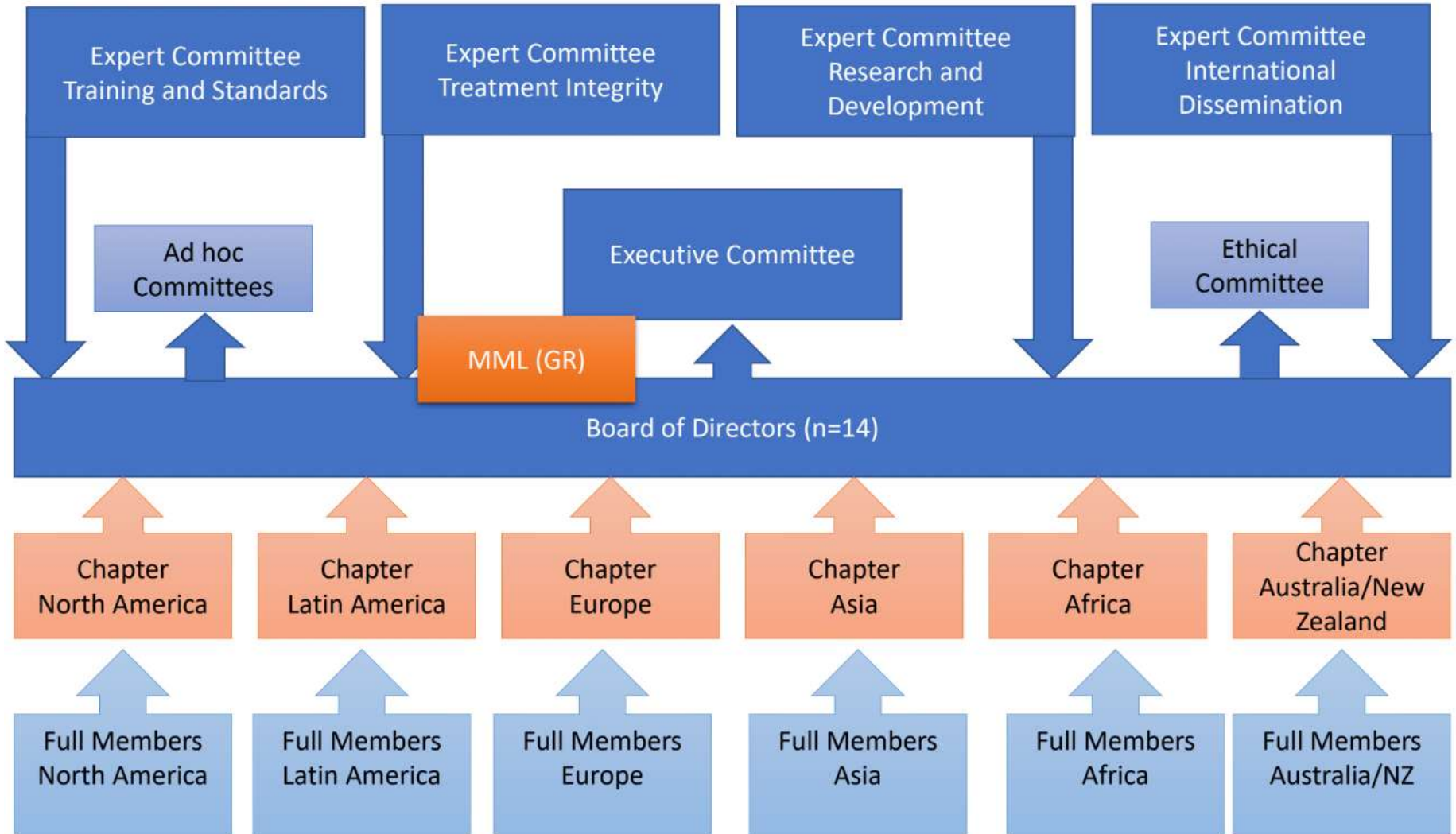
International Association for Dialectical Behavior Therapy



WDBTA
World Dialectical
Behavior Therapy
Association

World DBT Association

BYLAWS OF THE WORLD DIALECTICAL
BEHAVIOR THERAPY ASSOCIATION





UNA NUEVA MEDIDA PRAGMÁTICA PARA EVALUAR LA ADHERENCIA EN TERAPIA INDIVIDUAL DE DBT

<https://www.dbtadherence.com/>

[DBT Adherence & Fidelity](#)

Melanie S. Harned, Ph.D.



Cochrane
Library

Cochrane Database of Systematic Reviews

Psychological therapies for people with borderline personality disorder (Review)

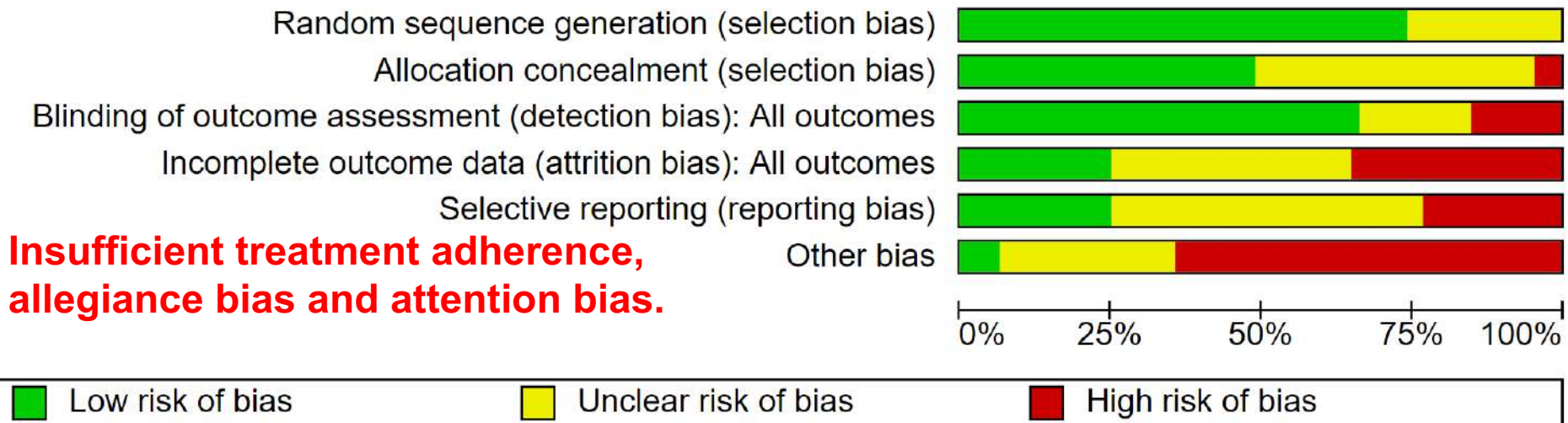
Storebø OJ, Stoffers-Winterling JM, Völlm BA, Kongerslev MT, Mattivi JT, Jørgensen MS, Faltinsen E, Todorovac A, Sales CP, Callesen HE, Lieb K, Simonsen E

78 ECs

4507 pacientes con TLP

16 diferentes psicoterapias

Psychological therapies for people with borderline personality disorder (Review)



Insufficient treatment adherence, allegiance bias and attention bias.

Author (Year)	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of outcome assessment (detection bias): All outcomes	Incomplete outcome data (attrition bias): All outcomes	Selective reporting (reporting bias)	Other bias
Antianto 2011	Low	Unclear	High	High	High	High
Andreoli 2016	Low	Unclear	High	High	High	High
Antonson 2017	Low	Unclear	High	High	High	High
Bateman 1999	Low	Unclear	High	High	High	High
Bateman 2009	Low	Unclear	High	High	High	High
Bellino 2006	Low	Unclear	High	High	High	High
Bellino 2007	Low	Unclear	High	High	High	High
Bellino 2010	Low	Unclear	High	High	High	High
Bianchini 2019	Low	Unclear	High	High	High	High
Blum 2008	Low	Unclear	High	High	High	High
Bohus 2013	Low	Unclear	High	High	High	High
Borschmann 2013	Low	Unclear	High	High	High	High
Bos 2010	Low	Unclear	High	High	High	High
Carmona i Farrés 2019	Low	Unclear	High	High	High	High
Carter 2010	Low	Unclear	High	High	High	High
Cottaux 2009	Low	Unclear	High	High	High	High
Davidson 2006	Low	Unclear	High	High	High	High
Davidson 2014	Low	Unclear	High	High	High	High
Doering 2010	Low	Unclear	High	High	High	High
Elices 2016	Low	Unclear	High	High	High	High
Farrell 2009	Low	Unclear	High	High	High	High
Feigenbaum 2012	Low	Unclear	High	High	High	High
Fellu-Soler 2017	Low	Unclear	High	High	High	High
Giesen-Bloo 2006	Low	Unclear	High	High	High	High
Gleeson 2012	Low	Unclear	High	High	High	High
Gratz 2006	Low	Unclear	High	High	High	High
Gratz 2014	Low	Unclear	High	High	High	High
Gregory 2008b	Low	Unclear	High	High	High	High
Haeyen 2018	Low	Unclear	High	High	High	High
Harned 2014	Low	Unclear	High	High	High	High
Jahangard 2012	Low	Unclear	High	High	High	High
Jochims 2015	Low	Unclear	High	High	High	High
Jørgensen 2013	Low	Unclear	High	High	High	High
Kamalabadi 2012	Low	Unclear	High	High	High	High
Koons 2001a	Low	Unclear	High	High	High	High
Kramer 2011	Low	Unclear	High	High	High	High
Kramer 2014	Low	Unclear	High	High	High	High
Kramer 2016	Low	Unclear	High	High	High	High
Kredlow 2017a	Low	Unclear	High	High	High	High
Kredlow 2017b	Low	Unclear	High	High	High	High
Laurenssen 2018	Low	Unclear	High	High	High	High
Leichsenring 2016	Low	Unclear	High	High	High	High
Leppänen 2016	Low	Unclear	High	High	High	High
Lin 2019	Low	Unclear	High	High	High	High
Linehan 1991	Low	Unclear	High	High	High	High
Linehan 1994	Low	Unclear	High	High	High	High
Linehan 2006	Low	Unclear	High	High	High	High
Linehan 2015a	Low	Unclear	High	High	High	High
McMain 2009	Low	Unclear	High	High	High	High
McMain 2017	Low	Unclear	High	High	High	High
McMurrin 2016	Low	Unclear	High	High	High	High
Mehlum 2014	Low	Unclear	High	High	High	High
Mohamadizadeh 2017	Low	Unclear	High	High	High	High
Morey 2010	Low	Unclear	High	High	High	High
Morton 2012	Low	Unclear	High	High	High	High
Nadort 2009	Low	Unclear	High	High	High	High
Pascual 2015	Low	Unclear	High	High	High	High
Phillips 2018	Low	Unclear	High	High	High	High
Priebe 2012	Low	Unclear	High	High	High	High
Reneses 2013	Low	Unclear	High	High	High	High
Robinson 2016	Low	Unclear	High	High	High	High
Rossouw 2012b	Low	Unclear	High	High	High	High
Salzer 2014	Low	Unclear	High	High	High	High
Santisteban 2015	Low	Unclear	High	High	High	High
Schilling 2018	Low	Unclear	High	High	High	High
Schuppert 2012	Low	Unclear	High	High	High	High
Sinaeve 2018	Low	Unclear	High	High	High	High
Smith 2012	Low	Unclear	High	High	High	High
Soler 2009	Low	Unclear	High	High	High	High
Stanley 2017	Low	Unclear	High	High	High	High
Turner 2000	Low	Unclear	High	High	High	High
Van den Bosch 2005	Low	Unclear	High	High	High	High
Weinberg 2006	Low	Unclear	High	High	High	High
Zanarini 2008	Low	Unclear	High	High	High	High
Zanarini 2018	Low	Unclear	High	High	High	High



El grado en el que el tratamiento se impartió de acuerdo con el manual de DBT en una sola sesión.

Garantizar que el terapeuta utilizó las estrategias prescritas y no utilizó las estrategias proscritas de la DBT.

No es una cualidad del terapeuta sino de la sesión.



DBT AC-I (HARNED, SCHMIDT & KORSLUND, 2021)

- **26 ítems** que provienen de las 12 subescalas de la DBT ACS (escala previa).
- Cada ítem se valora en una escala binaria (0/1) con definiciones conductuales que determinan el uso adherente frente a la no adherente.
- Están disponibles las versiones de autoinforme del terapeuta y de calificación del observador.
- Incluye un manual de formación.



Dialectical Behavior Therapy Adherence Checklist – Individual Therapy (DBT AC-I)

Therapist Self-Report Version

(Harned, Schmidt, & Korslund, 2021)

Instructions: This checklist has been developed as a clinical tool for therapists to self-evaluate the degree to which their own individual therapy sessions are consistent with DBT. It is not intended to provide a formal assessment of adherence to DBT, but rather to help therapists monitor and improve their delivery of the treatment. This checklist should be used with the corresponding training manual that provides detailed information about how to rate each item. Please rate the following items as they pertain to your DBT individual therapy session. (Note: C = client)

*Indicates a required strategy in individual DBT.

**Indicates a required strategy in individual DBT after pre-treatment.

Therapist: _____ Client: _____ Session Date: _____

I. STRUCTURAL STRATEGIES

1. DIARY CARD**

1 – Adherent:

Diary card was reviewed out loud and thoroughly, including reviewing C's target behaviors and skills used since the last contact, and relating this information to the session agenda or

A diary card was not needed because C is still in pre-treatment.

0 – Non-adherent:

Diary card was not reviewed out loud and thoroughly or no diary card was completed and C was not asked to fill it out or provide information about target behaviors and skills used since the last contact.

2. ORGANIZE BY TARGETS*

1 – Adherent:

Session time was structured to follow the target hierarchy of the C's stage of treatment and the time spent on each target reflected its current importance in treatment.

0 – Non-adherent:

Session time was not structured to follow the target hierarchy of the C's stage of treatment and/or insufficient time was allotted to address higher priority targets.

3. EMOTION FOCUS*

1 – Adherent:

Consistent attention was paid to C's emotions in and out of session, C was helped to observe and describe components of emotions, and C's problems were formulated as related to emotion.

0 – Non-adherent:

Insufficient attention was paid to C's emotions in and out of session (e.g., C expressed emotion in session and it was ignored, C could not identify own emotion and was not helped to describe it).



DBT AC-I

- Estrategias estructurales (3 ítems)
- Evaluación de problemas (2 ítems)
- Resolución de problemas (6 ítems)
- Manejo de contingencias (2 ítems)
- Exposición (1 ítem)
- Modificación cognitiva (1 ítem)
- Validación (3 ítems)
- Comunicación recíproca (2 ítems)
- Comunicación irreverente (2 ítems)
- Estrategias dialécticas (2 ítems)
- Gestión de casos (1 ítem)
- Protocolos (1 ítem)

Dialectical Behavior Therapy Adherence Checklist – Individual Therapy (DBT AC-I) Therapist Self-Report Version (Harned, Schmidt, & Korslund, 2021)

Instructions: This checklist has been developed as a clinical tool for therapists to self-evaluate the degree to which their own individual therapy sessions are consistent with DBT. It is not intended to provide a formal assessment of adherence to DBT, but rather to help therapists monitor and improve their delivery of the treatment. This checklist should be used with the corresponding training manual that provides detailed information about how to rate each item. Please rate the following items as they pertain to your DBT individual therapy session. (Note: C = client)

*Indicates a required strategy in individual DBT.

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Therapist: _____ Client: _____ Session Date: _____

I. STRUCTURAL STRATEGIES

1. DIARY CARD**

1 – Adherent:

- Diary card was reviewed out loud and thoroughly, including reviewing C's target behaviors and skills used since the last contact, and relating this information to the session agenda or
- A diary card was not needed because C is still in pre-treatment.

0 – Non-adherent:

- Diary card was not reviewed out loud and thoroughly or no diary card was completed and C was not asked to fill it out or provide information about target behaviors and skills used since the last contact.

2. ORGANIZE BY TARGETS*

1 – Adherent:

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0 – Non-adherent:

- Session time was not structured to follow the target hierarchy of the C's stage of treatment and/or insufficient time was allotted to address higher priority targets.

3. EMOTION FOCUS*

1 – Adherent:

- Consistent attention was paid to C's emotions in and out of session, C was helped to observe and describe components of emotions, and C's problems were formulated as related to emotion.

0 – Non-adherent:

- Insufficient attention was paid to C's emotions in and out of session (e.g., C expressed emotion in session and it was ignored, C could not identify own emotion and was not helped to describe it).



Dialectical Behavior Therapy Adherence Checklist – Individual Therapy (DBT AC-I)
Therapist Self-Report Version
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I. STRUCTURAL STRATEGIES

1. DIARY CARD**

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Estrategias que deben utilizarse en cada sesión.

- Ejemplos: centrarse en la emoción, generar soluciones ...

Estrategias que se requieren sólo si se cumplen ciertas condiciones.

- Ejemplos: análisis en cadena, protocolo de conducta suicida ...



Journal Information
Journal TOC

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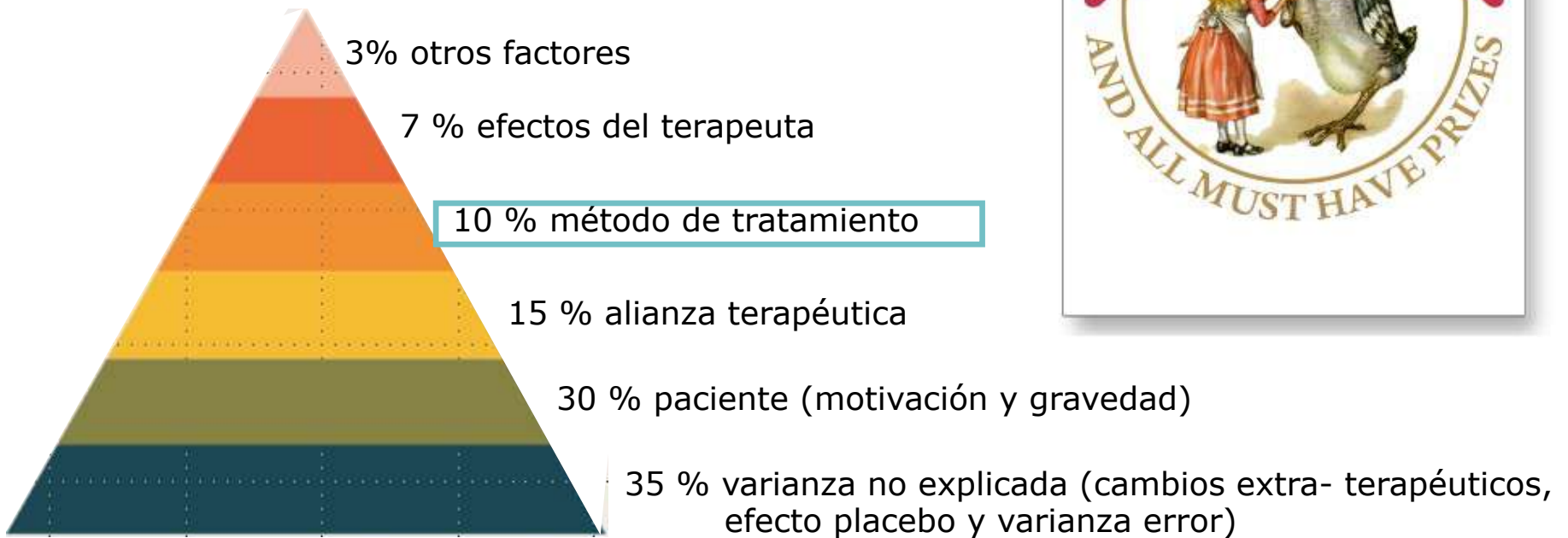
APA PsycArticles: Journal Article

The temporal relationships between therapist adherence and patient outcomes in dialectical behavior therapy.

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Harned, M. S., Gallop, R. J., Schmidt, S. C., & Korslund, K. E. (2022). The temporal relationships between therapist adherence and patient outcomes in dialectical behavior therapy. *Journal of Consulting and Clinical Psychology, 90*(3), 272–281. <https://doi.org/10.1037/ccp0000714>

Objective: Although Dialectical Behavior Therapy (DBT) is a well-established evidence-based psychotherapy, little is known about the role of therapist adherence in promoting positive outcomes. This study evaluated the temporal relationships between therapist adherence to DBT and patient outcomes, as well as potential moderators of these relationships. Method: Data were from six clinical trials conducted in research and community settings with a variety of patient populations. In these trials, trained observers rated 83 therapists for adherence during 1,262 DBT individual therapy sessions with 288 patients. Patient outcomes included suicide attempts, nonsuicidal self-injury (NSSI), treatment dropout, psychiatric hospitalizations, and global functioning. Longitudinal mixed-effects models evaluated the time-ordered, bidirectional relationships between adherence and outcomes. Results: Higher therapist adherence significantly predicted fewer subsequent suicide attempts ($p = .002$, $\eta = 0.32$) and a lower risk of dropout ($p = .002$, $\eta = 0.33$), and the latter relationship was strongest among patients with comorbid opioid dependence. Higher therapist adherence predicted fewer subsequent hospitalizations among community therapists ($p = .001$, $\eta = 0.35$) and patients that were not exclusively suicidal/self-injuring ($p < .001$, $\eta = 0.41$). Conversely, more frequent NSSI ($p = .03$, $\eta = 0.22$) and worse global functioning ($p = .01$, $\eta = 0.26$) predicted higher subsequent therapist adherence, and the latter relationship was moderated by patient population. Conclusions: Therapist adherence improves several key patient outcomes and retention, highlighting the importance of delivering DBT with adherence to the manual. Therapists may find it easier to deliver DBT adherently to more severely impaired patients. (PsycInfo Database Record (c) 2022 APA, all rights reserved)



“Skills for pills”: The dialectical-behavioural therapy skills training reduces polypharmacy in borderline personality disorder

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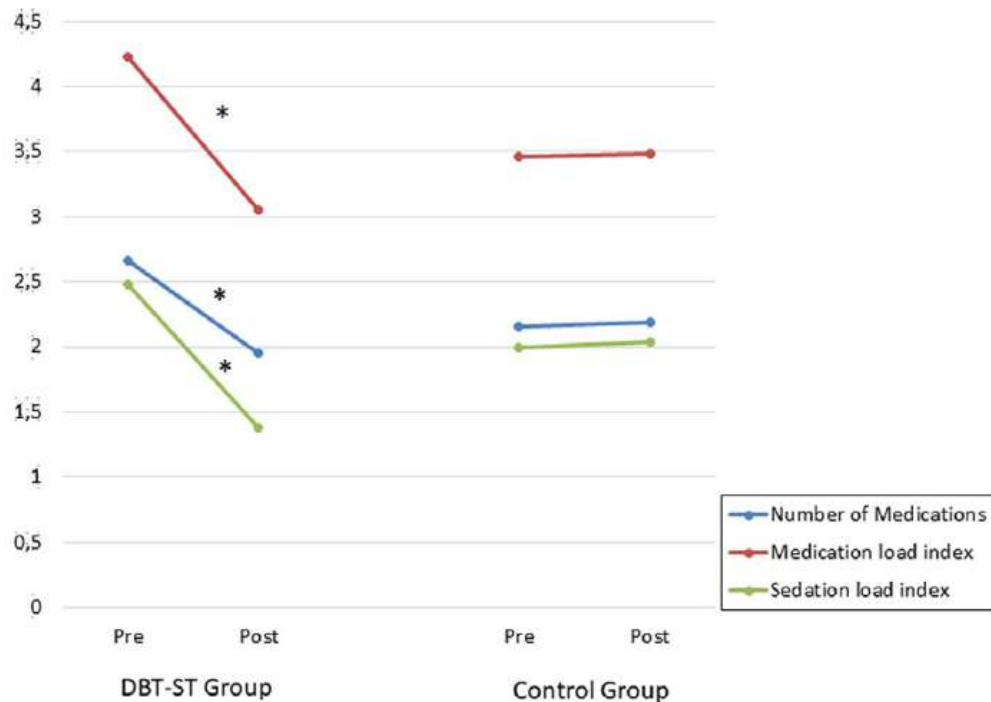
⁴Labpsitec, Laboratorio de Tecnología, Dpto. Psicología Clínica y Psicobiología, U Jaume I, Castelló, Spain

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Funding information

Centro de Investigación Biomédica de la Red de Salud Mental



* Significant differences between DBT-ST group and control group.

Repeated measures ANOVA group × time effect for the number of medications [$F(1,375) = 69.74, p < 0.001$], Medication load index [$F(1,375) = 86.77, p < 0.001$] and Sedation load index [$F(1,375) = 127.56, p < 0.001$]