



## Dialectical Behavior Therapy (DBT):

A modified 16-week  
skills training curriculum  
for possible adoption in  
VTCs

©JFV, February 2022

The following presentation may not be copied in whole or in part without the written permission of the author of the Justice For Vets. Written permission will generally be given upon request.



# Purpose of Plenary

**The purpose of this plenary is not to endorse one cognitive-behavioral therapeutic intervention over another. Any evidence-based intervention should always be tailored to meet the needs, values, priorities and preferences of the client.**

This plenary and the content within are an effort to respond to multiple requests from the field concerning the feasibility of implementing a modified version of a specific treatment model and what it would look like if adopted in an outpatient community behavioral health setting.

This plenary aims to present an abbreviated 16-week, modified skills training curriculum from a traditional twelve-month-long evidence-based intervention that a clinician can use with select clients in a Veterans Treatment Court (VTC) program.

# Evidence-Based Therapies offered through the Department of Veterans Affairs

For a descriptive list of sixteen (16) current evidence-based treatments, of which DBT is one, is available to veterans receiving services through the US Department of Veterans Affairs, please check out the Department of Veterans Affairs' website:

<https://www.mentalhealth.va.gov/get-help/treatment/ebt.asp>

- Acceptance and Commitment Therapy for Depression (ACT-D)
- Behavioral Activation (BA)
- Behavioral Family Therapy (BFT)
- Cognitive Behavioral Conjoint Therapy (CBCT)
- Cognitive Behavioral Therapy for Depression (CBT-D)
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Cognitive Processing Therapy (CPT)
- Dialectical Behavior Therapy (DBT)
- Integrated Behavioral Couples Therapy (IBCT)
- Interpersonal Therapy (IPT)
- Motivational Enhancement Therapy (MET)
- Motivational Interviewing (MI)
- Problem-Solving Therapy (PST)
- Prolonged Exposure Therapy (PE)
- Safety Planning (SP)
- Social Skills Training (SST)

**NADCP/JFV does not endorse one cognitive-behavioral therapeutic intervention over another.**

## Research that supports the efficacy of Dialectical Behavior Therapy w/Select Populations

- ❑ DBT has proved effective in reducing suicide attempts, nonsuicidal self-injury, substance use, symptoms of eating disorders, and improving psychosocial adjustment and treatment retention (SAMHSA, National Registry of Evidence-based Programs and Practices, 2015).
- ❑ Additional studies indicate that it is effective in reducing suicidal ideation, hopelessness, depression, and anger expression (Mungo, et al., 2020)
- ❑ Inpatient psychiatric setting with offender patients, that have complex clinical presentations (e.g, psychosis): Reported increase in intrapersonal skills, improved insight into mental state and decreased impression management (Moulden et al., 2019).
- ❑ DBT in a non-clinical populations might be used to prevent the onset of psychiatric or personality disorders (Gupta, 2019).

## Supportive Research for Non-Traditional DBT

- A modified DBT program incorporated into a college counseling center of once weekly sessions resulted in significant reductions in behaviors related to confusion about self, impulsivity and interpersonal chaos among college-age men (Panepinto et al., 2015).
- A modified DBT group created for residents with diagnoses of schizoaffective disorder, schizophrenia and obsessive-compulsive resulted in decreased levels of anxiety, impulsivity, self-destructive and maladaptive behaviors (Wolpow et al., 2000).
- Modified DBT Skills Training for persistent complex bereavement disorder demonstrated reductions in grief, depressive symptomology, and sleep difficulties (Barrett et al., 2017)
- A pilot study by the Department of Veterans Affairs of a modified 26-week DBT Skills Group demonstrated potential efficacy in reducing suicidal ideation and emotion dysregulation among veteran participants (Decker et al., 2019).

# DBT within the historical context of BPD

---

DBT was originally created by Dr. Marsha Linehan for persons that were diagnosed with borderline personality disorder (BPD).

Between 0.5% and 6% of the general population in the United States, regardless of prevalence between men and women have a diagnosis of BPD.

The research of Dr. John Gunderson and others helped establish BPD as a stand-alone diagnosis resulting in effective assessment and treatment.

## *Brief refresher: BPD as defined by the AMA\**

**A pervasive pattern of instability of interpersonal relationships, self image, and affects, and marked impulsivity, Beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:**

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterized by extremes of idealization and devaluation.
3. Identity disturbance; markedly and persistently unstable self image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
5. Recurrent suicidal behavior, gestures, or threats, or self mutilating behavior.
6. Affective instability due to marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

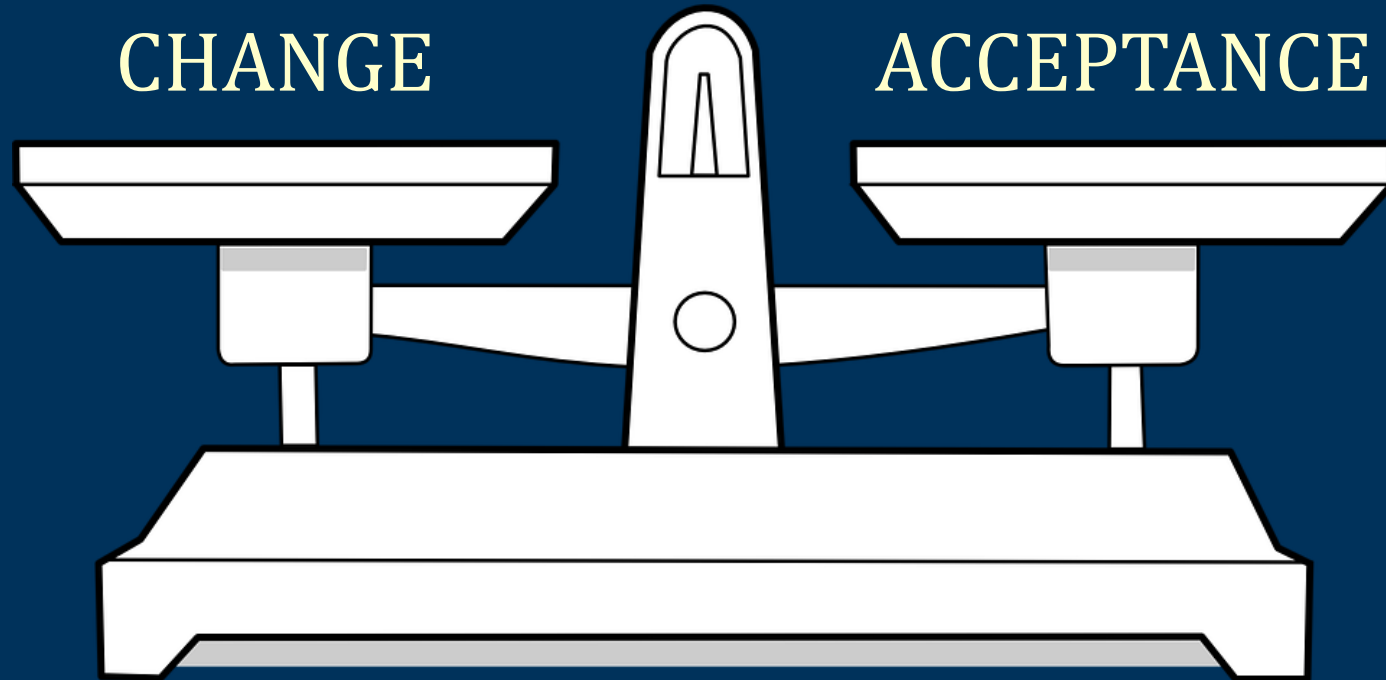
## Three Foundational Underpinnings

---

1. A Zen philosophical approach that believes the key to reducing suffering is to accept reality as it is because suffering stems from becoming attached to things being a particular way.

2. DBT is rooted in *Learning Theory* which asserts patterns of behavior become established through association w/specific antecedents, through reinforcements by specific consequences, and by observing other's behaviors.

### 3. The overarching framework is based in Dialectical Philosophy



#### **Dialectical Balance**

Finding a balance between two-opposites:  
A Focus on Change and A Focus of Acceptance



# Dialectics

---

“Walking The Middle Path”

*The Parable of the Bird*

# Dialectical Behavioral Therapy (DBT)–Review Summation

Traditional DBT is an empirically supported, cognitive behavioral treatment for populations suffering from chronic suicidal and self-harming behavior.

In recent years, it has been adapted to treat persons with anxiety, impulsivity, depression, substance use and trauma related disorders; to include complex trauma and posttraumatic stress.

DBT may be modified to serve select participants in a Veterans Treatment Court and may be adopted for long-term program use.

# **Suggested Curriculum**

## **16-Week Modified Skills Training Group**

---

**Key Components of DBT**

**Skills Training Modules**

**The Four Primary Modes of Treatment**

- What can and cannot be done
- Diary Card
- Behavioral Chain Analysis

**Case Vignettes**

**Summation/Suggestions**

# Key Components of DBT

## Acceptance Strategies:

- Validation
- Mindfulness
- Radical Acceptance

## Communication Styles:

- Transactional
- Irreverent

## Change Skills:

- Skills
- Behaviorism
- Contingency Management
- Dialectical Philosophy
- Biosocial theory

# Skills Training Modules

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness

## DBT Essentials

Diary Cards

Behavior & Solution Analysis

**Modifying DBT** so it can be adopted for select participants in your VCT

Traditional\* DBT is a comprehensive program that consists of four primary modes of treatment delivery:



\* As defined by Dr. Marsha Linehan



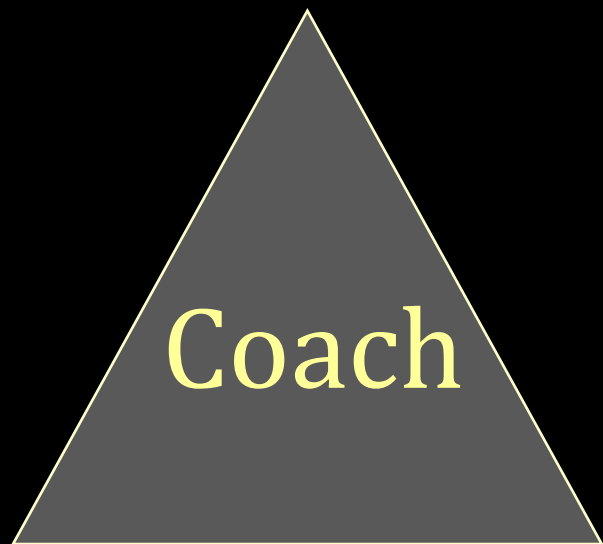
# What could the 1: 1 service delivery model look like for a 16-week program?

- In 1:1 therapy, client/participants figure out how to take realistic steps towards daily living and staying motivated.
- If possible, once weekly sessions by another clinician who is trained/familiar with DBT.
- Sessions are structured with a hierarchy of topics – priority: *Life threatening, therapy-interfering behaviors, quality of life interfering behaviors* and *attention to skills*
- **Sessions are typically 45-50 minutes; the past week is reviewed using diary cards (sometimes called, Journal Cards) that the participant/client has completed. The behavioral chain of analysis (form) is also used in 1:1 as needed.**



## What critical skills are taught to stop the cycle of *maladaptive behavior*?

- In skills training, the focus is on learning skills from the facilitator (s) and peers.
- Typically, the group starts with a mindfulness exercise and each group is approximately 50 minutes in length.
- Diary Cards are introduced in the first group and referenced/reviewed (if no 1:1) throughout the remaining group sessions.
- All groups are organized around the skills training modules.
- Worksheets/homework is essential and should be provided weekly.



## What does effective coaching look like?

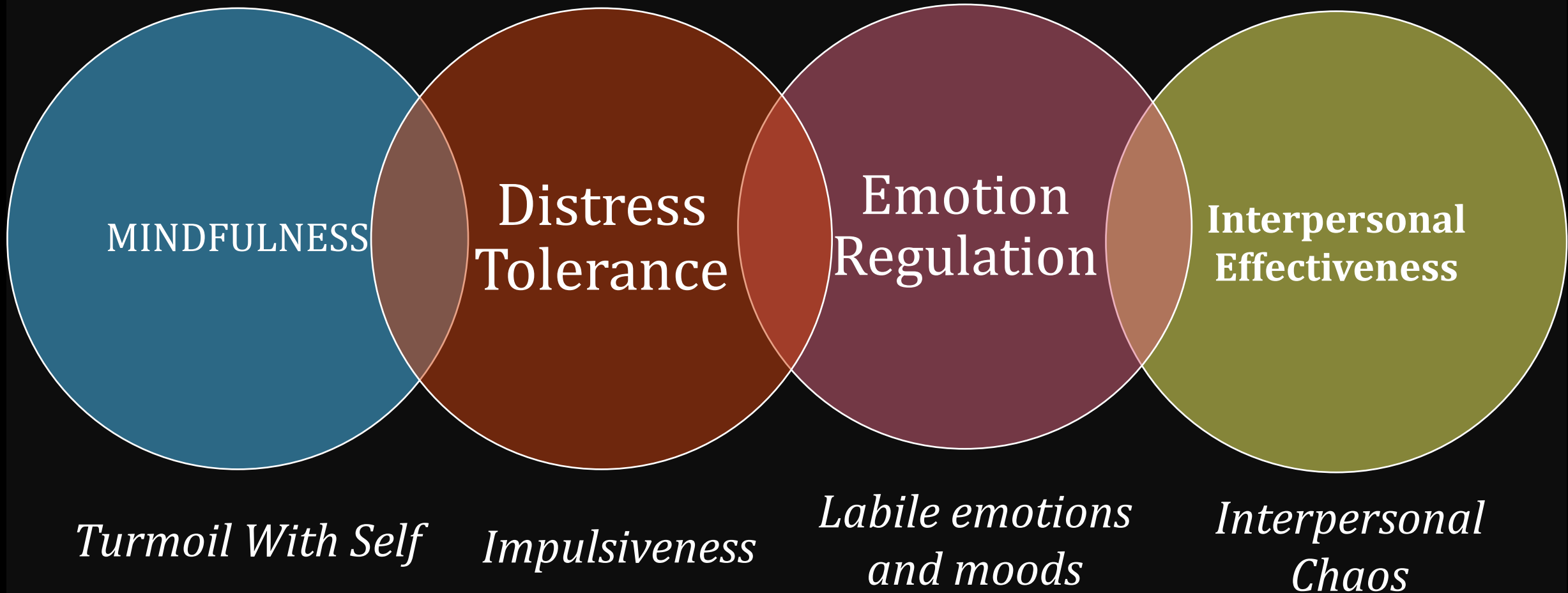
- Outside of office hours, preferably by the individual therapist, Even though this mode is often called “phone consultation”, innovative technology can be used (apps, remote). \*
- Coaching boundaries are set. Primarily used to assist clients through crisis; usually **5-10 minutes.**
- New issues are not addressed, therapist will provide re-direction if necessary. Focus is on applying skills that have been learned in DBT.



# What does a DBT Consultation team do?

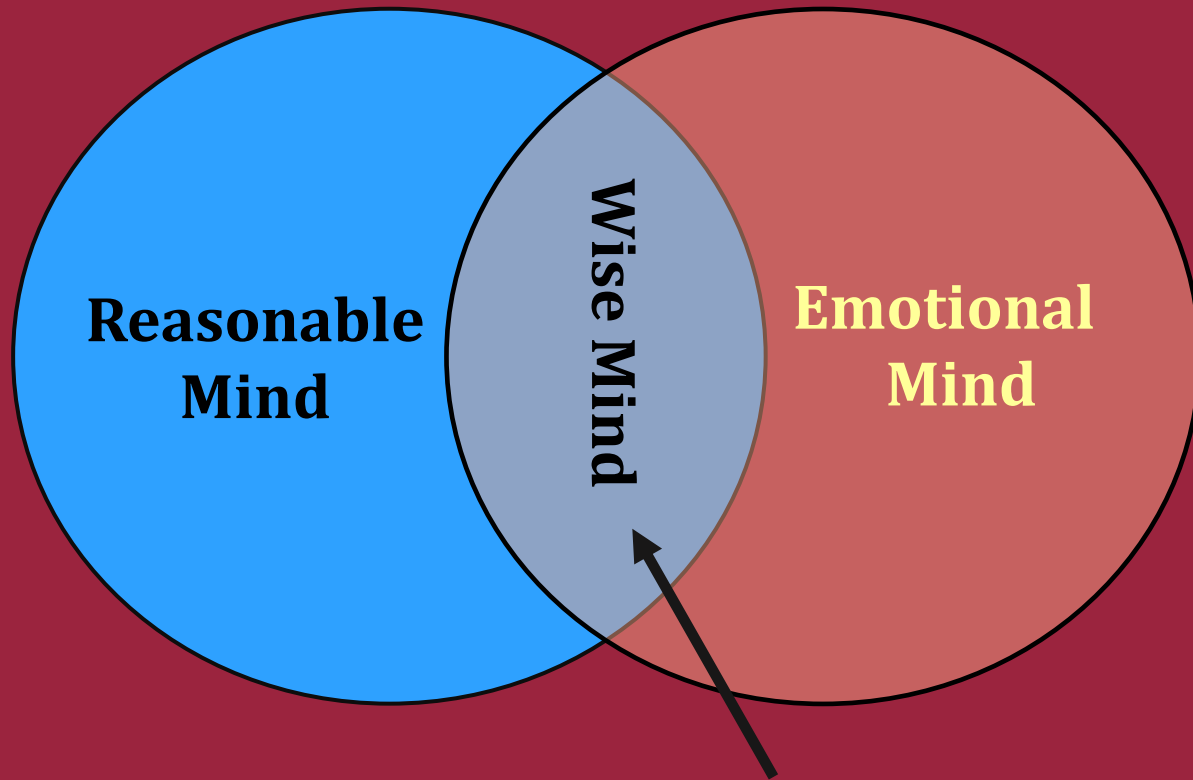
- The therapist consultation team helps individual therapists and skills trainers to deliver adherence treatment and remain motivated throughout the process.
- Therapists provide moral support to each other.
- The team helps reduce or eliminate personal (therapist) characteristics that may interfere with the therapeutic relationship.

# Summation of Essential Skills Training Modules for Dialectical Behavior Therapy



# WEEKS 1-4 MINDFULNESS

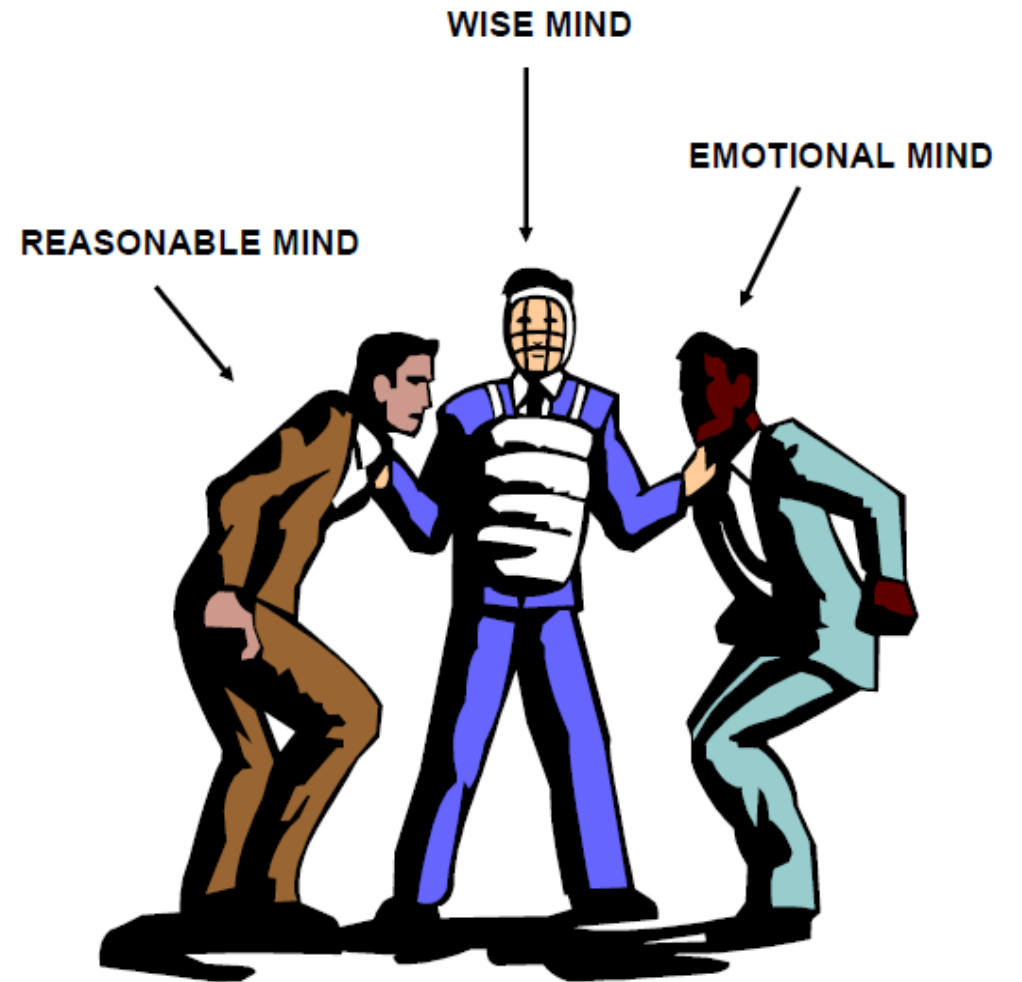
Skill Building: **Wise Mind**



Where you want to be!

## MINDFULNESS HANDOUT 1

### *TAKING HOLD OF THE MIND*



*STATES OF MIND*

WEEKS 1-4  
MINDFULNESS  
Skill Building: **Square Breathing**

---

- 1. Breathe in while counting to four.**
- 2. Hold it for four seconds.**
- 3. Then exhale while counting to four.**
- 4. Repeat four times.**

*Square breathing is a fundamental skill of DBT and can be used at the beginning or end of every group or individual session; there are several other breathing exercise forms that can also be practiced.*

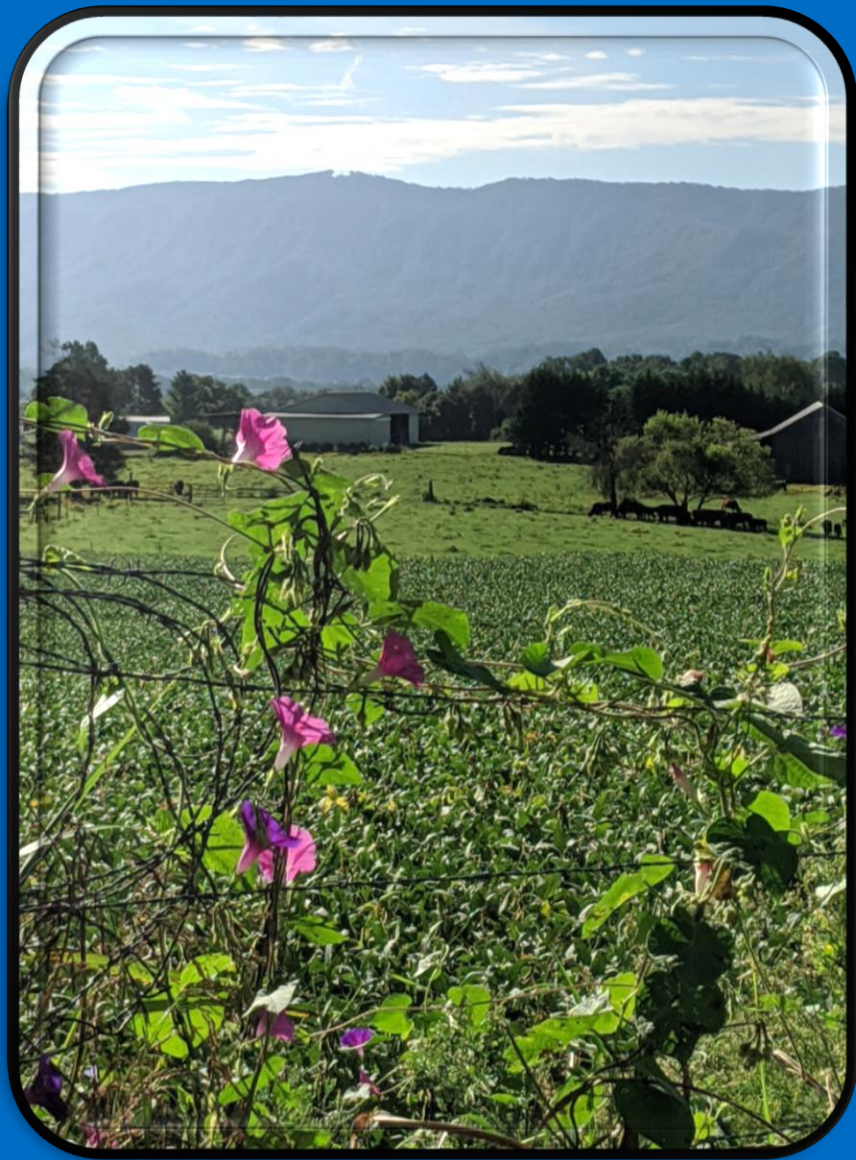
# WEEKS 1-4 : Mindfulness

## Skill Building: Being Non-Judgmental

- See but not evaluate
- Unglue opinions from facts
- Accept each moment
- Acknowledging the helpful and acknowledging the unhelpful.
- *If you find yourself judging...*  
**Don't judge your judging!**



**Judgments are reserved for the courtroom setting**



# Weeks 1-4: Mindfulness

## More Skill Building:

### Observe, Describe & Participate

**Observe:** Just notice, become aware of things in this one moment in time and space.

**Describe:** Place your experiences in words that are concrete and with specific terms that are non-judgmental.

**Participate:** Engage fully and completely in each activity that you do; be entirely present.



# WEEKS 1-4: MINDFULNESS

## More Skill Building One-Mind & Effectiveness

The focus of a quarterback

The “HOW SKILLS”

### ONE - MIND

- **DO ONE THING AT A TIME.** When you are eating, eat. When you walking, walk. When you are showering, shower. When you are in a group, or a conversation, focus your attention on the very moment you are in with the other person or people. When you are thinking, think. When you are worrying, worry. Do each thing with all your attention.
- If other actions, or other thoughts, or strong feelings distract you, **LET GO OF THE DISTRACTIONS** and go back to what you are doing – again, and again, and again.
- **CONCENTRATE ON YOUR MIND.** If you find that you are doing two things at once, stop and go back to one thing at a time

### EFFECTIVENESS

- **FOCUS ON WHAT WORKS.** Do what needs to be done in each situation. Stay away from “fair” and “unfair”, “right” and “wrong”, “should” and “should not.”
- Keep an eye on **YOUR OBJECTIVES** in the situation and focus on achieving them; Don’t “cut off your nose to spite your face”
- **LET GO** of vengeance, useless anger, and righteousness that hurts you and doesn’t work.

# Weeks 5-8: **DISTRESS TOLERANCE**

## Skill Building: Self-Soothe with the Senses

- Sight
- Sound
- Smell
- Taste
- Touch

Weeks 5-8: **DISTRESS TOLERANCE**  
Skill Building: **ACCEPTS**

Activities

Contributing

Comparisons

Emotions

Pushing Away

Thoughts

Sensations

## IMPROVE THE MOMENT

**IMAGERY:** Create your own world – one that is calming and serene. Remember the prisoner of war who built a clock in his head. Imagine everything going well. Imagine coping well. Imagine hurtful emotions fade away.

**MEANING:** Find or create some purpose, meaning, or value in the pain. Remember, listen to, or read about spiritual values. Focus on whatever positive aspects of a painful situation you can find. Repeat them over and over in your mind.

**PRAYER:** Some people find comfort, acceptance and solace in prayer. They open them self to a supreme being; greater wisdom.

**RELAXATION:** Tense and relax each muscle group, starting with your hands and arms, going to the top of your head, and the working down. Breathe deeply; half smile; change facial expression.

**ONE THING IN THE MOMENT:** Focus your entire attention on what you are doing right now. Keep yourself in the very moment you are in; put your mind in the present. focus your entire attention on physical sensations that accompany each routine task (writing a letter, walking, listening to another speak).

**VACATION:** Give yourself a brief vacation. Try to do something different from what you elect to do each day. For example, if you routinely read before you go to bed each evening; try drawing instead; or perhaps doing something that you've never tried before – like creating lyrics for a song.

**ENCOURAGEMENT:** Repeat as often as necessary; "I can stand it," "It won't last forever," "I will make it out of this," "I'm doing the best I can do."

## Weeks 5-8: DISTRESS TOLERANCE

### Skill Building: **IMPROVE**

- Emphasis is placed on redirection of how to improve the moment.
- Redirection does not mean avoidance; the issue(s) will be addressed but only when the client has the necessary skills to mitigate the cause of her/his distress.
- Impulsivity is often associated with an emotional component, particularly in the context of BPD. Impulsivity is essentially modulated by negative emotions. Self-harm behaviors are a form of impulsivity.



## DISTRESS TOLERANCE

### More Skill Building

# Weeks 5-8: DISTRESS TOLERANCE

## Skill Building: **Radical Acceptance**

Successes I have already had practicing Radical Acceptance:

---

---

---

---

Radical Acceptance will be hard for me when:

---

---

---

---

Ways I can practice Radical Acceptance even when it is hard:

---

---

---

---

- Acknowledging what you have control over and what you do not.
- You can influence others, but you cannot control them.
- You can influence and impact the environment but you cannot change it.
- Invest your time and energy in what you can control - yourself

## WEEKS 5-8

### Distress Tolerance

Self Soothe with the Senses

ACCEPTS

IMPROVE

Thinking in Pros and Cons

Radical Acceptance

Note: For each of the skills taught, participants are provided worksheets so that they can practice the skills between sessions.

I am already ten minutes late for a very important job interview. The interview is important to me because I just lost my current job and will be without money soon.

I have about five more minutes to drive until I am at the interview. If I am fifteen minutes late, I may not get the interview and may not get the new job.

As I turn the bend, I suddenly see that there is a huge traffic jam in front of me. I cannot turn around in time. I am on the highway. There is a car directly in front of me that has come to a complete stop. There is a car directly behind me. I am definitely going to be late now.

The radio says that the traffic jam is over a mile long.

Sweat begins to run down my face.

I can see the face of the driver in front of me in his rear view mirror. I notice that he has a big smile on his face. He is wearing mirrored sunglasses.

I look at the driver behind me. It is an elderly lady who keeps on hitting her horn every few seconds.

I try to call the potential employer and tell them I will be late, but now my cell phone doesn't seem to be working!

My heart starts to race.

Discussion Questions:

1. What are my options?

2. What would you do?



## Example

# Weeks 9-12: Emotion Regulation

## Skill Building: **PLEASE**

**P**hysical Health

**L**ist resources and barriers

**E**at three, health balanced meals

**A**void mood altering drugs

**S**leep between 7 – 10 hours each night

**E**xercise at least 20 minutes daily

## Actively evaluating **PLEASE**

### Worksheet

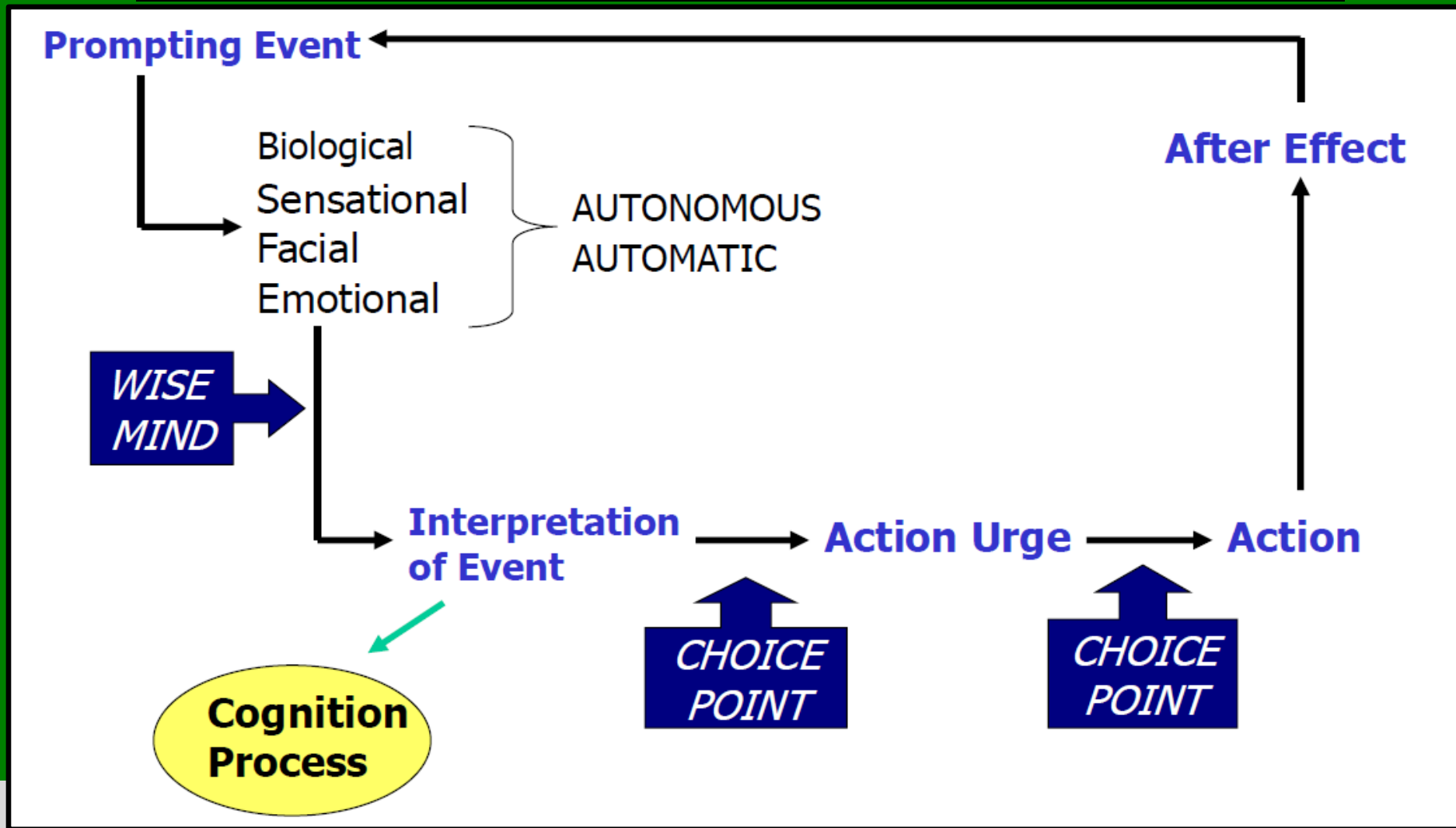
## PLEASE Evaluation

Consider your strengths and weaknesses with the PLEASE skill. Identify one small step you could take in each area of PLEASE.

	What I Do Well	What I Need to Work On	A Small Step I Could Take in This Area
treat <b>Physical</b> illness			
balanced <b>Eating</b>			
<b>Avoid</b> mood- altering drugs			
balanced <b>Sleep</b>			
balanced <b>E</b> xercise			

# Weeks 9-12: EMOTION REGULATION

## Skill Building: **Model(s) for Describing Emotion v2**



**Weeks 9-12: Emotion Regulation**  
**Skill Building: MASTER**

**M**indful to Emotion

**A**ction Opposite to Emotion

**S**elf Validation

**T**urning the Mind

**E**xperience Positives

**R**adical Acceptance

# WEEKS 9-12

## Emotion Regulation

PLEASE  
Model for Describing Emotion  
MASTER  
Changing Emotional Responses  
Ride the Wave

Note: For each of the skills taught, participants are provided worksheets so that they can practice the skills between sessions.

### Worksheet for DBT Skills Group

#### Observing and Describing Emotions

**Directions:** Select a recent emotional reaction within the next week and complete as much of this sheet as you can. Write on the backside if necessary.

Name of the Emotion(s) \_\_\_\_\_ and/or \_\_\_\_\_

1. **PROMPTING EVENT** (who, what, when, where) What started the emotion?
2. **INTERPRETATIONS** (beliefs, assumptions, appraisals) of the situation?
3. **BODY CHANGES and SENSING:** What was I feeling?
4. **BODY LANGUAGE:** What was my facial expression? posture? gestures?
5. **ACTION URGE:** What did I feel like doing? What did I want to say?
6. **ACTUAL ACTION:** What did I say or do? Be as specific as possible.
7. **AFTER EFFECT:** What after effect did the emotion have on me (my state of mind, other emotions, thoughts, memory, consequences, etc)
8. **FUNCTION OF EMOTION:** What did the emotion do for you?

## Weeks 13-16: Interpersonal Effectiveness

### Skill Building: **DEAR MAN**

**D**escribe the details of the situation

**E**xpress your emotions and thoughts

**A**ssert by asking for what you want or saying no

**R**einforce by rewarding, not punishing

**M**indful: Stay focused on the issue

- no attacks, distractions, and side tracking
- no broken record: asserting a point over and over again.

**A**ppear confident

- talk, walk and act with confidence

**N**egotiate

- be willing to offer/ask for an alternative

# Weeks 13-16

## Skill Building: **FAST** and **PILL v2** (*aka GIVE*)

Be **F**air: Remain fair to yourself and the other person.

**A**pologies: No apologies for having an opinion or for disagreeing. Apologize when appropriate to do so. Excessive apologies often get on other people's nerves.

**S**tick to values: Don't sell out your values or integrity for reasons that are not very important. Be clear on what you perceive as being the moral or valued way of thinking.

Be **T**ruthful: Don't lie, act helpless or exaggerate. Don't make up excuses.



**Examples**

**PILL**

**OR**

**GIVE**

**Gentle**  
**Interested**  
**Validate**  
**Easy Manner**

Be **P**OLITE: Be courteous and appropriate in your approach.  
No Attacks No verbal or physical attacks. No hitting, clenching fists and/or swearing.  
No Threats No manipulative statements or hidden threats. Don't use indirect insults or disrespect the person. Accept No if told No. Stay in a discussion. Don't stay in an argument. Exit gracefully.  
No Judging No casting judgments. Don't say things like, "If you were a decent person you would..." or "You should do this..." "You shouldn't do that..."

Act **I**NTERESTED: Don't interrupt or talk over the other person as they present their point of view. The other person has a point of a view. The other person has an opinion or is making a request. Maybe the discussion can be had at a later time. Practice patience.

**L**ISTEN: Acknowledge the other person's needs, wants and opinions about situation. Be nonjudgmental. "I understand how you feel but..."; "I see that you are busy, and ..."

Use a **L**aid Back manner: Use a little humor if possible. Work on being light hearted and diplomatic

# Weeks 13-16

## Skill Building: **CLARIFYING GOALS (5)**

### Getting What You Want from Another Person

- ✓ Obtaining your legitimate rights.
- ✓ Getting another person what you want them to do.
- ✓ Saying no to an unreasonable request.
- ✓ Resolving an interpersonal relationship
- ✓ Getting your point of view taken seriously.

### Keeping and Improving the Relationship

- ✓ Acting in such a way that the other person keeps liking and respecting you.
- ✓ Balancing immediate goals with the good of the long-term relationship.
- ✓ Maintaining relationships that matter to you.

### Keeping or Improving Self-Respect

- ✓ Respecting your own values and beliefs.
- ✓ Acting in way that makes you feel moral.
- ✓ Acting in a way that makes you feel effective & capable.

## Interpersonal Effectiveness *Goals and Priorities in Interpersonal Situations*

Complete this sheet to figure out your goals and priorities in any situation that creates a problem for you such as one where: 1) you see your rights or wishes as not being respected, 2) you want someone to change or do something or give you something, 3) you want to disagree and say no or resist pressure to do something, 4) you want to get your position or point taken seriously, 5) there is conflict with another person. Observe and describe in writing AS CLOSE IN TIME to the situation as possible.

---

PROMPTING EVENT for my problem? Who did what to whom? What led up to what?

## Example

---

My **WANTS AND DESIRES** in this particular situation:

OBJECTIVES: What specific results do I want? What changes do I want the person to make?

RELATIONSHIP: How do I want the other person to feel about me after the interaction?

SELF-RESPECT: How do I feel about myself after the interaction?

---

My **PRIORITIES** in this situation: Rate priorities 1 (most important), 2 (second most important), or 3 (least important).

---

OBJECTIVES	RELATIONSHIP	SELF-RESPECT
CONFLICTS IN PRIORITIES that make it hard to be effective in this situation?		

# WEEKS 13-16

## Interpersonal Effectiveness

DEAR MAN  
GIVE (or PILL)  
FAST  
Repairs  
Clarifying Goals

Note: For each of the skills taught, participants are provided worksheets so that they can practice the skills between sessions.

### Interpersonal Effectiveness

#### *Observing and Describing Interpersonal Situations*

#### Homework Sheet 2

Complete this sheet during or just after one situation that creates a problem for you such as one where: 1) you see your rights or wishes as not being respected, 2) you want someone to change or do something or give you something, 3) you want to disagree and say no or resist pressure to do something, 4) you want to get your position or point taken seriously, 5) there is conflict with another person. Observe and describe in writing AS CLOSE IN TIME to the situation as possible.

**PROMPTING EVENT** for my problem? Who did what to whom? What led up to what?

What I **SAID OR DID** in the situation: Be specific.

## Example

**FACTORS REDUCING MY EFFECTIVENESS** in this situation:  
Skills Lacking (What don't I know how to do or say?):

Worry thoughts:

Emotions Interfering:

Indecision (or conflict in goals) getting in the way:

**OBJECTIVES:** What results do I want? What changes do I want the person to make that will benefit me?

**RELATIONSHIP:** How do I want the other person to feel about me later? Do I even care? If so why, if not, why not?

**SELF-RESPECT:** How do I want to feel about myself after this interaction?



## **1 PAGE HANDOUT**

Summation Curriculum of Skills Training  
Modified 16-Week DBT Program  
SAME as previous slide

# References (2 of 3)

- Kotzias, Virginia, Charles C. Engel, Rajeev Ramchand, Lynsay Ayer, Zachary Predmore, Patricia Ebener, Gretchen L. Haas, Janet E. Kemp, and Elizabeth Karras. (2019). "Mental Health Service Preferences and Utilization Among Women Veterans in Crisis: Perspectives of Veterans Crisis Line Responders." *Journal of Behavioral Health Services & Research* 46 (1): 29–42. doi:10.1007/s11414-018-9635-6.
- Kumar, S. A., Franz, M. R., Brock, R. L., & DiLillo, D. (2020). Posttraumatic stress and parenting behaviors: The mediating role of emotion regulation. *Journal of Family Violence*, 35(5), 417-426. doi:http://dx.doi.org/10.1007/s10896-019-00124-5
- Landes S.J., Garovoy N.D., Burkman K.B.(2013). Treating complex trauma among veterans: three stage-based treatment models. *Journal of Clinical Psychology*, 69(5), 523–33.
- Landes, S. J., Matthieu, M. M, Smith, B.N., Trent, L. R., Rodriguez, A. L., Kemp, J., and Thompson, C. (2016). Dialectical behavior therapy training and desired resources for implementation: Results from a national program evaluation in the veterans health administration. *Military Medicine*, 181(8), 747-752. doi:http://dx.doi.org/10.7205/MILMED-D-15-00267
- McCrary, B. S., Epstein, E. E., & Fokas, K. F. (2020). Treatment interventions for women with alcohol use disorder. *Alcohol Research*, 40(2), 1-18. doi: http://dx.doi.org/10.35946/arcr.v40.2.08
- Meyers, L. L., Landes, S. J., & Thuras, P. (2014). Veterans' service utilization and associated costs following participation in dialectical behavior therapy: A preliminary investigation. *Military Medicine*, 179(11), 1368-73. Retrieved from <https://www.proquest.com/scholarly-journals/veterans-service-utilization-associated-costs/docview/1626150306/se-2>

# References (3 of 3)

- Mungo, A., Hein, M., Hubain, P., Loas, G., & Fontaine, P. (2020). "Impulsivity and Its Therapeutic Management in Borderline Personality Disorder: A Systematic Review." *Psychiatric Quarterly* 91 (4): 1333–62. doi:10.1007/s11126-020-09845-z.
- Paltell, K. C., Bing-Canar, H., Ranney, R. M., Tran, J. K., Berenz, E. C., & Vujanovic, A. A. (2019). Anxiety sensitivity moderates the effect of posttraumatic stress disorder symptoms on emotion dysregulation among trauma-exposed firefighters. *Journal of Psychopathology and Behavioral Assessment*, 41(3), 524-535. doi:http://dx.doi.org/10.1007/s10862-019-09731-4
- Snoek, A., Beekman, A. T. F., Dekker, J., Aarts, I., Gerard, v. G., Blankers, M., . . . Thomaes, K. (2020). A randomized controlled trial comparing the clinical efficacy and cost-effectiveness of eye movement desensitization and reprocessing (EMDR) and integrated EMDR-dialectical behavioural therapy (DBT) in the treatment of patients with post-traumatic stress disorder and comorbid (sub)clinical borderline personality disorder: Study design. *BMC Psychiatry*, 20, 1-18. doi:http://dx.doi.org/10.1186/s12888-020-02713-x
- Wolpow, S., Porter, M., & Hermanos, E. (2000). Adapting a dialectial behavior therapy (DBT) group for use in a residential program. *Psychiatric Rehabilitation Journal*, 24(2), 135-141. Retrieved from <https://www.proquest.com/scholarly-journals/adapting-dialectial-behavior-therapy-dbt-group/docview/204735971/se-2?accountid=36783>