

*“Where We Are &
Where We Need to Go”*

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For NEA-BPD call-in of Sunday 12.18.2011

One Promised Land

The Promised Land

From the NIMH web page: <http://www.nimh.nih.gov/about/index.shtml>

- **NIMH Vision** -- NIMH envisions a world in which mental illnesses are prevented and cured
- **NIMH Mission** -- The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Two

Beginning of the journey

Out of enslavement

Scholarly BoPD history, priorities paper A Free PAPER

- [Am J Psychiatry](#). 2009 May;166(5):530-9.
- **Borderline personality disorder: ontogeny of a diagnosis.**
- [Gunderson JG](#).
- **Source**
- McLean Hospital, Harvard Medical School, Belmont, MA 02478, USA. psychosocial@mcleanpo.mclean.org
- **Abstract**
- **OBJECTIVE:**
- The purpose of this article is to describe the development of the borderline personality disorder diagnosis, highlighting both the obstacles encountered and the associated achievements.
- **METHOD:**
- On the basis of a review of the literature, the author provides a chronological account of the borderline construct in psychiatry, summarizing progress in decade-long intervals.
- **RESULTS:**
- Borderline personality disorder has moved from being a psychoanalytic colloquialism for untreatable neurotics to becoming a valid diagnosis with significant heritability and with specific and effective psychotherapeutic treatments. Nonetheless, patients with this disorder pose a major public health problem while they themselves remain highly stigmatized and largely neglected.
- **CONCLUSIONS:**
- Despite remarkable changes in our knowledge about borderline personality disorder, increased awareness involving much more education and research is still needed. Psychiatric institutions, professional organizations, public policies, and reimbursement agencies need to prioritize this need.

Original Starting Point: What BoPD is, the Enslavement

- Clinical description of BoPD (descriptions of what they saw were “right on”)
- An outpouring of edited books with unremitting reports of difficulties in treating BoPD for modest therapeutic benefits
- DSM-III conceptualization: a chronic, enduring disorder (associate with mental retardation)
-- Consignment to an unremitting inferno of misery

Tell Me More About BoPD Science

- Young – A little more than 3 decades
- Small number of investigators, even when counting ALL of those from around the earth: Germany, Netherlands, Great Britain, Australia and elsewhere, as well as those in the United States
- Know BoPD science by its products. First step: Go to NIH's PubMed for cumulative number of research paper "hits"

Science Kick Starts the Journey from Enslavement in Misery to a Life Worth Living

- DSM-3 (1980) specified symptom criteria for disorders
- Innovation in treatment coupled with rigorous empiricism (DBT) points up positive possibilities for treatment
- Rigorous prospective studies of course (McLean, Collaborative) replicate high rates of remission
- Genetics, neuroscience and clinical research provides new perspectives and points to interesting avenues to pursue

NIH's Pub Med

Searches more than 21 million research citations

Free to all to use (your tax \$s at work) with a computer and internet connection at:

www.ncbi.nlm.nih.gov/pubmed

For help using, see lower left of Pub Med page

Number of Pub Med “hits”

Depression	264,675
Schizophrenia	95,456
Bipolar	31,996
Eating Disorders	25,512
PTSD	18,363

Where's BoPD?

Borderline PD	5,637
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With So Few Products, Any Impact?

BoPD research – So little. Does BPD research have clinical significance?

Activity is no guarantee of progress -- alchemy

One analyst: 90% of research results are false (See next slide for a reference.) Don't be smitten by the results of one study. Look for replications (body of evidence), ideally from different sites.

A little amount of science with replicable results can sometimes have BIG impact.

Citation for most results are false

- **Citation:** Ioannidis JPA (2005) Why Most Published Research Findings Are False. PLoS Med 2(8): e124. doi:10.1371/journal.pmed.0020124
- **Published:** August 30, 2005
- **Copyright:** © 2005 John P. A. Ioannidis. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.
- **Summary**
- There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and, importantly, the ratio of true to no relationships among the relationships probed in each scientific field. In this framework, a research finding is less likely to be true when the studies conducted in a field are smaller; when effect sizes are smaller; when there is a greater number and lesser preselection of tested relationships; where there is greater flexibility in designs, definitions, outcomes, and analytical modes; when there is greater financial and other interest and prejudice; and when more teams are involved in a scientific field in chase of statistical significance. Simulations show that for most study designs and settings, it is more likely for a research claim to be false than true. Moreover, for many current scientific fields, claimed research findings may often be simply accurate measures of the prevailing bias. In this essay, I discuss the implications of these problems for the conduct and interpretation of research.

BoPD “Break Throughs”

A BIG yield from the work of a few

DBT – widely recognized as an effective, evidence-based psychological intervention

(DBT’s benefits are not only in the data. Many know from experience the benefits of DBT skills)

Prospective studies of course (McLean, Collaborative) with stunning rates of remission.

(Note: Few got an evidence-based treatment)

There is a data-based reality of alleviation of the burden of misery that BoPD inflicts

Hats Off to the Few who have done so much

BoPD scientists, “You’ve taken us a long way.”

Big role in replacing clinical belief in enduring disorder
with replicated evidence of large therapeutic
changes:

More than 80% remitting, with few relapses
after remission

50% reduction in suicidal behaviors, with RCT
testing underway for 80%

BoPD: “Good news” diagnosis

Contrast to BoPD – the “good news” diagnosis

- Articles | November 1, 2011
- [Diagnostic Shifts After First Admission for Psychosis](#)
Diagnosis of schizophrenia or bipolar disorder in the first episode of psychosis had remarkable stability over a decade in a study of over 450 patients. Nearly 90% of patients initially diagnosed with schizophrenia and 80% of those diagnosed with bipolar disorder retained that diagnosis. Many patients diagnosed with psychotic depression or other unspecified psychosis, as well as 15% of those initially diagnosed with bipolar disorder, were re-diagnosed as having schizophrenia, generally because of increasing negative symptoms and poor psychosocial function.

If So Much from a Little, Imagine What Might Come from a Lot

The Question: WHY SO LITTLE?

- It's NOT an absence of need
- It's NOT a meager allocation of government funds
- It's NOT a lack of opportunities
- It's the Matthew Principle
- It's Stigma
- **ULTIMATELY: IT'S TOO FEW INVESTIGATORS.** To accelerate research advances, increase the number of investigators

Family Members Lead: Working To Increase # of Investigators

Government can't do it all.

Borderline Personality Disorder Research
Foundation – Center grants, junior
investigator grants – and engaging NIMH with
BoPD

NOW: Families for BoPD Research raising funds
for NARSAD junior researcher grants through
Brain & Behavior Research Foundation.

Nomination: The BIG Event of 2011

- Families for BoPD Research raised the money for two dedicated NARSAD Brain & Behavior Research Foundation BoPD junior research grants to worthy applicants IN ADVANCE OF GOING PUBLIC
- Applications for NARSAD BPD junior researcher grants have already jumped
- Families do it again!

Three
What's Ahead
On the Route
To the Promised Land?

Perils of Predicting the Future

-- The best predictor of future behavior is past behavior

Assumes constancy

-- Perils: Actors change, technology changes, funding gyrations.

Impact of advocacy and education and other initiatives on predictor variables

Confident Prediction:

The View Has to and Will Change

All our understandings and tools are the products of an early stage of investigation. Thus they are all necessarily inadequate and must be retired to the history books ASAP by sure advances in understanding, better targeted and useful measures and more powerful and rapid acting interventions.

Bring on the Better New.

Confident Prediction 2: The Road Will Be NEITHER Smooth nor Direct, but BoPD Will Advance

Variances in the topography:

- Dead ends * Detours * Under constructions
- Obstacles (mountains to tunnel through, rivers to cross over, opposing forces to overcome)

But: no speed limits. Let her rip! ***Families are putting the pedal to the floor***

* Variances in vehicles, fuel, drivers (tools, materials, workers) will make a big difference

Four
NIMH/NIH
projects

Some Examples of What's Underway with NIMH/NIH Research

A -- Psychiatric nosology and assessment

B --IT mediated assessment and intervention

C -- Targeting brain circuitry

D – Going All the Way to Recovery

E -- Dissemination and utilization

Four A

The DSM-3 and -4 BoPD phenotype: Glad We Knew You; Goodbye

Has common problems of DSM diagnostic criteria

- Diagnosis can come from hundreds of combinations of symptom criteria. Add variations in co-occurring disorders (frequent with bpd) and variations in their combinations of symptom criteria. Result: Borderline A is not the same as Borderline B.
- If retained in DSM-5: recent analyses point to a revised cut point for the diagnosis

5 or more too high a criteria

Item Response Analysis of symptom criteria – all are moderate to high in severity: 3 would be a reasonable cut point

(Note: A borderline who meets most or all of the 9 symptom criteria is truly a severe case.)

Can still “remit” while meeting 1 or 2 symptom criteria that are severe – likely significant distress, impairment.

(False classification: Remit while still having severe symptoms and impairment)

More DSM Criteria Problems

Meeting criteria for just 1 BoPD symptom criteria is frequently accompanied by significantly more Axis I disorders and symptoms

BoPD symptom criteria contribute unevenly to the diagnosis (just 3 predict the diagnosis with 85% accuracy)

Citations

- [Pers Disord.](#) 2007 Aug;21(4):418-33.
- **An application of item response theory to the DSM-III-R criteria for borderline personality disorder.**
- [Feske U](#), [Kirisci L](#), [Tarter RE](#), [Pilkonis PA](#).
- **Source**
- Center for Education and Drug Abuse Research, School of Pharmacy, University of Pittsburgh, Pittsburgh, PA 15261, USA. ulfl@pitt.edu
- **Abstract**
- This paper summarizes results from analyses of the DSM criteria for borderline personality disorder (BPD) using models from item response theory (IRT). The study sample consisted of 353 participants, the majority of whom were psychiatric patients. Confirmatory factor analysis showed that a one-factor model provided the best fit to the data. All the DSM BPD criteria had moderate or higher item discrimination parameters, indicating that all items contributed meaningful information in assessing BPD. Item information functions revealed that the BPD criteria as a whole were useful for capturing BPD traits in the moderately severe to severe range, but that they performed less well in the less severe range. The general conclusion is that the criteria do represent a coherent syndrome and that further research on the informational value of the individual criteria would be useful.

Citations continued

- [Compr Psychiatry](#). 2007 Jan-Feb;48(1):70-8. Epub 2006 Sep 6.
- **Evidence for a single latent class of Diagnostic and Statistical Manual of Mental Disorders borderline personality pathology.**
- [Clifton A](#), [Pilkonis PA](#).
- **Source**
- Department of Psychiatry, Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center, Pittsburgh, PA 15213, USA. alclifton@vassar.edu
- **Abstract**
- Borderline personality disorder (BPD) has been described as clinically heterogeneous, with numerous subtypes of the disorder posited. The present study investigated this potential heterogeneity by conducting both confirmatory factor analysis and latent class analysis of consensus ratings of Diagnostic and Statistical Manual of Mental Disorders (DSM) Revised Third Edition BPD criteria in a mixed clinical and nonclinical sample (n = 411). Confirmatory factor analysis results suggested that a single factor fit the data most parsimoniously. Latent class analysis results supported 2 latent classes: those with a high likelihood of BPD symptoms (n = 171) and those with a low likelihood (n = 240). The borderline latent class was more inclusive than diagnoses made based on DSM-III-R thresholds and improved prediction of symptom severity and interpersonal dysfunction, suggesting the clinical importance of 3 or more BPD criteria. Future research on subtypes of BPD may benefit by focusing on variables that supplement the DSM criteria.

Citations Continued

[J Clin Psychiatry](#). 2011 Oct 18. [Epub ahead of print]

- **Does the presence of one feature of borderline personality disorder have clinical significance? implications for dimensional ratings of personality disorders.**
- [Zimmerman M](#), [Chelminski J](#), [Young D](#), [Dalrymple K](#), [Martinez J](#).
- **Source**
- Bayside Medical Center, 235 Plain St, Providence, RI 02905 mzimmerman@lifespan.org.
- **Abstract**
- **OBJECTIVE:**
- In the draft proposal for DSM-5, the Work Group for Personality and Personality Disorders recommended that dimensional ratings of personality disorders replace DSM-IV's categorical approach toward classification. If a dimensional rating of personality disorder pathology is to be adopted, then the clinical significance of minimal levels of pathology should be established before they are formally incorporated into the diagnostic system because of the potential unforeseen consequences of such ratings. In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we examined the low end of the severity dimension and compared psychiatric outpatients with 0 or 1 DSM-IV criterion for borderline personality disorder on various indices of psychosocial morbidity.
- **METHOD:**
- Three thousand two hundred psychiatric outpatients were evaluated with semistructured diagnostic interviews for DSM-IV Axis I and Axis II disorders. The present report is based on the 1,976 patients meeting 0 or 1 DSM-IV criterion for borderline personality disorder.
- **RESULTS:**
- The reliability of determining if a patient was rated with 0 or 1 criterion for borderline personality disorder was good ($\kappa = 0.70$). Compared to patients with 0 borderline personality disorder criteria, patients with 1 criterion had significantly more current Axis I disorders ($P < .001$), suicide attempts ($P < .01$), suicidal ideation at the time of the evaluation ($P < .001$), psychiatric hospitalizations ($P < .001$), and time missed from work due to psychiatric illness ($P < .001$) and lower ratings on the Global Assessment of Functioning ($P < .001$).
- **CONCLUSIONS:**
- Low-severity levels of borderline personality disorder pathology, defined as the presence of 1 criterion, can be determined reliably and have validity.

Go Deep to a Solid Base in a “real” BoPD diagnosis

- BoPD is well grounded in high genetic loading liabilities for psychopathology and disorders – internalizing, externalizing and cognitive
- The traits in these constructs will likely relate well in turn to RDOC focuses with their grounding in brain circuitry.
- Going there would enable BoPD features to be on the front lines of psychiatric brain research and development of a nosology of “real” disorders

NIH's RDOC (Research Domain Criteria)

Brings brain circuitry into diagnosis without particular regard for DSM diagnoses

For more information, start with URL below and pursue links within this piece:

<http://www.nimh.nih.gov/research-funding/rdoc/index.shtml>

NIMH Director's Blog

<http://www.nimh.nih.gov/about/director/index.shtml>

- November 15, 2011
- [Improving Diagnosis Through Precision Medicine](#)
- Posted by [Thomas Insel](#)
- Dr. Insel describes how precision medicine may put us on the path to better diagnosis and treatment of mental disorders.

NIMH Director's Blog – 2

October 04, 2011

[Psychiatric Genetics: More Pieces of the Puzzle](#)

August 12, 2011

[Mental Illness Defined as Disruption in Neural Circuits](#)

June 03, 2011

[Psychiatry: Where are we going?](#)

Future of Psychiatric Assessment (FPA) for symptoms

Assessment time is constrained, but deep and wide assessments are needed, initially and subsequently: Identify ALL the problems, monitor the treatment response.

No one wants high cholesterol or hypertension, treated without an initial assessment that establishes need and then ongoing assessments to monitor effects (therapeutic and side).

FPA - 2

Technology (IT) and Translational Science
(primarily statistics) are enabling advances

Genetic and Imaging – emerging and visible

Advances in behavior/symptom assessments –
emerging from the dark into the light.

FPA- 3

Computer Assisted Testing (CAT) using Item Response Theory (IRT)

Quick (assessment targeted to place on dimension), reliable assessments (thru Differential Item Functioning (DIF), determine variance in expression of symptoms related to factors such as age, gender, race/ethnicity)

Indifferent as to data source: Patient, Other, Therapist; biological data

FPA - 4

NIH's Patient Reported Outcomes Measurement Information System (PROMIS)

Computer Assisted Testing (CAT) using Item Response Theory (IRT) for reliable, valid, flexible, precise, and responsive assessments

Try it out at

<https://www.assessmentcenter.net/ac1/Default.aspx?SID=E0C5DD74-BE44-4126-A826-4FCF7E488493>

Choose a CAT: Anger, Anxiety, Depression, Fatigue, Pain Behavior, Physical Function, Satisfaction with Discretionary Social Activities, Satisfaction with Social Roles.

Enter age and choose gender. Respond.

One-two minutes: a result (percentile)

CAT for PD

- DSM-V may include assessment for personality traits (putting PDs properly on a personality base). Concern: Time required for this assessment.
- CAT to the rescue.
- Leonard Simms, ESI RO1, for CAT for PD
- Use NIH's RePORT for more info, including research papers.

For information about grants: NIH Research Portfolio
Online Reporting Tools (NIH RePORTER)

<http://projectreporter.nih.gov/reporter.cfm>

- Search for funded grants by various parameters, e.g., BoPD, Principal Investigator (PI); Fiscal Year(s)
- For a “hit,” information provided includes full abstract, available results in papers, e.g., in PubMed Central, and
- Similar Projects (the scope of work is often extensive and broad)

Public Access: RePORTER and PubMed Central

- Citizens told Members of Congress that they wanted to know what NIH was funding with their tax dollars and wanted no-fee access to reports from the research that their taxes had enabled.
- Members heard.
- Congress instructed NIH: enable access
- NIH compiled.

Four B

IT Enabled Real Time Affective State Assessment

- Affective instability is a strong predictor of future BPD symptoms (impulsivity is a secondary predictor) ((Corresponds to behavioral genetics of BoPD))
- “Static” paper and pencil measures do not correspond well to the unfolding of affective state over time.
- Use IT to assess affective state in real time
- (the BoPD thermometer)

Citations

- [J Pers Disord.](#) 2007 Dec;21(6):603-14.
- **The role of affective instability and impulsivity in predicting future BPD features.**
- [Tragesser SL](#), [Solhan M](#), [Schwartz-Mette R](#), [Trull TJ](#).
- **Source**
- Department of Psychological Sciences, University of Missouri-Columbia, Columbia, MO 65211, USA.
stragesser@tricity.wsu.edu
- **Abstract**
- Models of borderline personality disorder (BPD) suggest that extreme levels of affective instability/emotional dysregulation, impulsivity, or the combination of these two traits account for the symptoms characteristic of BPD. The present study utilized longitudinal data to evaluate the ability of Personality Assessment Inventory-Borderline Features (PAI-BOR; Morey, 1991) subscale scores to predict BPD features two years later as a test of these models of BPD. Participants were 156 male and 194 female young adults who completed the PAI-BOR at age 18 and again two years later. Three models were compared: (a) Wave 1 affective instability scores predicting Wave 2 BPD features (AI model); (b) Wave 1 self-harm/impulsivity scores predicting Wave 2 BPD features (IMP model); and (c) both Wave 1 affective instability and self-harm/impulsivity scores predicting Wave 2 BPD features (AI-IMP model), all controlling for stabilities and within-time covariances. Results indicated that the AI model provided the best fit to the data, and improved model fit over a baseline stabilities model and the other models tested. These results are consistent with Linehan's theory (1993) that emotional dysregulation drives the other BPD symptoms.

Citations

- [Psychol Assess.](#) 2009 Sep;21(3):425-36.
- **Clinical assessment of affective instability: comparing EMA indices, questionnaire reports, and retrospective recall.**
- [Solhan MB](#), [Trull TJ](#), [Jahng S](#), [Wood PK](#).
- **Source**
- Department of Psychological Sciences, University of Missouri, Columbia, MO 5211, USA. trullt@missouri.edu
- **Abstract**
- Traditional self-report measures of psychopathology may be influenced by a variety of recall biases. Ecological momentary assessment (EMA) reduces these biases by assessing individuals' experiences as they occur in their natural environments. This study examines the discrepancy between trait questionnaire, retrospective report, and EMA measures of affective instability in psychiatric outpatients either with a borderline personality diagnosis (n = 58) or with a current episode of major depressive disorder or dysthymia (n = 42). The authors examined the agreement of 3 trait measures of affective instability-the Affective Instability subscale of the Personality Assessment Inventory-Borderline Features scale (L. C. Morey, 1991), the Affect Intensity Measure (R. J. Larsen, E. Diener, & R. Emmons, 1986), and the Affect Lability Scales (P. D. Harvey, B. R. Greenberg, & M. R. Serper, 1989)-and 1 retrospective mood recall task with EMA indices of mood and mood instability. Results indicate only modest to moderate agreement between momentary and questionnaire assessments of trait affective instability; agreement between recalled mood changes and EMA indices was poor. Implications for clinical research and practice and possible applications of EMA methodology are discussed.

Smart Phone APS for DBT Skills When Needed

- Everything is up to date with Seattle DBT.
- DBT skills coaching comes to the client

NOTES:

VA: AP for PTSD for iPHONE and iPAD

Computer-mediated CBT about ready

Computer-mediated innovations in the nature of treatment are here – see work of Amir.

IT for intervention

- [Behav Ther.](#) 2011 Dec;42(4):589-600. Epub 2011 Apr 22.
- **A pilot study of the DBT coach: an interactive mobile phone application for individuals with borderline personality disorder and substance use disorder.**
- [Rizvi SL](#), [Dimeff LA](#), [Skutch J](#), [Carroll D](#), [Linehan MM](#).
- **Source**
- School of Applied and Professional Psychology, Rutgers University, Piscataway, NJ 08854, USA. slrizvi@rci.rutgers.edu
- **Abstract**
- Dialectical behavior therapy (DBT) has received strong empirical support and is practiced widely as a treatment for borderline personality disorder (BPD) and BPD with comorbid substance use disorders (BPD-SUD). Therapeutic success in DBT requires that individuals generalize newly acquired skills to their natural environment. However, there have been only a limited number of options available to achieve this end. The primary goal of this research was to develop and test the feasibility of the DBT Coach, a software application for a smartphone, designed specifically to enhance generalization of a specific DBT skill (opposite action) among individuals with BPD-SUD. We conducted a quasiexperimental study in which 22 individuals who were enrolled in DBT treatment programs received a smartphone with the DBT Coach for 10 to 14 days and were instructed to use it as needed. Participants used the DBT Coach an average of nearly 15 times and gave high ratings of helpfulness and usability. Results indicate that both emotion intensity and urges to use substances significantly decreased within each coaching session. Furthermore, over the trial period, participants reported a decrease in depression and general distress. Mobile technology offering in vivo skills coaching may be a useful tool for reducing urges to use substances and engage in other maladaptive behavior by directly teaching and coaching in alternative, adaptive coping behavior.

DBT Skills Make a Difference

- [Behav Res Ther.](#) 2010 Sep;48(9):832-9. Epub 2010 May 23.
- **Dialectical behavior therapy skills use as a mediator and outcome of treatment for borderline personality disorder.**
- [Neacsiu AD](#), [Rizvi SL](#), [Linehan MM](#).
- **Source**
- University of Washington, Behavioral Research and Therapy Clinics, Department of Clinical Psychology, Seattle, 98195-1525, USA. andrada@u.washington.edu
- **Abstract**
- A central component of Dialectical Behavior Therapy (DBT) is the teaching of specific behavioral skills with the aim of helping individuals with Borderline Personality Disorder (BPD) replace maladaptive behaviors with skillful behavior. Although existing evidence indirectly supports this proposed mechanism of action, no study to date has directly tested it. Therefore, we examined the skills use of 108 women with BPD participating in one of three randomized control trials throughout one year of treatment and four months of follow-up. Using a hierarchical linear modeling approach we found that although all participants reported using some DBT skills before treatment started, participants treated with DBT reported using three times more skills at the end of treatment than participants treated with a control treatment. Significant mediation effects also indicated that DBT skills use fully mediated the decrease in suicide attempts and depression and the increase in control of anger over time. DBT skills use also partially mediated the decrease of nonsuicidal self-injury over time. Anger suppression and expression were not mediated. This study is the first to clearly support the skills deficit model for BPD by indicating that increasing skills use is a mechanism of change for suicidal behavior, depression, and anger control.

Four C

Targeting Brain Circuitry

Talking about the amygdala – prefrontal cortex relationship:

On the Families for BoPD research web page at the Brain & Behavior Research Foundation for NARSAD grants, APA President John Oldham (from his presentation at the 2nd Congressional Briefing on BoPD):

<http://bbrfoundation.org/bpd>

On the NEA-BPD web page (bottom central) for researcher Antonia New, from her imaging lab, talking about the same relationship (from Kevin Dawkins NIMH-grant funded “If Only We Had Known”).

Intervening thru brain circuitry

From observation of a relationship
to testing brain circuit interventions

2R01 MH077813-05A1

PI: Koenigsburg, Harold

“An fMRI Study of the Enhancement of Emotion
Regulations in Borderline Patients”

Use NIH's RePORT for obtain details about prior and
this work

A Start

- Interventions may NOT effect brain circuitry or behavior measures (complete dud)
- Interventions may effect brain circuitry but not the behavior measures (not targeting the right brain circuitry)
- Interventions may effect behavior measures but not brain circuitry (brain circuitry mechanism is unknown)
- * Interventions may effect brain circuitry and the behavioral measures in a highly correlated manner (jackpot)

- * Then: Will Success in the lab generalize to the clinic?

A disorder treatment innovation – IT focused on risk factor

- **Project Number:** 5R01MH087623-02 **Contact PI / Project Leader:** [AMIR, NADER](#) **Title:** ATTENTION TRAINING AND RELAXATION FOR GAD: TESTING THE EFFICACY OF HOME-DELIVERY **Awardee Organization:** SAN DIEGO STATE UNIVERSITY
- evaluate the efficacy of a 12-week computer-delivered home-based treatment program for GAD. Treatment will comprise a combination of two interventions shown to be efficacious in the treatment of GAD. The Attention Modification Program (AMP) is a computerized program designed to facilitate attention disengagement from threatening stimuli (Amir et al., 2009). Applied Relaxation (AR) is a behavioral, skills-based intervention where individuals learn ways to reduce the physiological cues associated with anxiety and worry (Vst, 1987; Siev & Chambless, 2007).

Four D

Family Members Lead in Facilitating Recovery

- [Psychiatr Serv.](#) 2010 Apr;61(4):417.
- **Employment for persons with borderline personality disorder.**
- [Elliott B, Weissenborn O.](#)
- **Source**
- The Connections Place, NEA-BPD.
- 90 clients served in the 3 ½ years between December 2006 and June 2010

NIDA funds Behavioral Tech for Recovery Pilot

- **Project Number:** 3R34MH079923-03S1 **Contact PI / Project Leader:** [COMTOIS, KATHERINE ANNE](#) **Title:** DBT-ACES: EVALUATION OF FEASIBILITY **Awardee Organization:** UNIVERSITY OF WASHINGTON
Abstract Text: DESCRIPTION (provided by applicant): The DBT-Accepting the Challenges of Exiting the System (DBT-ACES) advanced year of DBT has been designed specifically for psychiatrically disabled individuals with severe borderline personality disorder to assist them to achieve recovery as recommended in the President's New Freedom Commission on Mental Health. DBT-ACES has been shown in pre-post evaluation to increase both employment and self-sufficiency. This R34 treatment development study further evaluates the feasibility and acceptability of DBT-ACES and of the randomized controlled trial study procedures for a possible future efficacy trial. It has three specific aims: (1) to further develop the DBT-ACES manual including its feasibility and treatment fidelity, (2) to develop the means for and evaluate the feasibility of an efficacy trial of DBT-ACES in terms of recruitment, attrition, assessment, and a treatment-as-usual (TAU) control condition, and (3) to conduct a small randomized clinical trial pilot study of DBT-ACES (n=15) vs. TAU (n=15) which will evaluate attrition rates for DBT-ACES and TAU and the statistical feasibility of studying experimental effects of the treatments on primary and secondary measures. Because DBT-ACES is an advanced DBT treatment, study participants will all receive standard DBT (paid for by county public mental health funds) and then those who are stable and interested in employment will be randomized to DBT-ACES or TAU for a second year of treatment.

Seattle DBTers for Recovery

- [Psychiatr Serv.](#) 2010 Nov;61(11):1106-11.
- **Recovery from disability for individuals with borderline personality disorder: a feasibility trial of DBT-ACES.**
- [Comtois KA](#), [Kerbrat AH](#), [Atkins DC](#), [Harned MS](#), [Elwood L](#).
- **Source**
- Department of Psychiatry and Behavioral Sciences, University of Washington, Harborview Medical Center, 325 9th Ave., Box 359911, Seattle, WA 98104, USA. comtois@u.washington.edu
- **Abstract**
- **OBJECTIVES:**
- Employment and recovery can be difficult goals to reach for individuals with severe borderline personality disorder, even for those who have successfully completed dialectical behavior therapy (DBT) and are no longer in crisis. This study examined the feasibility of DBT-Accepting the Challenges of Exiting the System (DBT-ACES), a follow-up to standard DBT (SDBT).
- **METHODS:**
- A pre-post evaluation was conducted of the outcomes for 30 clients with borderline personality disorder who entered DBT-ACES during the study period (April 2000 to June 2005). Outcomes included employment, exit from the public mental health system, and quality of life, as well as self-inflicted injury and emergency and inpatient admissions.
- **RESULTS:**
- From the end of SDBT to the end of DBT-ACES, the study found a significant improvement in participants' odds of being employed or in school (odds ratio [OR]=3.34, $p<.05$), working at least 20 hours per week (OR=4.93, $p=.01$), and subjective quality of life ($B=.49$, $p=.03$) and a decrease in the number of inpatient admissions (RR=.07, $p<.05$). Comparing the end of SDBT to a year after DBT-ACES, the latter two outcomes were mostly retained, but the findings were not significant. One year after leaving DBT-ACES, only 36% of DBT-ACES clients were still receiving public mental health services. Emergency room admissions, inpatient psychiatry admissions, and medically treated self-inflicted injuries all decreased during SDBT and remained low during and following DBT-ACES.
- **CONCLUSIONS:**
- This study demonstrated the feasibility of meaningful recovery from severe borderline personality disorder with a combination of SDBT and DBT-ACES, but controlled research is needed.

Treatment Evaluation Info

- See what treatments for borderline pd are being evaluated in clinical trials.

ClinicalTrials.Gov provides searches (no charge) of a registry of clinical trials (completed, recruiting, at the start mark) in the USA and other countries. Searches can be focused on trials at specified locations. Extensive information is provided about each trial.

Four E

Dissemination and Utilization

- Research presentations, papers, books
- Meetings
- * The NEA-BPD library of presentations
- * Media accounts

- Training avenues -- Behavioral Tech is a leader:
<http://behavioraltech.org/index.cfm?CFID=49648665&CFTOKEN=14079193>

Five

Government

Can't Do It All

Government Can't Do It All

Important role of NARSAD grants for beginning investigators

Biggest impediment to BoPD research advances is the minute number of investigators

Families for BoPD Research initiative through Brain & Behavior Research Foundation for BoPD junior researcher grants

It Does Take a Village –

And You're a Member of this Village

- Investigators do not research in a vacuum
 - Research funders do not award grants in a vacuum
 - Clinicians do not assess and treat in a vacuum
 - Insurers do not cover and pay benefits in a vacuum
- * Advocacy can and does effect what happens

The Cats Are Out and Won't Be Recaged

- * Family members are learning about BoPD and acquiring skills and then helping others
- * Family members are educating policy-makers and funders about BoPD needs
- * Family members are engaging funders
- * BoPDers are going public to educate and advocate

Getting Specific: Is your foot on the pedal for BPD advancing?

1 Scientist

10 Engineers

100 Sales and Support Persons

AND: thousands of educated and activist consumers and families

- Educate for diagnosis for differential treatment (not Bipolar) and hope (“the good news disorder”)
- Advocate for availability of evidence-based treatment delivered with fidelity
- Educate public and professionals to resolve stigma
- Advocate for and support research and services
- Support and expand the circle of helping one another

Six

Epilogue – 2021

What advances will have occurred on the route to the promised land?

What will have been your part in those advances?

Your Plan for Helping Make Your Projection Reality