**Abstract**

**Background:** Veterans are at high risk for suicide; emotion dysregulation may confer additional risk. Dialectical Behavior Therapy (DBT) is a well-supported intervention for suicide attempt reduction in individuals with emotion dysregulation, but is complex and multi-component. The skills group component of DBT (DBT-SG) has been associated with reduced suicidal ideation and emotion dysregulation. DBT-SG for Veterans at risk for suicide has not been studied. **Aims:** This study sought to evaluate the feasibility and acceptability of DBT-SG in Veterans and to gather preliminary evidence for its efficacy in reducing suicidal ideation and emotion dysregulation and increasing coping skills. **Method:** Veterans with suicidal ideation and emotion dysregulation (*N* = 17) enrolled in an uncontrolled pilot study of a 26-week DBT-SG as an adjunct to mental health care-as-usual. **Results:** Veterans attended an average 66% of DBT-SG sessions. Both Veterans and their primary mental health providers believed DBT-SG promoted Veterans’ use of coping skills to reduce suicide risk, and they were satisfied with the treatment. Paired sample *t*-tests comparing baseline scores to later scores indicated suicidal ideation and emotion dysregulation decreased at post-treatment (*d* = 1.88, 2.75, respectively) and stayed reduced at 3-month follow-up (*d* = 2.08, 2.59, respectively). Likewise, skillful coping increased at post-treatment (*d* = 0.85) and was maintained at follow-up (*d* = 0.91). **Conclusions:** An uncontrolled pilot study indicated DBT-SG was feasible, acceptable, and demonstrated potential efficacy in reducing suicidal ideation and emotion dysregulation among Veterans. A randomized controlled study of DBT-SG with Veterans at risk for suicide is warranted.

United States Veterans, as well as Veterans from other countries, are at increased risk for suicide relative to civilians (Office of Suicide Prevention, 2016; Strand, Martinsen, Fadum, & Borud, 2017; Thoresen, Mehlum, & Moller, 2003). United States Veterans are at increased suicide risk relative to nonVeterans, and their suicide risk has increased dramatically in the past decade (Office of Suicide Prevention, 2016). In the United States, suicide death increased from 2001 to 2014 by 30.5% among male Veterans and by 85.2% among female Veterans (Veteran Suicide Prevention Program, 2016). Reducing Veteran suicide is a top Veterans Health Administration (VHA) priority (Office of Public Affairs, 2017), with emphasis on developing and refining effective mental health treatments (Department of Defense, 2013). Emotion dysregulation, or difficulties in modulating emotions, has been associated with military suicidal ideation (Shelef, Fruchter, Hassidim, & Zalsman, 2015). This manuscript provides results of a pilot trial investigating Dialectical Behavior Therapy Skills Groups (DBT-SG) among Veterans with emotion dysregulation and suicidal ideation at the national Veterans Health Administration (VHA) healthcare system.

Dialectical Behavior Therapy (DBT) is a complex treatment including 12 months of individual psychotherapy; a group (DBT-SG) teaching emotion regulation and other coping skills; between-session telephone coaching; case management; and therapist supervision (Linehan, 1993). It is well supported for reducing suicidal ideation and behavior (e.g., Linehan et al., 2015) and has been studied extensively in borderline personality disorder (BPD), a disorder characterized by emotion dysregulation (Gratz, Lacroce, & Gunderson, 2006), or difficulties in recognizing, understanding, and accepting emotions, selecting appropriate emotion modulation strategies, and avoiding impulsive behavior (Gratz & Roemer, 2004). Several randomized controlled trials have shown that DBT reduces suicidal behavior (Linehan, Armstrong, Suarez, Allmon, & Heard, 1991; Linehan, Comtois, Murray, et al., 2006) and suicidal ideation (Pistorello, Fruzzetti, Maclane, Gallop, & Iverson, 2012). Use of DBT skills may be a mechanism of change for emotion dysregulation and suicidal ideation (Neacsiu, Rizvi, & Linehan, 2010; Neacsiu et al., 2014).

In addition, DBT has been shown to be efficacious in reducing Veteran suicidal ideation. Among women Veterans with borderline personality disorder, six months of DBT was associated with greater reduction in suicidal ideation than treatment-as-usual (Koons et al., 2001). In a diagnostically heterogeneous sample of male and female Veterans at risk for suicide, six months of DBT was associated with reduced suicidal ideation during treatment and at follow-up, but not to a greater extent than suicidal treatment-as-usual as delivered within the national VHA healthcare system (Goodman et al., 2016). The DBT-SG focus on teaching emotion regulation skills lends its application beyond the treatment of BPD (e.g., Neacsiu et al., 2014), and DBT-SG alone is less resource-intensive than comprehensive DBT. In controlled trials, DBT-SG alone has been associated with reduced suicidal ideation and suicide attempt (Linehan et al., 2015) and emotion dysregulation (Neacsiu et al., 2014). Compared to DBT individual therapy without a skills training component, the DBT-SG alone and comprehensive DBT (DBT-SG and individual therapy) were both associated with reduced non-suicidal self-directed violence and with a more rapid improvement in anxiety and depression symptoms (Linehan et al., 2015), suggesting that DBT-SG is a necessary component of care for improving outcomes in individuals with suicidal ideation and emotion dysregulation. In other controlled trials, DBT-SG alone was associated with reduced suicidal ideation (Soler et al., 2009) and reduced suicide attempt and non-suicidal self-injury (McMain, Guimond, Barnhart, Habinski, & Streiner, 2017) in individuals with borderline personality disorder. DBT-SG was also associated with reduced emotion dysregulation in individuals with borderline personality disorder (McMain et al., 2017) and in a multi-diagnostic sample (Neacsiu et al., 2014). DBT-SG is much less resource-intensive than comprehensive DBT in that it requires only 3 – 3.5 hours per week of group leader time and peer consultation (Linehan, 2014). Hence, in terms of the potential for more widespread implementation, DBT-SG is more scalable than DBT.

The focus of DBT and DBT-SG on teaching emotion regulation skills and helping individuals identify and label emotions and use effective strategies for regulation (Linehan, 2014) lends their application beyond the treatment of borderline personality disorder. Emotion dysregulation occurs across mental health diagnoses (Gratz & Tull, 2010). In Veterans, emotion dysregulation has been associated with PTSD diagnosis (Sippel, Roy, Southwick, & Fichtenholtz, 2016) and with severity of depression and interpersonal problems (Klemanski, Mennin, Borelli, Morrissey, & Aikins, 2011). Furthermore, emotion dysregulation has been associated with suicidal ideation in soldiers (Shelef, Fruchter, Hassidim, & Zalsman, 2015), suicide-related hospitalization in Veterans (Mrnak-Meyer et al., 2011), and history of suicide attempt in individuals with alcohol use disorder (Ghorbani, Khosravani, Sharifi Bastan, & Jamaati Ardakani, 2017). DBT-SG has been shown to reduce emotion dysregulation in non-Veteran samples (McMain et al., 2017; Neacsiu et al., 2014). As Veteran suicidal ideation has been associated with multiple mental health diagnoses (Ashrafioun, Pigeon, Conner, Leong, & Oslin, 2016), a scalable intervention such as DBT-SG that could work across diagnoses to reduce a key suicide risk factor like emotion dysregulation would be optimal.

We sought to evaluate the feasibility and acceptability of DBT-SG for Veterans with suicidal ideation and emotion dysregulation, hypothesizing that: (1) DBT-SG would be feasible, as indicated by mean attendance at over 50% of sessions; (2) DBT-SG would be acceptable to participants and their primary mental health providers as indicated by positive ratings of satisfaction and the group’s promotion of Veterans’ coping skills; and (3) Veterans would show reduced suicidal ideation and emotion dysregulation and increased coping skills at post-treatment.

**Method**

**Design and participants**

This study was a Stage 1A (Onken, Carroll, Shoham, Cuthbert, & Riddle, 2014) uncontrolled pilot of 26-week DBT-SG in Veterans with suicidal ideation and emotion dysregulation at an urban VHA outpatient facility in the northeastern United States. Intent-to-treat (ITT) participants were 17 Veterans endorsing suicidal ideation in past three months on the Suicidal Behaviors Questionnaire (SBQ; Addis & Linehan, 1989). Other inclusion criteria were: (1) ages 18-65; (2) emotion dysregulation, operationalized as a Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) total score of 105 or greater; (3) receiving outpatient mental health treatment; and (4) willingness to participate in safety planning, assessments, and recording of group sessions. Participants were excluded for (1) inability to understand English; and (2) diagnoses of schizophrenia, schizoaffective disorder, bipolar I disorder, antisocial personality disorder, or thought disorder confirmed by the current mental health care provider. The study was reviewed and approved by the local Institutional Review Board.

**Recruitment, screening, and assessment.** Potential participants were recruited via clinician referral and flyers. Primary mental health providers were used to confirm exclusionary mental health diagnoses. Individuals who appeared eligible after telephone screening were invited to participate in in-person screening, informed consent, and individual assessment at baseline, mid-and post-treatment, and three-month follow-up conducted by the primary author. For two participants, telephone assessment was used at mid- or post-treatment. Participants were offered a modest financial incentive for assessments; no financial incentive was offered for group attendance.

**Measures**

**Demographic.** Demographic variables and current mental health diagnoses were determined using chart review.

**Feasibility and acceptability.** Session attendance was monitored.Participant and primary treatment provider acceptability was assessed with self-report measures created for this study and administered at mid-, post-, and follow-up points. Participants rated group acceptability with 11 items on a 7-point Likert-type scale (sample items: how would you rate your overall satisfaction with DBT Skills Group?; since the start of DBT skills group, how would you rate your ability to understand and manage painful emotions?; Cronbach’s α = 0.78). Participants’ primary mental health providers also rated 11 items on a 7-point Likert-type scale (sample items: how would you rate your satisfaction with having your client in DBT Skills Group?; since the start of DBT skills group, how would you rate your client’s ability to understand and manage painful emotions?; Cronbach’s α = 0.96).

**Preliminary efficacy measures.** Suicidal ideation was assessed with the SBQ and Beck Scale for Suicidal Ideation (BSSI; Beck, Steer, & Ranieri, 1988). Emotion dysregulation was assessed with the DERS; coping was assessed with the DBT Ways of Coping Checklist (DBT-WCCL; Neacsiu, Rizvi, Vitaliano, Lynch, & Linehan,2010 ). All measures demonstrated acceptable internal consistency.

**DBT-SG.** Treatment was delivered in two-hour weekly group sessions by two group co-leaders following the DBT Skills Training manual. Group leaders included the primary author and three advanced psychology trainees. Sessions included review of past week skills use and homework, mindfulness practice, teaching new skills and assigning homework. Telephone calls were placed to participants who did not attend group to encourage attendance. Participants were discharged from group if they missed three consecutive sessions.

**Analyses**

Descriptive statistics (mean, standard deviation, percent) were used for demographic, attendance, and acceptability analyses. Dependent variables were checked for normality; all conformed to a normal distribution. For preliminary efficacy, descriptive statistics, paired-sample *t*-tests, and Cohen’s *d* were used to compare baseline values to mid-, post-, and follow-up points; statistical significance was set at *p* < .016 given the three *t*-tests. Clinically Significant Change (CSC; Jacobson & Truax, 1991) was defined as improvement of at least two standard deviations from the pre-treatment mean.

**Results**

**Sample description.** Participants were male (*n* = 11, 65%) and female (*n* = 6, 35%) Veterans representative of the facility (76% Caucasian, 18% African-American, 1% ‘other’). The majority of the sample (94%; *n* = 16) was non-Hispanic with one Veteran (6%) declining to answer. Veterans had served in the Army (*n* = 6, 35%), Navy (*n* = 5, 29%), Marine Corps (*n* = 2, 12%), Army National Guard (*n* = 2, 12%), Air Force or Army Reserve (each *n* =1, 6%), with a mean of 13.76 (*SD* = 13.38) years since military separation. At baseline, the majority reported being unemployed for the past three months (69%; *n* = 11 of 16 with missing data for one participant). Participants were diagnosed with major depressive disorder (*n* = 12, 71%), PTSD (*n* = 8, 47%), substance use disorder (*n* = 5, 29%), and BPD, generalized anxiety disorder, attention deficit disorder, and gambling disorder (for each, *n* = 1, 6%). Participants reported a mean of 2.06 (*SD* = 1.29, range 0-4) lifetime suicide attempts.

**Feasibility.** Of the 17 participants who started the 26-week intervention, 4 (23.5%) dropped out (missed three consecutive group sessions[[1]](#footnote-1)) and 13 (76%) completed. The mean attendance rate was 66.4% (range 11.5-100.0%) sessions.

**Acceptability.** Mean DBT-SG acceptability ratings were positive (above 4.0 on a 7-point scale) at all assessment points for participants and primary mental health treatment providers (Table 1).

**Preliminary efficacy.** Suicidal ideation on the SBQ decreased from baseline at mid-treatment (*t*(14) = 2.58, 95% CI [1.60, 17.33]), post-treatment (*t*(11) = 3.17, 95% CI [5.39, 29.94]), and follow-up (*t*(11) = 3.36, 95% CI 29.92], all *p* < .01; Table 1). The CSC criterion was met by 2 (13%) individuals at mid-treatment, 7 (58%) at post-treatment, and 4 (33%) at 3-month follow-up. Reduction in suicidal ideation on the BSSI was nonsignificant at mid-treatment (*t* (14) = 0.93, *p* = .37, 95% [-1.58, 3.99]) but was significant at post-treatment (*t*(11) = 3.06, *p* = .01, 95% CI 1.22, 7.45]) and follow-up (*t*(11) = 4.01, *p* < .01, 95% CI [2.11, 7.23]). The CSC criterion was met by 0 (0%) individuals at mid-treatment, 2 (17%) at post-treatment, and 1 (8%) at 3-month follow-up. There were no suicide attempts or deaths during the study or follow-up. One participant who dropped out was later hospitalized for suicidal ideation.

Emotion dysregulation decreased from baseline at mid-treatment (*t*(14) = 3.01, 95% CI [3.90, 23.30]), post-treatment (*t*(10) = 6.21, 95% CI [20.58, 43.60]), and follow-up (*t*(11) = 7.90, 95% CI [25.06, 44.44], all *p* < .01; Table 1). The CSC criterion was met by 5 (33%) participants at mid-treatment, 10 (91%) at post-treatment, and 11 participants (92%) at follow-up.

DBT-WCCL skillful coping increased at post-treatment (*t*(10) = -2.89, *p* = .016, 95% CI [-0.65, -0.08]) and follow-up (*t*(11) = -4.82, *p* < .01, 95% CI [-0.50, -0.18]; Table 1). Unskillful coping was decreased at three-month follow-up (*t*(11) = 2.74, *p* < .02, 95% CI [0.07, 0.67]). No participants met the CSC criteria.

**Discussion**

This pilot study demonstrates that DBT-SG is a promising treatment for Veterans who have emotion dysregulation and suicidal ideation. Rates of treatment completion (76%) compared favorably to published studies of DBT-SG (Neacsiu et al., 2014; Linehan et al., 2015; Soler et al., 2009) and comprehensive DBT (Linehan et al., 1999; Linehan et al., 2006). Participants and clinicians agreed that group was helpful in promoting the ability to use coping skills, and that they felt satisfied with group, suggesting that DBT-SG in Veterans with suicidal ideation and emotion dysregulation was feasible and acceptable.

Consistent with prior trials of DBT (Goodman et al., 2016; Koons et al., 2001) and DBT-SG (Linehan et al., 2015; Soler et al., 2009), suicidal ideation reduced from baseline. The pre-post effect sizes on the SBQ (*d* = 1.88) and BSSI (*d* = 1.63) were larger than those observed with comprehensive DBT among women Veterans (*d* = 0.98; Koons et al., 2001), and reductions in suicidal ideation were maintained at follow-up. As comprehensive 12-months’ DBT has been associated with reduced suicide attempts, ideation, non-suicidal self-injury, and psychiatric hospitalization (Linehan et al., 2006; Linehan et al., 2015), our study’s results on suicidal ideation reduction during the shorter and more resource-efficient 26-week DBT-SG are particularly promising. Further study of DBT-SG in Veterans should assess whether the more resource-efficient DBT-SG is similarly associated with reduction in suicide attempt and hospitalization.

At three-months follow-up, 92% participants experienced clinically significant reduction in emotion dysregulation, consistent with the aims of DBT-SG to reduce emotion dysregulation and boost coping skills. These results also provide preliminary support for offering DBT-SG to individuals with emotion dysregulation across diagnoses. Prior studies in Veterans indicated support for 6-month DBT (as compared to treatment as usual) in women Veterans with BPD (Koons et al., 2001), a diagnosis marked by high emotion dysregulation. In a mixed-gender sample of Veterans at high risk for suicide, not selected for high emotion dysregulation, 6-month DBT was associated with reduced suicidal ideation, but not to a greater extent than suicidal treatment-as-usual (Goodman et al., 2016). One possible interpretation is that DBT may work better for suicidal Veterans with high emotion dysregulation. Further study is needed to replicate our study’s finding that DBT-SG was associated with large pre-post reduction in emotion dysregulation, and to determine whether change in emotion dysregulation may mediate reduction in Veteran suicidality. Skillful coping increased from baseline to post-treatment, and was maintained at follow-up, while unskillful coping did not decrease until follow-up, suggesting that individuals may need to practice replacing unhealthy coping skills with healthier ones. Gains in coping skills are consistent with prior DBT-SG studies (Neacsiu et al., 2015) and consistent with the aims of DBT-SG to build skills that improve participant’s capacity to regulate their emotions. Given that military service members who attempted suicide reported feeling strong emotional distress in the hours before a suicide attempt (Bryan et al., 2012), coping skills specifically aimed at reducing strong emotions could be a strategy to prevent military and Veteran suicide attempt.

Study limitations include absence of a comparison group; absence of fidelity coding; small sample that did not permit repeated measures analyses; some missing data; unblinded assessments; small sample from one facility such that results may not be generalizable to other settings. Despite limitations, these data indicate that DBT-SG is promising as a feasible, acceptable, and potentially efficacious treatment for Veterans at risk for suicide. Future randomized controlled trials are indicated.

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1. On one occasion, a participant and staff miscommunicated about how many sessions were missed, resulting in this participant missing 4 consecutive group sessions and asking to continue the intervention. This was reviewed with the IRB; the participant was allowed to continue in group and is not counted here as a dropout. [↑](#footnote-ref-1)