

A Dialectical Behavior Therapy Skills Group Case Study on Mothers With Severe Emotion Dysregulation

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Parenting is an emotionally demanding endeavor, which can be particularly challenging for parents who struggle with psychopathology and lack the regulation skills to manage their own emotional lability. Although dialectical behavior therapy (DBT) is an effective treatment that directly targets emotion dysregulation, little is known about whether DBT might also improve parenting behaviors. A DBT skills group was employed to examine whether DBT skills are utilized by mothers in their parenting and whether skill use improves parenting. Four mothers with severe emotion dysregulation who met diagnostic criteria for at least one Axis I disorder were part of a case study, in which they completed a DBT skills group for mothers, and two of the mothers participated in an in-depth exit interview regarding their use of DBT skills in their parenting. The mothers reported substantial changes in their parenting during the exit interview and modest improvements were found for parenting in pre- to posttreatment parenting assessments. This paper describes the various parenting contexts in which DBT skills were used and discusses maternal emotion regulation as a potential pathway from DBT skills to improved parenting.

AKIN to other close interpersonal relationships, the parent-child relationship is laden with emotion, making emotion regulation tantamount for effective parenting (Crandall, Deater-Deckard, & Riley, 2015; Dix, 1991; Maliken & Katz, 2013; Rutherford, Wallace, Laurent, & Mayes, 2015). Yet emotion regulation within a parenting context may be particularly challenging. Parents are charged to manage their own experiences and expressions of emotion, often in response to their children's distress and dysregulation, while simultaneously helping their children to regulate their own emotions. Due to the complexities in needing to both self-regulate and facilitate a child's emotion regulation, Rutherford and colleagues (Rutherford et al., 2015), have proposed that both the nature and function of skills necessary for emotion regulation within the context of parenting are distinct from other domains and periods of life. The challenge of regulating one's emotions in the context of a parental role and facilitating emotion regulation for a child may be particularly challenging for parents who lack the skills to manage their own emotional lability.

Despite Dix's (1991) call for research on emotion regulation and parenting over two decades ago, the empirical research on emotion regulation and parenting

is limited. The extant literature suggests that poor maternal emotion regulation is linked to less maternal warmth and greater maternal rejection (Saritaş, Grusec, & Gençöz, 2013), invalidating responses to children's negative emotions (Hughes & Gullone, 2010), greater use of harsh and lax discipline approaches (Lorber, 2012; Lorber & O'Leary, 2005), and increased risk for child maltreatment (Skowron, Kozlowski, & Pincus, 2010). Discipline strategies that are consistent without being overly harsh or permissive require parents to inhibit or tolerate negative emotions that often result from child misbehavior or negative affect, while also increasing positive affect in order to engage the child effectively (Maliken & Katz, 2013). Importantly, in the context of stressful and chaotic home environments, parenting quality declines even for mothers who typically evidence normal to high emotion regulation and cognitive control (Deater-Deckard, Wang, Chen, & Bell, 2012). This suggests that mothers with severe emotion dysregulation, who are simultaneously managing multiple life stressors, may be at particular risk for engaging in poor parenting practices.

Parents with emotion dysregulation have been documented to be underserved by extant parenting interventions (Gavita, David, Bujoreanu, Tiba, & Ionutiu, 2012; Maliken & Katz, 2013). Although evidence-based parenting interventions are largely successful in improving parenting and decreasing problematic child behaviors, they have limited effectiveness for families with psychopathology and poor emotion regulation (McMahon, Wells, & Kotler, 2006).

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Maliken and Katz (2013) highlight possible explanations for this caveat. First, it can be more challenging to recruit, retain, and engage these parents in treatment. It also may be more difficult for parents to learn new parenting skills when emotionally dysregulated (Nix, Bierman, & McMahon, 2009). Moreover, even if the skills are acquired, it may be more challenging for parents who struggle to regulate their emotions to implement them in an emotionally evocative context. Instead, parents often default to more familiar but less effective parenting strategies (Patterson, Reid, & Dishion, 1992; Siegel & Hartzell, 2004). These findings suggest that the acquisition and application of new parenting skills may be contingent upon maternal emotion regulation, yet the necessary dosage of emotion regulation treatment within parenting interventions required for severely dysregulated mothers has not yet been established. Although some parenting interventions have begun to incorporate brief emotion regulation components into their curricula, the dosage provided in current interventions is viewed as likely insufficient (Maliken & Katz, 2013).

Dialectical Behavior Therapy (DBT; Linehan, 1993) is a highly efficacious treatment directly aimed to improve emotion regulation. DBT, which was originally developed for chronically suicidal women with borderline personality disorder (BPD), is a mindfulness-based form of cognitive behavior therapy that is rooted in three philosophical pillars, namely behaviorism, Zen, and dialectical philosophy. In lieu of the standard multipronged treatment model, Linehan and her colleagues (2015) found that DBT skills training, hereafter referred to as DBT Skills, performed similarly well to standard DBT (also including individual therapy and 24-hour on-call support) on a number of important measures such as decreased suicidality.¹ DBT Skills offered alone is an effective treatment for a variety of emotional and behavioral problems, including emotion dysregulation (Neacsiu, Eberle, Kramer, Wiesmann, & Linehan, 2014).

Although DBT Skills is not a parenting intervention, the utility of teaching parents DBT Skills is gaining clinical attention (Zalewski, Stepp, Whalen, & Scott, 2015). For nearly a decade, DBT skills have been taught to parents whose children receive treatment in adolescent DBT (Miller, Rathus, & Linehan, 2007). The parent portion of skills training is done primarily so parents can encourage and coach their children to use their skills, although an additional benefit is that parents can themselves become more regulated. DBT skills have also been taught to parents assessed as needing support in affect regulation. A series of clinical case studies (Ben-Porath, 2010) provided rich descriptions of applying DBT principles with parents in an individual psychotherapy format. Finally, a qualitative

study with mothers in a DBT-informed treatment program articulated the benefit for mothers of being in a DBT skills group with only other mothers in order to increase the explicit focus on discussing parenting issues and their children (Zalewski et al., 2015).

Despite the assumed value in providing parents with DBT skills, assessing whether parenting changes as a result of this treatment has yet to be examined. A group case study was employed to add to the growing empirical literature examining whether DBT skills reduces emotion dysregulation in a severely dysregulated sample (e.g., Neacsiu et al., 2014), and to further expand upon prior research by examining the following research questions pertaining to parenting, emotion regulation, and DBT: How often do mothers report using DBT skills in parenting contexts compared to other types of emotionally arousing life challenges; which skills are most utilized within parenting contexts; in what types of parenting contexts do mothers report using DBT skills; and is participation in a DBT skills group related to better parenting quality and reduced parenting stress? To answer these questions, we (a) piloted a diary card permitting the mothers to differentiate use of skills in parenting and nonparenting contexts, (b) interviewed mothers about how they used DBT skills in the context of parenting, and (c) assessed pre- and posttreatment parenting stress, maternal warmth and rejection, responsiveness to child negative emotions, and use of harsh and lax discipline strategies provided the relationship between these parenting constructs and poor maternal emotion regulation (Hughes & Gullone, 2010; Lorber, 2012; Saritaş et al., 2013). Pre- and posttreatment maternal emotion dysregulation, symptoms of depression, anxiety, and feelings of hopelessness were also assessed. Finally, a group case study, aggregating self-report ($n = 4$) and interview data ($n = 2$) across mothers was used rather than a multiple case studies design to better preserve the mothers' anonymity. Mothers' names and other identifying information were also altered for greater anonymity. Descriptive statistics for the mothers' pre- and posttreatment parenting and mental health scores are reported for explanatory purposes, but no inferential statistics were conducted.

Treatment

The DBT Skills intervention followed the second edition of the standardized *DBT Skills Training Manual* (Linehan, 2015b). This intervention is comprised of weekly 2.5-hour skills group sessions, one-hour therapist consultation team meetings with other DBT Skills therapists, and as-needed phone calls to review missed material and facilitate group attendance. Over the 22-week group, the four DBT modules of mindfulness (M), distress tolerance (DT), emotion regulation (ER)

¹ It is critically important to note that the same suicide management protocol (LRAMP) was followed for every treatment condition and that every DBT clinician sat on a consultation team.

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