

Identifying novel applications of dialectical behavior therapy: considering emotion regulation and parenting

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Dialectical behavior therapy (DBT) is an effective treatment for an increasing number of mental disorders. Its increased application to a range of disorders has been prompted by the recognition that DBT targets emotion dysregulation, which is a transdiagnostic feature underlying several forms of psychopathology. More recently, DBT has been used to target additional clinically relevant domains that are outside diagnostically bound categories, such as improving parenting quality as a means of preventing psychopathology in children of parents with psychopathology. As the ability to regulate emotions is critical to parenting, this paper uses the connection between DBT, emotion regulation, and parenting as an illustration of how focusing on mechanistic features by which DBT is effective aids in strategically identifying areas by which DBT may be a highly useful treatment option.

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While dialectical behavior therapy (DBT) was originally developed to treat women with borderline personality disorder (BPD) with chronic suicidality [1] in the past two decades, the application of using DBT to treat various mental health disorders has been widespread. Two significant and broad categories of recent research progress are in the areas of (1) determining the diagnostic boundaries for which DBT is effective and (2) examining various mechanisms by which DBT is effective. These two areas of research are mutually informative. As the ‘mechanisms of change’ by which DBT operate are identified, novel applications of DBT, potentially including those that extend beyond traditional diagnostic formulations, will be revealed. In this paper, a review of the most recent findings is presented on DBT’s effectiveness for treating various disorders across different ages as well

as a review of recent research on emotion regulation as a mechanism of change. Then by using an example, we illustrate how the mechanistic role of emotion regulation, defined as the ability to modulate emotional experiences and expressions [2], aids in identifying another clinically relevant target: parenting. The clinical application of using DBT to potentially improve parenting, particularly for parents with psychopathology could yield significant preventative implications for children who are at elevated risk for developing psychopathology.

The effectiveness of DBT for treating a wide range of disorders across the lifespan

In terms of DBT’s efficacy within the population for which it was first developed, individuals chronically at high risk for suicidal behavior and those diagnosed with BPD, DBT has consistently led to better treatment outcomes in comparison to control interventions. This finding was supported in the most recent meta-analysis examining psychotherapies for BPD [3^{••}], where DBT was one of only two psychotherapies, the other being psychodynamic approaches, which performed significantly better than control interventions in the treatment of BPD. DBT demonstrated a moderate effect size ($g = 0.34$; 95% CI, 0.15–0.53), based on the nine randomized control trials included in the analysis. There were no significant differences between DBT and the psychodynamic approaches. Similar positive treatment effects in terms of reductions in borderline symptoms and suicidal ideation have been found within community mental health programs, suggesting that the standard, full model of DBT can overcome the implementation limitations that arise in real-world settings outside of tightly controlled studies [4]. At the same time, the limitations in implementing the standard model may impede some treatment settings from offering DBT despite community need. Importantly, in Linehan and colleagues’ [5[•]] component analysis study of DBT, they found that DBT interventions that include the skills training group plus case management and therapist consultation were equivalent in effectiveness to the standard model, which also includes individual DBT therapy and between session telephone coaching, in terms of reducing suicidality, crisis intervention services, and symptoms of depression and anxiety. This finding provides treatment providers with flexibility in how DBT can effectively be implemented, overcoming some of the resource limitations that likely arise when implementing the standard model of DBT in the community. In conjunction with its established effectiveness in the domains it was developed to target and the

flexibility with which DBT can be implemented, DBT has continued to evolve across developmental and diagnostic boundaries.

DBT has been utilized and adapted to treat a multitude of psychological problems, resulting in its being conceptualized as a transdiagnostic intervention, particularly for clinical profiles considered difficult to treat. We briefly review the most recent empirical findings for DBT outside of the populations it was originally developed to treat, and thus, extend the findings of Cristea and colleagues' [3**] meta-analysis by incorporating studies not included therein. In an extension from its original focus on adults, DBT has been adapted to effectively treat suicidal and self-harming adolescents [6,7], as well as preadolescents diagnosed with disruptive mood dysregulation disorder [8]. Similarly, in a pilot randomized trial for adolescents with bipolar disorder, DBT participants demonstrated significantly fewer depressive, manic, and emotion dysregulation symptoms, as well as less suicidal ideation from pre-treatment to post-treatment [9]. A feasibility study for DBT skills group as an adjunct treatment component for adults with bipolar has also shown promising results for improving psychological well-being and decreasing emotional reactivity [10], and two recent feasibility studies have shown promising results for conducting DBT skills training groups for attention-deficit/hyperactivity disorder treatment [11,12], DBT has been deemed a possibly efficacious treatment option for bulimia nervosa and binge eating disorders [13] and has likewise shown promising support for substance abusing populations [14], specifically for American Indian/Alaska Native adolescents [15]. Effectiveness for DBT has been demonstrated in various posttraumatic stress disorder (PTSD) populations, where DBT has been adapted for adult survivors of sexual abuse [16], for veterans with co-morbid PTSD and BPD symptoms, where DBT was implemented concurrently with prolonged exposure therapy [17]; and for suicidal and self-injuring women with comorbid PTSD and BPD using a stage-based treatment approach where standard DBT was compared to DBT + DBT PE [18]. Finally, DBT skills training has been shown to be an effective treatment of emotion dysregulation [19], as well as for reducing anger suppression and psychological distress [20], in a transdiagnostic sample of individuals diagnosed with an anxiety or depressive disorder, highlighting emotion dysregulation as one potential mechanistic process in DBT.

Emotion regulation as a mechanism of change

While additional mechanisms of change have been identified in DBT with BPD samples (i.e., skills use, therapeutic alliance and treatment investment) emotion regulation is perhaps the most frequently identified mechanism of change [21]. As noted, many studies have identified DBT's effectiveness for treating disorders in which a hallmark feature is deficits in emotion regulation.

Although fewer studies have examined the mediating effects of emotion dysregulation on subsequent changes in mental health symptoms, the present literature presents a convincing depiction of its mechanistic importance in DBT treatment. Mechanistic studies have documented the mediating effects of emotion regulation in BPD samples, finding that various facets of emotion regulation (i.e., impulsivity, behavioral control, ratio of positive to negative emotions, and anger) mediate the effectiveness of the treatment [22–24]. It is posited that DBT reduces reactivity and enhances effortful modulation of emotional experiences and expressions through the use of skills, making skills use itself a form of emotion regulation. Thus, the work showing the mediating effect of skills use on DBT outcomes provides additional support for the mechanistic properties of emotion regulation [19,25].

While the majority of research in this area relies on self-report measures, there is an emerging neural literature implicating the role of emotion regulation as a mechanistic treatment process in DBT. These initial studies appear to corroborate that emotion regulation may be an important treatment mechanism, having shown reductions in reactivity to emotional stimuli in brain regions associated with emotional response and sensitivity (i.e., amygdala, anterior cingulate, and insula), increased connectivity of the limbic–prefrontal network, and increased gray matter and gray matter volume in critically implicated emotion regulation regions [26–30]. It should be noted that these studies have examined neural networks of emotion regulation in BPD populations only, and to date, none of the studies have employed a randomized control trial design.

Despite the theoretical and empirical support that improvements in emotion regulation serve as a mechanism by which DBT is effective, more work is needed in this area. Specifically, inconsistency in how emotion regulation is defined and measured creates difficulties in discerning whether emotion regulation broadly mediates treatment effects or whether particular aspects of emotion regulation (i.e., inhibitory control and reactivity) underlie its mechanistic function. Future research should employ multi-method approaches, incorporating self-report, behavioral, and physiological measures of emotion regulation, to enhance our understanding of its mechanistic role.

Novel applications: DBT and parenting

By targeting emotion regulation, researchers and clinicians can systematically identify additional clinically relevant domains that DBT may be facilitative in achieving improvements. We present one example, in the area of parenting, as a means of illustrating how DBT may be an ideal clinical tool that reaches beyond treating traditional diagnoses.

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