



Emotion-regulation skills as a treatment target in psychotherapy[☆]

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ABSTRACT

Background: Deficits in emotion-regulation skills have been shown to be integral to the development and maintenance of a wide range of mental disorders.

Aim: To evaluate the importance of these skills as a treatment target in psychotherapeutic interventions.

Method: Nine specific emotion-regulation skills were assessed in a sample of 289 inpatients before and after cognitive-behavioural treatment. Self-reports of success in pretreatment skills application were first compared to those of 246 non-clinical controls. Pretreatment skills application and change in skills application during therapy were then related to a variety of outcome measures. Finally, the effects of integrating a brief training of general emotion-regulation skills into the CBT-based treatment were evaluated in a controlled trial.

Results: Uni- and multivariate analyses identified the skills of acceptance, tolerance, and active modification of negative emotions as particularly important for current mental health and treatment outcome. Replacing parts of the standard CBT treatment with the emotion-regulation training enhanced the effects of the CBT treatment on skills application and on other measures of mental health.

Conclusion: Incorporating interventions that directly target general emotion-regulation skills may improve the effectiveness of psychotherapeutic interventions.

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Introduction

Throughout the past two decades, the development and evaluation of disorder-specific treatments has been one of the most prosperous fields in psychotherapy research. But despite the notable progress, these treatments are not yet as effective as we would like (e.g., Barlow, 2002; Westen & Morrison, 2001). Given that difficulties in emotion regulation are common among a broad range of mental disorders (Gross & Muñoz, 1995; Thoits, 1985), we propose that the effectiveness of current psychological interventions for mental disorders can be improved by: (a) identifying general emotion-regulation skills that are integral to the development, maintenance, and treatment of a broad range of mental disorders; (b) developing non-disorder-specific interventions that

can enhance these skills; and (c) incorporating these interventions into treatment packages that also contain disorder-specific components (for similar ideas, see Moses & Barlow, 2006).

According to Thompson (1994), emotion regulation has been defined as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (pp. 27–28). Building on this definition and synthesizing established emotion-regulation theories (e.g., Gratz & Roemer, 2004; Gross, 1998; Larsen, 2000; Saarni, 1999), Berking (2007) has proposed a model that conceptualizes adaptive emotion regulation as the interaction of nine specific emotion-regulation skills. Based on the available literature, the following skills are considered important: The ability to (a) consciously process emotions/be

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aware of emotions (e.g., Lischetzke & Eid, 2003), (b) identify and label emotions (e.g., Bagby, Parker, & Taylor, 1994; Feldman-Barrett, Gross, Christensen, & Benvenuto, 2001), (c) interpret emotion-related body sensations correctly (e.g., Damasio, 1994; Marchesi, Fontò, Balista, Cimmino, & Maggini, 2005), (d) understand the prompts of emotions (e.g., Southam-Gerow & Kendall, 2002), (e) support oneself in emotionally distressing situations (e.g., Gilbert, Baldwin, Irons, Baccus, & Clark, 2006; Leahy, 2002), (f) actively modify negative emotions in order to feel better (e.g., Catanzaro & Greenwood, 1994; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995), (g) accept emotions (e.g., Greenberg, 2002; Hayes, Strohals, & Wilson, 1999; Leahy, 2002), (h) be resilient to /tolerate negative emotions (e.g., Kabat-Zinn, 2003; Kobasa, Maddi, & Kahn, 1982), and (i) confront emotionally distressing situations in order to attain important goals (e.g., Hayes, Wilson, Gifford, Follette, & Strohals, 1996; Margraf & Berking, 2005). An important assumption of the model is that the abilities to modify emotions in a desired direction and/or accept and tolerate undesired emotions are integral for mental health. In contrast, the other skills are only assumed to be relevant to the extent that they facilitate the application of the pivotal skills of modification and/or acceptance/tolerance (for further details see Berking, 2007).

General emotion-regulation skills (i.e., skills that can be applied to successfully regulate a wide range of emotions) are important for several reasons: First, negative emotions that are not necessarily mentioned in the diagnostic criteria of a particular disorder often cue behaviour patterns associated with the disorder (e.g., anger cues binge eating; sadness cues substance abuse). Second, negative emotions not necessarily mentioned in diagnostic criteria often severely interfere with effective coping and implementation of strategies learned in treatment (e.g., anxiety impedes depressed patients from active problem solving; depressed mood and feelings of hopelessness impede anxious patients from engaging in feared situations). Finally, many patients suffer from more than one disorder (Krueger & Markon, 2006), which could be explained at least partly by general emotion-regulation deficits (e.g., inability to accept one's feelings likely will lead to a variety of responses, such as avoidance or rumination, that eventually lead to multiple disorders, such as anxiety and depression). Thus, the enhancement of skills that are applicable to more than one emotion can target the essence of a patient's problems. Especially with patients high in comorbidity, a focus on general emotion-regulation skills as adjunctive to disorder-specific interventions may enhance efficacy and efficiency of these interventions.

There is ample empirical evidence that emotion-regulation skills are involved in the development, maintenance, and treatment of mental disorders. For example, cross-sectional studies have shown psychopathology to be associated with deficits in various emotion-regulation skills (Levine, Marziali, & Hood, 1997; Novick-Kline, Turk, Mennin, Hoyt, & Gallagher, 2005). Longitudinal studies have also demonstrated that emotion-regulation skills predict status of mental health at later points in time (Kraaij, Pruymboom, & Garnefski, 2002; Seiffge-Krenke, 2000). In addition, neuroimaging studies indicate that successful emotion regulation involves brain areas that have been found to be functionally impaired in subjects suffering from mental-health problems (for reviews see Grawe, 2006, or Ochsner & Gross, 2008). Finally, mediational and experimental studies have demonstrated that emotion-regulation skills mediate the effects of a stressor on the development of psychopathological symptoms (Sim & Zeman, 2005) and influence emotional responses toward experimentally induced emotions and/or components of emotions (Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Feldner, Zvolensky, Stickle, Bonn-Miller, & Leen-Feldner, 2006; Rusting & Nolen-Hoeksema, 1998).

Additionally, the effectiveness of treatments that focus on enhancing emotion-regulation skills suggests that these skills

might be important mechanisms of change in psychological interventions. For example, emotion regulation is a core skill taught in dialectical behaviour therapy (DBT; Linehan, 1993), which has displayed effectiveness in the treatment of borderline personality disorder (BPD; for review see Lynch, Trost, Salsman, & Linehan, 2007) and has amassed at least preliminary evidence indicating effectiveness in the treatment of substance abuse (Linehan et al., 2002), eating disorders (Safer, Telch, & Agras, 2001; Telch, Agras, & Linehan, 2001), and depression in older adults (Lynch, Morse, Mendelson, & Robins, 2003). Further examples of promising treatments that focus on emotion-regulation skills include treatments for binge eating (Clyne & Blampied, 2004), PTSD related to childhood abuse (Cloitre, Koenen, Cohen, & Han, 2002), and generalized anxiety disorder (Mennin, Heimberg, Turk, & Fresco, 2002), as well as an acceptance-based emotion-regulation training for BPD (Gratz & Gunderson, 2006).

However, although extensive data suggest that deficits in general emotion-regulation skills are involved in the development, maintenance, and treatment of a variety of mental disorders, several limitations in current research make it difficult to use this knowledge to improve psychological interventions. First, most studies have focused exclusively on one or two specific skills. Since these studies usually differ in methodology, it is difficult to compare results and clarify which skills are most strongly associated with mental health. Second, at this point we have little information about which (of the above) emotion-regulation skills must be enhanced in order to improve outcome of psychological interventions. Third, we do not know whether certain emotion-regulation skills are more likely to be improved by specific types of treatment. Fourth, there is a striking lack of studies that systematically vary the amount of training in emotion-regulation skills during treatment. Finally, there is not yet one empirical study that investigates the effectiveness of an emotion-regulation intervention that can be added to a variety of empirically based treatments and can target emotion-regulation deficits in a broad range of mental disorders. This final limitation is particularly problematic, as such an intervention could be applied more economically and disseminated more easily than a series of disorder-specific emotion-regulation trainings. Therefore, the aim of this pilot study is to clarify the importance of general emotion-regulation skills as a treatment target by addressing the following questions:

- 1 Which emotion-regulation skills are particularly associated with sound mental health?
- 2 For which emotion-regulation skills is skill-enhancement during treatment particularly associated with treatment outcome?
- 3 Can the effects of a CBT-based treatment be improved by incorporating a non-disorder-specific intervention that specifically targets general emotion-regulation skills?

Method

Study participants

The primary sample of this study consisted of 289 inpatients treated for a variety of mental disorders in a mental-health hospital in Germany. Recruitment occurred between January and April 2006. Patients were eligible for the study if they were at least 18 years of age, met criteria for a mental disorder according to ICD-10 (Dilling, Mombour, & Schmidt, 1991), were German-speaking, and were scheduled for 6 weeks of inpatient treatment. In order to maximize the clinical realism and ensure that the sample was representative of patients treated in routine clinical practice, there were no further exclusion criteria. The most common primary

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