Dialectical Behavior Therapy for Adolescents and Their Families: A Literature Review and Areas for Further Study

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BACKGROUND

Youth suicide is considered a major public health problem, as reported by the World Health Organization in 2018. According to the National Institute of Mental Health (NIMH), suicide is currently the tenth leading cause of death overall in the United States, and the second leading cause of death for people between the ages of 10 and 25. Numerous randomized control studies have found Marsha Linehan's Dialectical Behavior Therapy (DBT) to be an effective treatment for borderline personality disorder, which often includes symptoms of suicidal and self-injurious behavior. DBT was later adapted for use with multi-problem suicidal adolescents and their families. Adolescent Dialectical Behavior Therapy (DBT-A) maintains the core strategies and theory stated in Linehan's original model, while creating adaptations to account for adolescents particular developmental and environmental needs. The purpose of this literature review is to outline the current research on DBT-A as a treatment for adolescent suicidal behavior, family and parent factors that impact treatment, and suggests possible areas for further study.

DBT-A: AN OVERVIEW

Adolescent DBT (DBT-A) maintains the core strategies and theory stated in Linehan's original model, while creating adaptations to account for adolescents particular developmental and environmental needs including: parent attednace and participation in group,middle path skills module to addrsss family communication and behavior change, and family sessions as needed.,

DBT-A: LITERATURE REVIEW

- A large body of research exists to substantiate the efficacy of DBT-A as an effective treatment for multi-problem suicidal adolescents. In a quasi-experimental study, Rathus and Miller (2002) looked at treatment outcomes of DBT adapted for suicidal adolescents with BPD features compared to treatment as usual (TAU). Results found that patients in the DBT condition had fewer inpatient psychiatric hospitalizations during the intervention phase as well as higher frequency of treatment completion (Rathus & Miller, 2002). In addition, adolescents in the DBT condition were found to have reduced levels of suicidal ideation and overall symptoms as measured by the SCL-90, as well as reduction in overall borderline symptomology as measured by the LPI (Rathus & Miller, 2002).
- Taruna & Singh (2013) looked at the effect of DBT on managing negative emotions related to depression and feelings of hopelessness.Researchers found that participants that engaged in one year of individual DBT and skills group training reported decreased symptoms of depression and decreased levels of hopelessness.
- A study set at a long-term inpatient facility looked at outcomes for youth receiving DBT versus those receiving just individual and family treatment (McDonell et al., 2010). Participants in the DBT intervention group received 1 year of DBT treatment with varying levels of intensity including DBT milieu, DBT milieu with skills training group, or DBT milieu with skills training group and individual therapy. DBT was found to be effective in improving overall global functioning as well as in reducing number of medications used. With regard to outcomes related to suicidal behavior, adolescents in the DBT intervention group were also found to experience a significant reduction in non-suicidal self-injurious behavior (NSSI) (McDonell et al., 2010).
- In a pilot study at an outpatient clinic in Germany Participants engaged in both individual DBT as well as DBT-A skills training group for a period of 16 to 24 weeks. Outcomes were measured through self-report measures, taken prior to intervention, four weeks after intervention, and one year after intervention. Results found a reduction in BPD symptoms by all 12 participants. In addition, as per self-report measure, no participants attempted suicide during the intervention or for one-year post intervention. Parent report showed an improvement in quality of life during the intervention stage as well as during one-year post measurement.

CONSIDERATIONS FOR TREATMENT OUTCOMES

- There is a wide body of evidence portraying the impact of family dynamics and parent-child relationships on the development of child psychopathology. This is particularly the case in DBT-A considering parent involvement in several aspects of the treatment
- a study in Denmark found that youth suicide was five times more likely for those with mothers who died by suicide, and two times more likely for those with fathers who died by suicide (Agerbo, Nordentoft, & Mortensen, 2002).
- With regard to presentation of psychopathology symptoms, depressive symptoms and substance use disorders in parents have been found to be associated with adolescent suicidal ideation, attempts, and completions (Gould et al., 1996)
- A study measuring the effectiveness of family involvement in child therapy looked at differences in parental anxiety levels on outcomes of child anxiety treatment (Cobham, Dadds, & Spence, 1998). Children were divided into two treatment groups, child-focused CBT or child-focused CBT with the Parental Anxiety Management add on for parents. Results showed that children with one or more anxious parent in the showed poorer outcomes after only child-focused CBT, compared to children with parents that engaged in the PAM intervention.
- A study looked at the impact of a DBT skills informed group for family members of individuals diagnosed with emotion regulation disorders on reduction of family members negative psychiatric symptoms (Miller & Skerven, 2017). The intervention model did not include participation by the identified adolescent patient. Individuals in the intervention participated in an initial eight-hour workshop, followed by eight, two-hour biweekly group sessions. Content of the sessions included DBT informed material such as Linehan's Biosocial Theory (Linehan, 1993), and selected skills from the four original skills training modules created by Linehan (1993). Post-intervention measures found improvement reported in the domains of depression symptoms, hopelessness, and interpersonal sensitivity.

AREAS FOR FURTHER STUDY

- There are no particular studies with regard to parent psychopathology and treatment outcomes in the context of standard DBT-A. There is also little documented evidence that provides data on the effectiveness of DBT-A in reducing parental pre-treatment psychiatric symptoms.
- Aforementioned research provides some evidence for the possibility that DBT skills might be effective for parents as secondary patients, there is no documented evidence for the study of adherent DBT-A as an effective intervention for the parent skills group attendee
- Further research could explore whether symptoms of parent emotion dysregulation, anxiety, depression, and parenting stress change with engagement in one cycle of DBT-A skills training group?
- Data from such a study could help inform whether further adaptations to the DBT-A model, including a more structured parenting or family intervention component, might be warranted for pilot research.

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