Dialectical Behavior Therapy Adaptations and Effectiveness in Treating Various Populations

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Dialectical Behavior Therapy (DBT) is a cognitive-behavioral psychotherapy approach developed for the treatment of women struggling with Borderline Personality Disorder (BPD). Derived from classical Cognitive Behavior Therapy (CBT), DBT emerged to treat patterns of behavior seen in female patients with BPD who were difficult for therapists to treat, such as chronic suicidal ideation, lack of motivation in treatment and self-injurious behaviors. Since its development, Dialectical Behavior Therapy has been used to treat a variety of psychological disorders present in adults, such as PTSD in sexual assault victims, substance abuse issues, traumatic brain injuries, eating disorders, and mood disorders such as Major Depressive Disorder and Bipolar Disorder. Continual research is being conducted to determine the effectiveness of DBT across different age groups and psychological disorders. Current literature supports the argument that Dialectical Behavior Therapy principles are able to be adapted to effectively treat both adolescents and children struggling with chronic suicidal ideation and self-injurious behaviors similar to the patients it was originally adapted to treat, as well as adolescents suffering from different psychopathologies stemming from underlying emotion dysregulation issues.

The structure of DBT is unique to other kinds of therapy because it involves four skill modules that were derived originally from the central dysfunction seen specifically in women with Borderline Personality Disorder – emotion dysregulation. DBT teaches patients interpersonal effectiveness, mindfulness, and distress tolerance skills in order to improve their ability to regulate their own emotions which in turn decreases the maladaptive and impulsive behaviors so commonly seen in women with BPD (Linehan et
Dialectical Behavior Therapy is structured around the etiology of a patient’s emotion dysregulation and its contribution to impulsive problem behaviors and maladaptive coping skills, making it a good candidate for treatment for children and adolescent populations who struggle with impulsivity, emotional instability, treatment non-compliance, and identity conflict due to developmental psychopathologic issues. Similarly to women with BPD, impulsive and emotionally dysregulated children and adolescents displaying dangerous behaviors such as suicidal ideation and non-suicidal self-injury (NSSI) were very difficult for therapists to treat due to their lack of motivation and interest in treatment and their inability to manage their emotions and behaviors.

Miller et al. (2002) proposed the original adaptations for DBT principles for a younger population suffering from BPD-like symptoms. His focus stemmed from the theoretical foundation of DBT – targeting emotional dysregulation. Changes involved shortening
the length of treatment from Lineman’s standard of one-year to 12-weeks as well as modifications to the language and vocabulary used for treatment modules to make them pertain to a more youthful audience. Patients initially struggling with recent incidents of self-harm and suicidal ideation saw significant post treatment improvement in all symptoms and rated distress tolerance and mindfulness skills as “moderate to extremely helpful” (2002). Following Miller’s research, several other studies conducted on similar populations (adolescents with BPD-like symptoms such as chronic suicidal ideation, non-suicidal self-injury, history of suicide attempt, etc.) in varying settings (outpatient, community clinic, and inpatient psychiatric facilities) with adapted therapy formats yielded significant improvements in problem behaviors (James et al., 2011, Flieschaker et al., 2001). Follow-up conducted on adolescents showed maintaining decreases in problem behaviors as well as improvements in emotion regulation and ability to “self-soothe” (distress tolerance) (James, 2011) Most notably, one pre-post study with follow-up found that patients initially struggling with recent (in the past 16 weeks prior to treatment) non-suicidal self-injury or suicidal behavior showed significant improvement in suicidal behavior after a one-year follow up after being treated with a 24-week long adapted DBT skills group and weekly individual DBT (Flieschaker, 2001). Prior to treatment, 8 out of the 12 (or 67%) youth had attempted suicide and 1-year following treatment, no suicide attempts were reported (2001). Arguably, DBT adapted for adolescents with BPD-like symptoms shows significant improvement in decreasing problem behaviors and increases a patient’s capacity to regulate their emotions with positive coping mechanisms.
Successful adaptations to DBT principles for use in younger populations with BPD-like symptoms prompted researchers to attempt to generalize the therapy to treat adolescents with disorders such as Oppositional Defiance Disorder (ODD) and bipolar disorder, recognizing the link between underlying emotion dysregulation and varying psychopathologies. Bipolar disorder and ODD both involve diagnostic criteria that DBT is effective in treating, such as interpersonal issues, emotion regulation, and poor distress tolerance, making researchers see it as an ideal form of treatment. Adaptations to DBT for adolescents with an OPD diagnosis were unique due to the defiant nature of the disorder; researchers offered incentives such as pizza to improve treatment compliance and DBT homework completion. Following 16 weeks, patients saw post treatment improvements in interpersonal strength, externalizing and internalizing behaviors, and depressive symptoms (Nelson-Gray et al., 2006). For bipolar adolescents, researchers complimented a yearlong DBT program with psychoeducation on Bipolar Disorder (BD) and yielded significant post treatment improvements in suicidal ideation and emotion dysregulation (Goldstein et al., 2007). Further research suggests that DBT can also be adapted to effectively treat disordered eating such as Anorexia Nervosa, Bulimia and Binge Eating Disorder (Safer et al., 2007; Salbach-Andrae et al., 2008). Clearly, DBT has proven successful in treating adolescents with varying psychopathologies. These adaptations conceptualized the parallels between the problem behaviors and underlying issues/deficits found in ODD and B, the central dysfunction DBT targets – emotional dysregulation- and four skills sets that DBT works to improve, making them successful.

Most recently, researchers who recognize the effectiveness in generalizing DBT principles across different populations (age, psychopathology, treatment setting, etc) were
prompted to try and adapt therapeutic interventions for children struggling with pediatric suicidal and non-suicidal self-injurious behaviors. A recent spike in pre-adolescent suicide attempt and suicidal behavior led researchers to try and adapt DBT to treat children struggling with these issues because research continues to demonstrate it’s effectiveness in treating both adults and adolescents with self-injurious and suicidal behavior. Adaptations made to the DBT framework involved simplifying and condensing material due to the developmental level of children. Despite simplification, DBT targeted to treat children still focuses on the principle of building mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness skills. Following a 6-week DBT treatment, children experienced a decrease in depressive symptoms and suicidal ideations as well as an increase in usage of coping skills (Perepletchikova et al., 2011). Currently, research suggests high levels of acceptability and efficacy of adapted DBT skills for treating pediatric suicidal ideation and non-suicidal self injury (2011). Prior to this research, there have been no evidence-based practices in place to treat children displaying these problem behaviors. High levels of parent and child satisfaction and engagement, feasibility of administering treatment, and significant decreases in problem behaviors from the use of adapted DBT indicate that it is the most effective treatment the field can currently offer to treat pediatric suicidal and non-suicidal self injury.

Empirically supported initially as an intervention for adult women with Borderline Personality disorder, Dialectical Behavior Therapy has proven through research to be an adaptable treatment for children, adolescents and adults struggling with a number psychopathologies due to its unique principles. Linehan created DBT on a foundation that targeted emotion dysregulation through distress tolerance, interpersonal
effectiveness, emotion regulation and mindfulness skills. Researchers who recognize and apply these theoretical underpinnings and take a transdiagnostic approach to treatment have yielded great success in adapting DBT to successfully treat a number of psychological disorders in children, adolescents, and youth. The application of Dialectical Behavior Therapy principles continue to be researched in different formats due to their ability to yield significant changes in problem behaviors and quality of life for a multitude of patients. Arguably, DBT is growing into an empirically supported treatment for a number of disorders and problem behaviors and will continue to be a gold standard in the field of psychotherapy.
References


