Dialectical behavior therapy skills for transdiagnostic emotion dysregulation: A pilot randomized controlled trial

Andrada D. Neacsiu a, b, *, Jeremy W. Eberle b, Rachel Kramer b, Taylor Wiesmann b, Marsha M. Linehan b

a Cognitive-Behavioral Research and Therapy Program, Duke University Medical Center (3026), 2213 Elba Street, Room 123, Durham, NC 27710, USA
b University of Washington, USA

A R T I C L E   I N F O

Article info

Article history:
Received 3 October 2013
Received in revised form 12 April 2014
Accepted 8 May 2014
Available online 27 May 2014

Keywords:
Dialectical behavior therapy
Emotion dysregulation
Transdiagnostic
Anxiety
Depression

A B S T R A C T

Difficulties with emotions are common across mood and anxiety disorders. Dialectical behavior therapy skills training (DBT-ST) reduces emotion dysregulation in borderline personality disorder (BPD). Preliminary evidence suggests that use of DBT skills mediates changes seen in BPD treatments. Therefore, we assessed DBT-ST as a stand-alone, transdiagnostic treatment for emotion dysregulation and DBT skills use as a mediator of outcome. Forty-four anxious and/or depressed, non-BPD adults with high emotion dysregulation were randomized to 16 weeks of either DBT-ST or an activities-based support group (ASG). Participants completed measures of emotion dysregulation, DBT skills use, and psychopathology every 2 months through 2 months posttreatment. Longitudinal analyses indicated that DBT-ST was superior to ASG in decreasing emotion dysregulation ($d = 1.86$), increasing skills use ($d = 1.02$), and decreasing anxiety ($d = 1.37$) but not depression ($d = 0.73$). Skills use mediated these differential changes. Participants found DBT-ST acceptable. Thirty-two percent of DBT-ST and 59% of ASG participants dropped treatment. Fifty-nine percent of DBT-ST and 50% of ASG participants complied with the research protocol of avoiding ancillary psychotherapy and/or medication changes. In summary, DBT-ST is a promising treatment for emotion dysregulation for depressed and anxious transdiagnostic adults, although more assessment of feasibility is needed.

© 2014 Elsevier Ltd. All rights reserved.

Successful psychosocial treatments exist for a large range of mental disorders; nevertheless, it is becoming increasingly difficult to offer clients the most effective treatment in the shortest amount of time (Barlow, Allen, & Choate, 2004; Fava, Evins, Dorer, & Schoenfeld, 2003). One potential solution to this problem is to identify transdiagnostic mental health problems and interventions that successfully reduce them.

One transdiagnostic problem in need of treatment is emotion dysregulation, defined as lacking the skills needed or using maladaptive strategies to regulate emotional responses (Kring & Sloan, 2010; Neacsiu, Bohus, & Linehan, 2013). Difficulties with emotion regulation impede treatment (e.g., Ciarrochi & Deane, 2001; Vogel, Wade, & Hackler, 2008) and are relevant to the majority of psychological disorders. Over 85% of diagnoses in the Diagnostic and Statistical Manual of Mental Disorders involve excesses or deficits of emotions or a lack of coherence among emotional components (Kring & Sloan, 2010). When assessed for difficulties with emotion regulation, adults with binge-eating disorder (Whiteside et al., 2007), generalized anxiety disorder (GAD; Salters-Pedneault, Roemer, Tull, Rucker, & Mennin, 2006), substance use disorder (Fox, Axelrod, Paliwal, Sleeper, & Sinha, 2007), or anorexia nervosa (Harrison, Sullivan, Tchanturia, & Treasure, 2009) report more difficulty regulating emotions than healthy controls.

Affective disorders in particular have been strongly connected to maladaptive emotional responses (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Taylor & Liberton, 2007), and their development and maintenance have been theoretically and empirically linked to chronic emotion dysregulation (e.g., Cisler, Olatunji, Feldner, & Forsyth, 2010; Kring & Bachorowski, 1999). Individuals who meet criteria for anxiety or depression report and demonstrate frequent
use of maladaptive emotion regulation strategies, such as experiential avoidance, suppression, rumination, and problematic goal setting (Aldao et al., 2010; Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Kring & Sloan, 2010). Furthermore, participants with either a mood or an anxiety disorder report limited emotional clarity, fear of experiencing emotions (Campbell-Sills et al., 2006; Mennin, Heimberg, Turk, & Fresco, 2005), inappropriate emotional intensity (Etkin & Wager, 2007), inability to modulate emotions based on contextual demands (Koole, 2009; Rottenberg, Kasch, Gross, & Gotlib, 2002), and intense reactions to nonthreatening cues (Kross, Davidson, Weber, & Ochsner, 2009; Schmidt & Keough, 2010). Researchers have also argued that underlying problems with affect are common in depression and anxiety (Barlow et al., 2004).

Transdiagnostic treatments for problems with emotions are emerging (Ellard, Fairholme, Boisseau, Farchione, & Barlow, 2010). Nevertheless, more research is needed to characterize how behavioral treatments change emotion dysregulation across disorders. Our aim was therefore to test an intervention designed to reduce transdiagnostic emotion dysregulation. Neacsiu et al. (2013) presented a transdiagnostic treatment model for emotion dysregulation. The model includes teaching skills that help the individual reduce maladaptive responses to emotions; manage situations that cue emotions; control attention toward or away from emotional stimuli; interpret emotional cues; manage biological, experiential, and action changes; and process emotions.

This treatment model was derived from dialectical behavior therapy (DBT; Linehan, 1993a), an empirically supported treatment for suicide and for borderline personality disorder (BPD; for a review see Neacsiu & Linehan, 2014). DBT is based on a skills deficit model that views dysfunctional behavior as either a consequence of dysregulated emotions or a maladaptive approach to emotion regulation (Linehan, 1993a, 1993b). Consequently, DBT includes more than 60 concrete skills (translated from behavioral research and other evidence-based treatments) that are grouped into four modules: (a) mindfulness skills, which emphasize observing, describing, and participating in the present moment effectively and without judgment; (b) emotion regulation skills, including strategies for changing emotions and the tendency to respond emotionally; (c) interpersonal effectiveness skills, ranging from acting assertively to maintaining self-respect; and (d) distress tolerance skills, including strategies to control impulsive actions and to radically accept difficult life events (Linehan, 1993b). These skills map onto the treatment model for emotion dysregulation (Table 1), offering a comprehensive intervention for the lack of adaptive skills and use of maladaptive strategies that define emotion dysregulation (Neacsiu et al., 2013).

Emerging evidence suggests that DBT skills training (DBT-ST) reduces problems with emotions and is feasible to implement with a variety of mental disorders. DBT-ST outperformed treatment as usual in decreasing depression in treatment-resistant individuals (Harley, Sprich, Safren, Jacobo, & Fava, 2008) and in decreasing depression, anxiety, and anger in a BPD sample (Soler et al., 2009). When compared to an active control condition, DBT-ST equally reduced emotion dysregulation and problems with anger, anxiety, and depression for participants diagnosed with eating disorders (Safer, Robinson, & Jo, 2010). Evidence also suggests that increased use of DBT skills mediates the relationship between time in treatment and changes in depression, anger control, and suicidal behavior across multiple treatments in BPD samples (Neacsiu, Rizvi, & Linehan, 2010). Thus, DBT skills use may be a mechanism of change for emotion dysregulation.

In the current outcome study, we pilot tested DBT-ST as a transdiagnostic intervention for emotion dysregulation using a randomized controlled trial (RCT) designed to control for common

<table>
<thead>
<tr>
<th>Week Module</th>
<th>Selected skills</th>
<th>Target problems with</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mindfulness</td>
<td>Wise Mind, Observe</td>
</tr>
<tr>
<td>2</td>
<td>Distress Tolerance</td>
<td>Cope Ahead, PLEASE</td>
</tr>
<tr>
<td>3</td>
<td>Emotion Regulation</td>
<td>Mindfulness review</td>
</tr>
<tr>
<td>4</td>
<td>Fearfulness</td>
<td>Mindful, Effective</td>
</tr>
<tr>
<td>5</td>
<td>Opposite Action</td>
<td>Opposite Action</td>
</tr>
<tr>
<td>6</td>
<td>Problem Solving</td>
<td>Problem Solving</td>
</tr>
<tr>
<td>7</td>
<td>Distract, Self-Sothe</td>
<td>Distract, Self-Sothe</td>
</tr>
<tr>
<td>8</td>
<td>Turn the Mind</td>
<td>Turn the Mind</td>
</tr>
<tr>
<td>9</td>
<td>Mindfulness</td>
<td>Mindfulness of Thoughts</td>
</tr>
<tr>
<td>10</td>
<td>Interpersonal Validation</td>
<td>Interpersonal Validation</td>
</tr>
<tr>
<td>11</td>
<td>Cognitive Change</td>
<td>Cognitive Change</td>
</tr>
<tr>
<td>12</td>
<td>Emotional Dysregulation</td>
<td>Emotional Dysregulation</td>
</tr>
</tbody>
</table>

Note. In which participants could join the group are in boldface. a See Neacsiu, Bohus, and Linehan (2013) for a full description of the treatment model of emotion dysregulation. b DBT skills training module in the original skills manual (Linehan, 1993b).
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات