Incorporating Families in Adolescent DBT to Treat/Prevent BPD

Early Identification, Prevention and Treatment of Child and Adolescent BPD

Expert Think Tank, NYC
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Outline

• Biosocial Theory of BPD/Chronic Emotional Dysregulation
• Rationale for Including Family Members in Treatment
• Adaptations of DBT for Adolescents Involving Family Members
• How including family members can help treat/prevent BPD
• Future directions
Biosocial Theory of BPD (Linehan, 1993)

Biological Dysfunction in the Emotion Regulation System

Invalidating Environment

Pervasive Emotion Dysregulation
Emotion Vulnerability
(Neurobiological differences)

• High sensitivity
  – Immediate reactions
  – Low threshold for emotional reaction

• High reactivity
  – Extreme reactions
  – High arousal dysregulates cognitive processing

• Slow return to baseline
  – Long-lasting reactions
  – Contributes to high sensitivity to next emotional stimulus
Characteristics of an Invalidating Environment

1. INDISCRIMINATELY REJECTS communication of private experiences and self-generated behaviors
   
   E.g., Teen upset about failing test..... “It’s your fault. If you studied more you would have passed.
   
   OR “Stop worrying, it’s not a big deal; it’s only 1 test.”

2. IGNORES or PUNISHES lower level emotional displays and INTERMITTENTLY REINFORCES emotional escalation
   
   “You’re over-reacting – being ridiculous...it’s not that big a deal!”
   
   Crying escalates—threat-I’m not going back to school.
   
   “OK, let’s go out for a nice dinner tonight so you’ll feel better and I’ll help you study next time.”

3. OVER-SIMPLIFIES ease of problem solving and meeting goals.
   
   “Just study more next time and you’ll do great.”
Invalidating Environment Teaches Individual to:

1. Actively self invalidate and search social environment cues on how to respond

2. Oscillate between emotional inhibition and extreme emotional styles

3. Form unrealistic goals and expectations
BPD results from transaction of biological vulnerability with invalidation over time
Why Include Family Members?

• Dialectical approach holistic, contextual
• Skills acquisition for parents, since:
  – May be dysregulated, overwhelmed
  – May not be interpersonally effective
  – May be inconsistent or extreme in parenting
• Intervenes directly: invalidating environment
• Parents must be engaged to bring teens, follow through, help teens solve problems
• Models for more effective skill use?
• Helps with skills generalization
• Helps structure the environment: more reinforcing of effective behaviors
• Exposure for adolescents
• Increases parents’ social support
Family-Related Modifications in DBT for Adolescents

- Involve family members in skills training groups (multifamily group format)
- As-needed family sessions
- New skills module aimed for adolescents and their caregivers (Walking the Middle Path)
  - Dialectics, Dialectical Dilemmas
  - Validation, Behavior Change
- Phone coaching for caregivers
Adolescent-Family Dialectical Dilemmas

Excessive Leniency

Forcing Autonomy

Normalizing Pathological Behavior

Fostering Dependence

Pathologizing Normative Behavior

Authoritarian Control
The cycle of invalidation

(Fruzetti & Shenk, 2008)
Walking the Middle Path: A new skills module for Families

• Behavior Change
  – Positive reinforcement
  – Shaping
  – Extinction/ignoring
  – Effective and judicious use of consequences
Overall Conclusions regarding family-based adaptation of DBT (based on quasi-experimental and initial RCT data)

• DBT is a promising treatment for teens with BPD, suicidality, depression, mood, and other behavioral disorders
DBT for Adolescents: The Skills
(Adapted from Goldstein, 2012, November)

Multi-Family Skills Training Group Format

Distress Tolerance

Core Mindfulness

Emotion Regulation

Walking the Middle Path

Interpersonal Effectiveness
Acceptability of Walking the Middle Path
(Rathus, Miller, Campbell and Smith, under revision, Amer. J. of Psychotherapy)

- Results: High acceptability of the module, to teens & parents.
- Middle Path skills ranked highly among DBT skills perceived most helpful.
- The Middle Path skill Validation was considered most beneficial skill among all DBT skills, with reinforcement close behind.
How including caregivers in DBT treatment can treat/prevent BPD

• Increases caregiver validation & decreases invalidation
  – As such, can increase teen’s emotion identification, emotion regulation, emotion expression, self-regulation and identity, and problem solving

• Increases interpersonal effectiveness & decreases interpersonal conflict and anger

• Increases effective contingency management/parenting strategies
How including caregivers in DBT treatment can treat/prevent BPD

• Treats the invalidating environment – a causal mechanism
• Treats parents - Parents acquire DBT skills; reduces teen sx through social learning, increased effective communication, increased authoritative parenting (which leads to increased self-regulation)
How including caregivers in DBT treatment can treat/prevent BPD

• Treats the learning context – targets familial antecedents and consequences of BPD behaviors (e.g. suicidal behaviors, NSSI, impulsive behaviors, ineffective emotion displays)

• Biosocial Theory educates parents – re: emotional vulnerability and dysregulation – allows for effective responses (e.g., seeing suffering rather than “drama” or “manipulation”)
  – Different attitude + effective responses decreases emotional and behavioral escalations
Conclusions

• Research needed to determine:
  - Does including Middle Path module and other parent tx modes improve outcomes?
  - Does including caregivers in treatment enhance outcomes in youth with BPD?
  - Can including caregivers in treatment prevent development of BPD in youth at risk?