

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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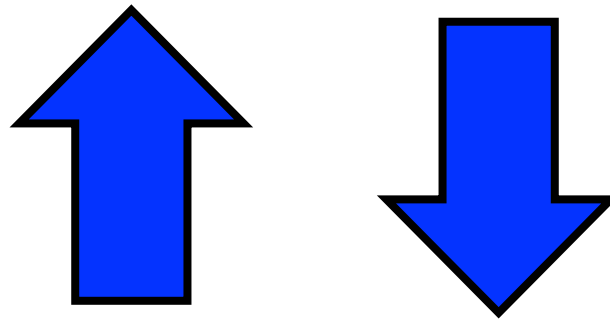
Great Neck, NY USA

Outline

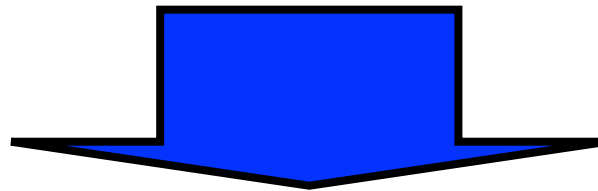
- Biosocial Theory of BPD/Chronic Emotional Dysregulation
- Rationale for Including Family Members in Treatment
- Adaptations of DBT for Adolescents Involving Family Members
- How including family members can help treat/prevent BPD
- Future directions

Biosocial Theory of BPD (Linehan, 1993)

Biological Dysfunction in the
Emotion Regulation System



Invalidating Environment



Pervasive Emotion Dysregulation

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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.”

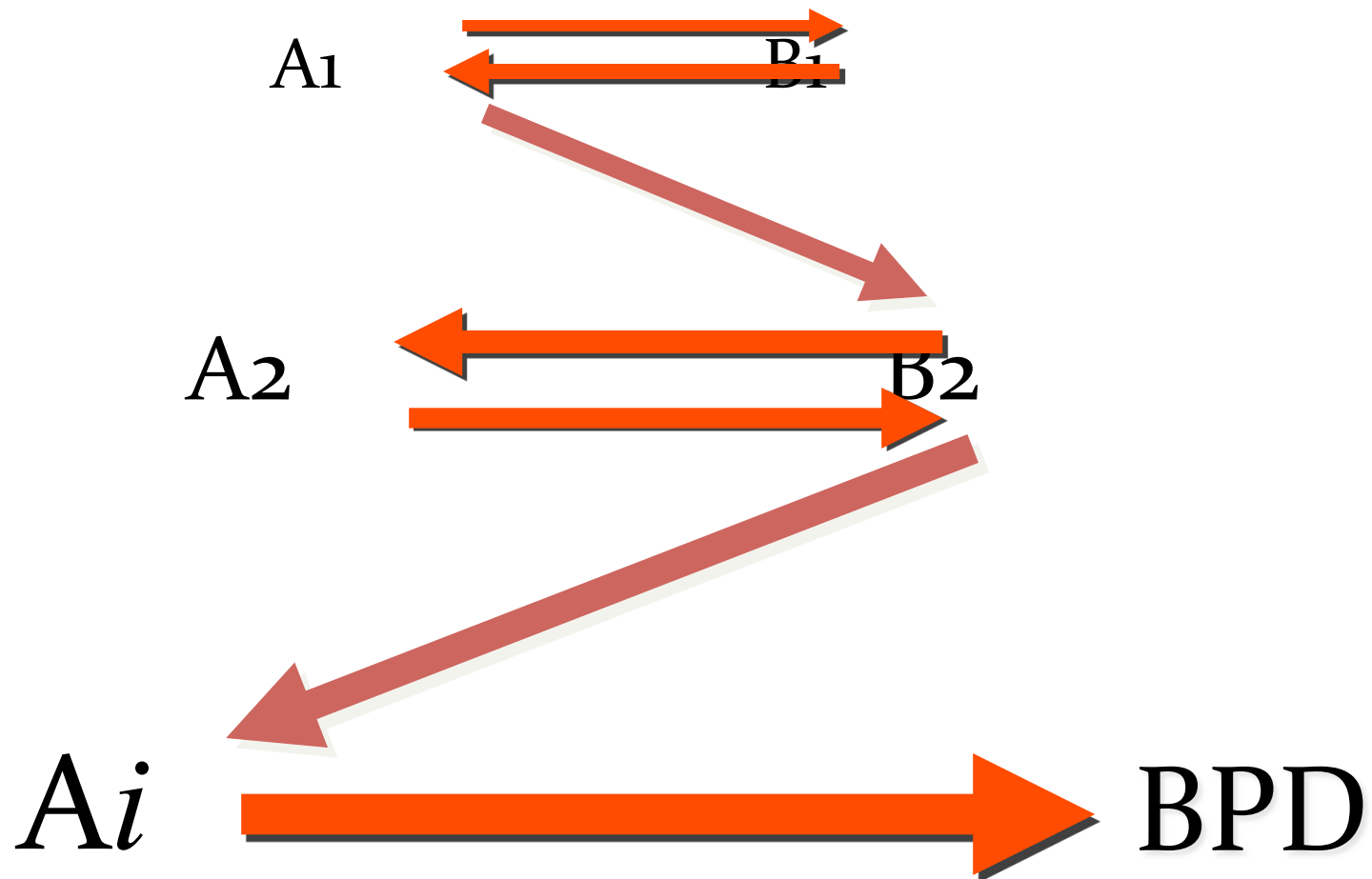
3. **OVER-SIMPLIFIES** ease of problem solving and meeting goals.

“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

Rathus & Miller, 2002, Miller, Rathus & Linehan, 2007

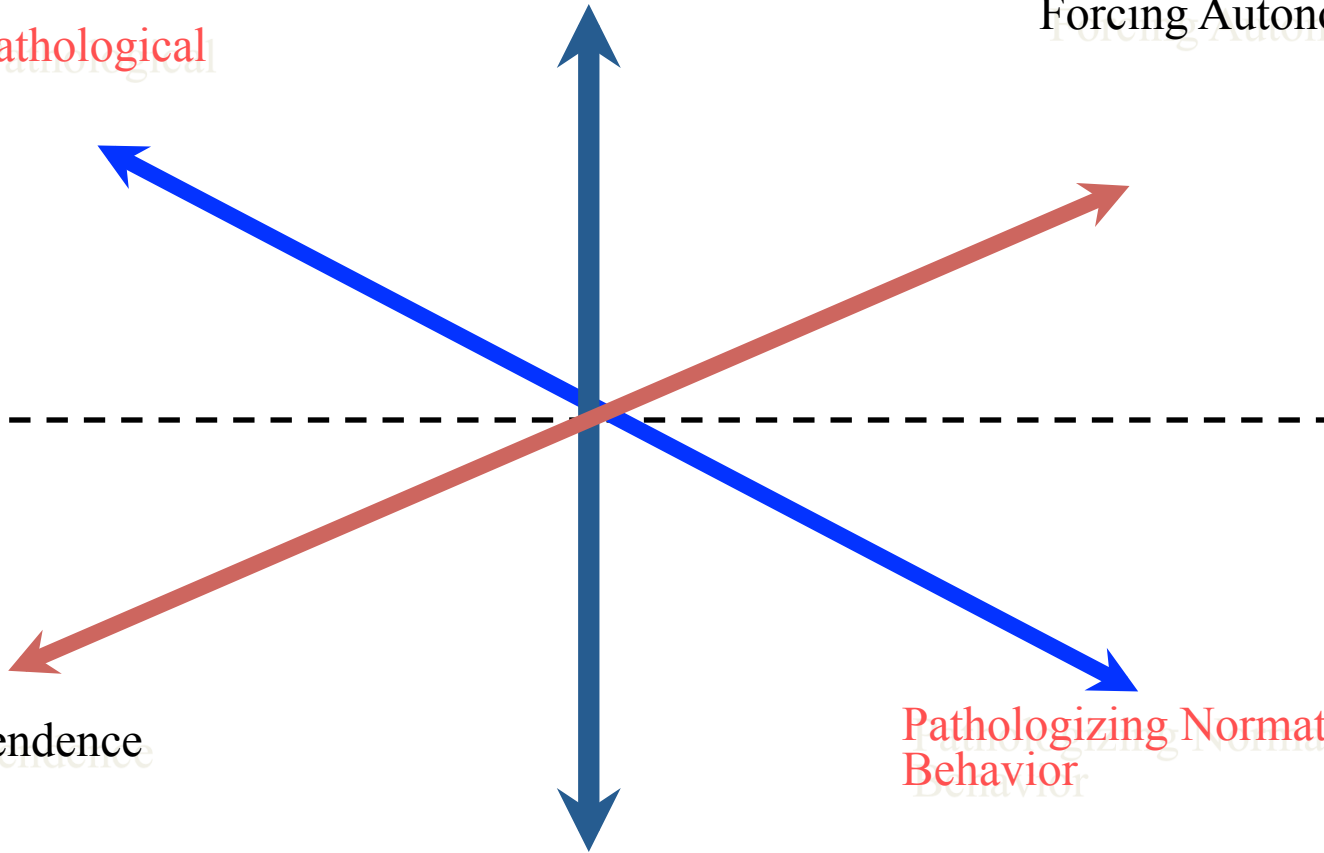
- Involve family members in skills training groups (multifamily group format)
- As-needed family sessions
- New skills module aimed for adolescents and their caregivers (Walking the Middle Path)
 - Dialectics, Dialectical Dilemmas
 - Validation, Behavior Change
- Phone coaching for caregivers

Adolescent-Family Dialectical Dilemmas

Excessive Leniency

Forcing Autonomy

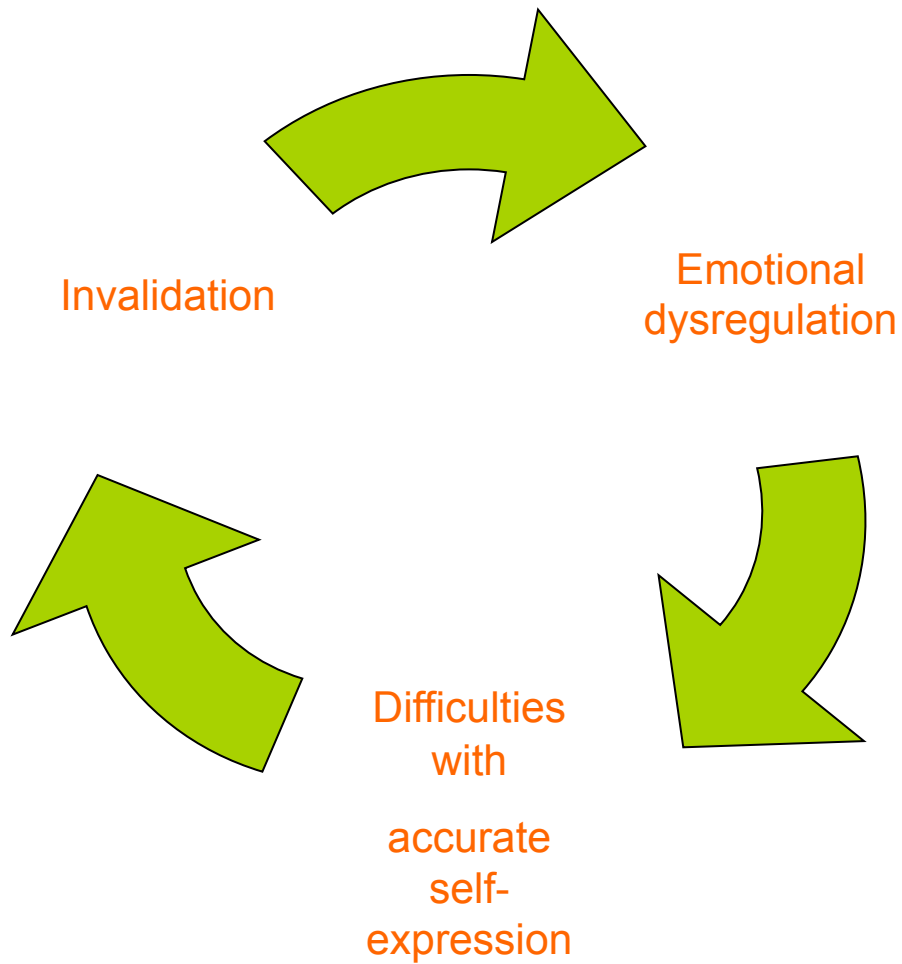
Normalizing Pathological Behavior



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

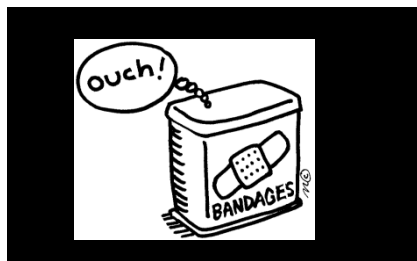
Overall Conclusions regarding family-based adaptation of DBT (based on quasi-experimental and initial RCT data)

- DBT is a promising treatment for teens with BPD, suicidality, depression, mood, and other behavioral disorders

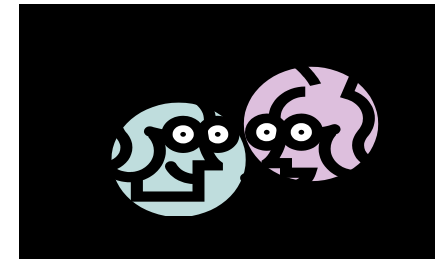
DBT for Adolescents: The Skills

(Adapted from Goldstein, 2012, November)

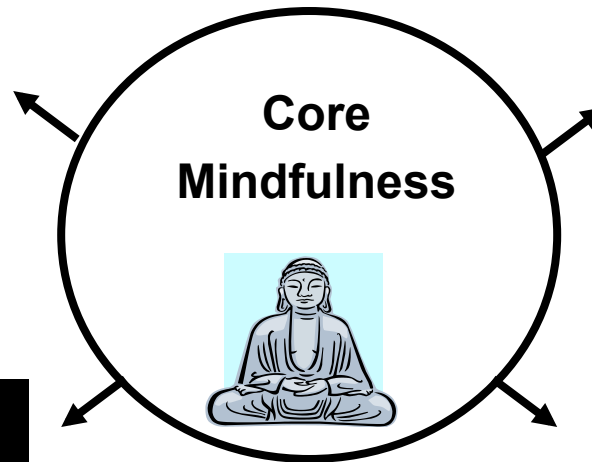
Multi-Family Skills Training Group Format



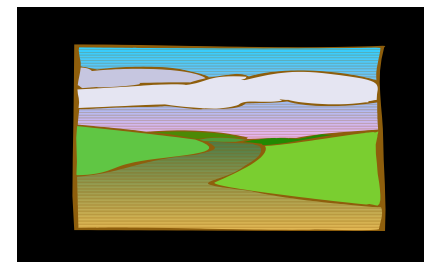
Distress Tolerance



**Interpersonal
Effectiveness**



Emotion Regulation



Walking the Middle Path

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?