

Effectiveness of a Dialectical Behavior Therapy (DBT) Skills-Only Group for Adolescents and Caregivers in an Outpatient Setting

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Introduction

Studies demonstrate the efficacy of comprehensive Dialectical Behavior Therapy for Adolescents (DBT-A) for improving mental health outcomes, particularly for adolescents at high risk for suicidal behaviors and non-suicidal self-injurious behaviors (NSSIs). Adolescent DBT has the potential for transdiagnostic applicability, with research demonstrating improvements for individuals with depression, anxiety, substance use, and eating disorders.

Multi-family DBT skills training groups are a main treatment modality within DBT-A. DBT-A skills modules include Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness, and Walking the Middle Path, with a general focus on building acceptance-oriented skills or change-oriented skills.

Adolescent DBT skills groups differ from adult groups in that the material is developmentally adapted for adolescents and the group content is geared towards teens and their caregivers.

Research indicates that DBT skills-only training (DBT-ST) can lead to improvements in emotional regulation and reductions in self-harm behaviors. Limited research has been conducted on the efficacy of DBT-ST for adolescent populations.

The present study examines the effectiveness of participation in a 12-week DBT skills-only training (DBT-ST) for adolescents in a pediatric clinical outpatient setting.

Methods

Twenty adolescents (ages 14-18) and their primary caregivers completed measures at two time points: Pre-test and Post-test.

Youth Measures:

1. Life Problems Inventory (Wagner, Rathus & Miller, 2015)
2. Youth Self-Report (YSR) (Achenbach, 2001)

Caregiver Measures:

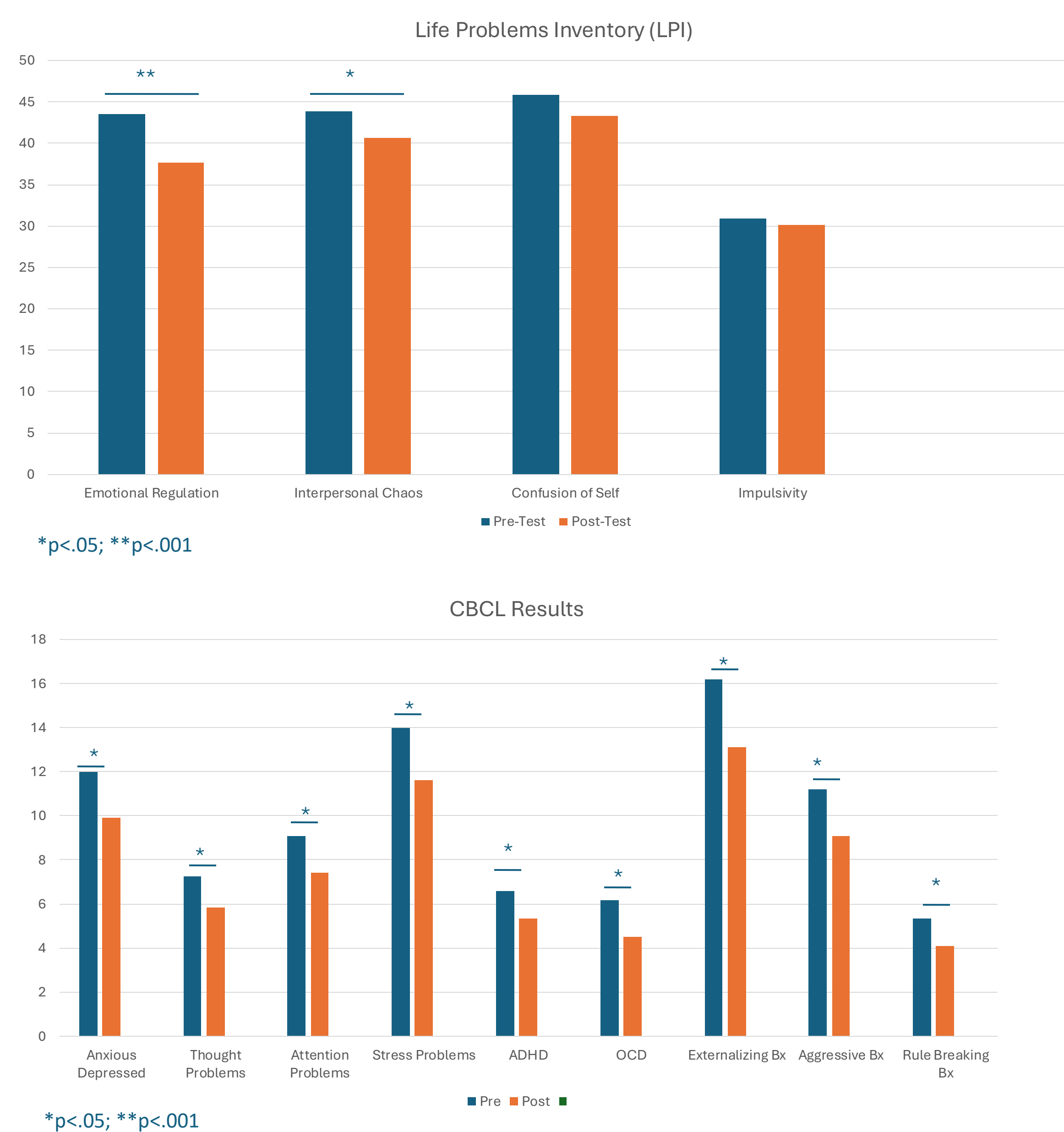
1. Child Behavior Checklist (CBCL) (Achenbach, 2001)
2. Parental Burnout Inventory (Brianda et al., 2023)

Primary diagnoses for the adolescents included: Anxiety (50%), Depression (25%), ADHD (15%) and Trauma (10%). The sample was comprised of 75% females and 25% males.

The 12-week intervention is an adapted version of multi-family DBT skills group for adolescents and their caregivers. Group sessions are 90 minutes, weekly, and in-person.

A paired analysis was conducted with pre-test and post-test data (N=20). For continuous or ordered discrete outcomes, Wilcoxon signed-rank test. For binary outcomes, McNemar's test was used.

Results



Statistically Significant LPI Items

- "I sometimes get so upset that I want to hurt myself seriously."
- "I often feel sad and unloved."
- "More and more often I think of ending my own life."
- "I feel lonely and empty most of the time."
- "I feel angry a lot of the time."
- "I often fear I will be abandoned by people I feel close to."
- "I often get furious at people."
- "Sometimes I get so angry that I lose control."
- "My relationships with others are often very strong or intense, but they don't go that smoothly."
- "I get so angry that I hit people or throw things."

Sources

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Intervention Overview

Structure of DBT Skills-Only Group Sessions

1. Mindfulness exercise
2. Homework Review
3. Teaching of a Skill
4. Homework for Next Week

12-Week Intervention Outline

Session 1

- Orientation to DBT Skills
- Pre-Test

Sessions 2-3

- Mindfulness

Sessions 4-6

- Distress Tolerance

Sessions 7-8

- Emotional Regulation

Session 9

- Walking the Middle Path

Sessions 10-11

- Interpersonal Effectiveness
- Post-Test (session 11)

Session 12

- Review of Skills and Graduation

Summary

Youth reported statistically significant improvement for subscales measuring Emotional Regulation and Interpersonal Relationships from pre- to post-intervention.

Caregivers reported statistically significant symptom reduction in their children for the following subscales: Anxious/Depressed, Stress Problems, ADHD, OCD, Aggressive Behavior, Externalizing Behavior and Rule-Breaking Behavior.

This 12-week DBT Skills-Only Group intervention demonstrates encouraging results for transdiagnostic treatment of adolescents in a pediatric clinical outpatient setting.



For additional information on this intervention or results of the analysis, please contact jbrummlarson@mcw.edu