DBT May Benefit Troubled Youth in Transition Period

With its emphasis on mindfulness, dialectical behavioral therapy eases move into adult services.

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Dialectical behavior therapy shows promise for emotionally troubled youths who are transitioning from state-run child services to state-run adult services, according to the results from a pilot study.

The finding marks the first time di- alectical behavior therapy (DBT) has been applied to this segment of the pop- ulation, Jaak Rakfeldt, Ph.D., reported during a poster session at the American Psychiatric Association’s Institute on Psy- chiatric Services.

“This is a group of young people who have lived in multiple foster care place- ments, have been abandoned, neglected, abused, and traumatized,” said Dr. Rak- feldt, a psychologist in the department of social work at Southern Connecticut State University, New Haven. “They end up with all sorts of developmental problems, cognitive deficits, emerging mental ill- ness, substance abuse issues, and high- risk behaviors. At 18 years old, they’re ag- ing out of the department of youth services, so they’re a very challenging group to work with.”

For the study, 15 participants of a resi- dential program for transitional youths in Connecticut underwent sessions with in- dividual therapists, psychiatrists, and around-the-clock services from residen- tial staff and case managers over a period of 17 months.

Seven of the 15 also received about 12 months of DBT, which blends cognitive- behavioral approaches with acceptance-based practices. The treatment was de- veloped by Marsha M. Linehan, Ph.D., a psychologist who directs the Behavioral and Research Therapy Clinics at the University of Washington, Seattle.

In an interview, Dr. Rakfeldt described the therapy as “highly structured, and it puts into the center of it mindfulness, which is almost like a Zen technique of emptying oneself and getting oneself emotionally balanced.”

He had a hunch that component of DBT would help these youngsters, whose chief problems included emotional dys- regulation and acting out.

“If they get frustrated they punch some- body or they act out,” he said. “If they can learn these skills of emotion regulation and distress tolerance, interpersonal ef- fectiveness, and mindfulness, perhaps they can learn new coping mechanisms that are more appropriate to the world. That’s the idea.”

Quantitative measures for all study par- ticipants included the Modified Global As- sessment of Functioning Scale and the Purposeful Productive Activity and Qual- ity of Life Scale.

Over the 17-month period, those who received DBT showed improvements in global functioning, social relationships, and productive use of time or “intention- ality” compared with their counterparts who did not receive DBT, but there were no differences between the two groups in terms of vocational functioning.

In the text of the poster, the investiga- tors noted that the results for the quali- tative analysis suggest that the members of the dialectical behavior therapy group “used the groups to work on specific interpersonal relationships, emotion reg- ulation, and distress tolerance skills, as well as to get feedback and support from others in the group. The most important theme was that they felt they had a safe place to practice new behaviors.”

Limitations of the study included the small sample size and its lack of random assignment to the DBT treatment group. Dr. Rakfeldt, also of Yale University, New Haven, estimated that future studies would need to be twice as large to draw strong inferences.

CAM Use Is Common Among Families With Autistic Children

BY PATRICIE WENDLING
Chicago Bureau

CHICAGO — The use of complemen- tary and alternative medicine is very common among children with autistic spectrum disorders, according to two poster presentations at the annual meet- ing of the Society for Developmental and Behavioral Pediatrics.

Seventy-four percent of the 112 fami- lies of children with autistic spectrum disorders (ASDs) from Children’s Hos- pital in Boston reported having used some type of complementary and alter- native medicine (CAM). A Canadian study showed 91% of 183 families sur- veyed had used a CAM of any type.

People are doing a lot of things that they’re telling their pediatrician about, unless they ask,” Leonard Rappaport, M.D., director of the develop- mental medicine center at Children’s Hospital, Boston, said. “This is some- thing that needs to be reinforced con- tinually with pediatricians.”

The most common CAM therapies were modified diet (38%), vitamins/min- erals (30%), food supplements (23%), and prayer/shaman (10%), according to the Boston study, led by Ellen Hanson, Ph.D.

No one in our group would say there is a cure for autistic spectrum disorders, but if you go online you’ll find 20-30 sites that say there is a potential cure,” Dr. Rappaport said. “I doubt any of these things work appreciably, but it helps the family find some peace when they are working so hard to help their children.”

The most frequently used interven- tions were conventional therapies such as educational techniques (80%), sensory therapies (71%), and prescription drugs (70%). CAM use was associated with having a more severe form of ASD. There was some suggestion that CAM use was associated with longer time since diagnosis, and with higher education lev- els in mothers.

Very few families reported that any of the interventions were harmful. Most re- ported that their chief considerations when choosing CAM were unacceptable side effects with prescription medica- tions, or concern about the side effects and safety of prescription medications.

In a separate presentation, a cross-sectio- nal survey of a study population of children aged 3-18 years (mean 8.9 years) diagnosed with any ASD in southern Al- berta showed that the most common types of CAM were vitamins and minerals (63%), mind-body therapies (51%), dietary-nutritional therapies (48%), natural therapies such as St. John’s wort, Kava, and homeopathy (39%), and anti-yeast therapies (31%).

The most common reasons for CAM use were: to improve symptoms of autism (43%), to improve mental and emotional well-being (36%), to improve health (36%), a belief it could not hurt (28%), a belief that conventional medi- cine did not have any answers (22%), and a belief in holistic health (20%).

“Only 10% of families used CAM be- cause they wanted to heal their child of ASD, so this is a pretty aware population,” said lead investigator W. Ben Gibbard, M.D., of the University of Calgary (Alt.).

The mean number of therapies used was 10, but “some patients are up to 80 therapies that they’ve tried,” Dr. Gib- bard said.

Early Parental Support May Stop Externalizing Problems Later

Parental emotional support of chil- dren as young as 1 year of age is as- sociated with lower incidence of ex- ternalizing problems later in childhood.

Our results are suggestive of very early parenting potentially having a long- term impact on the behavioral develop- ment of the child,” Carolyn A. Mar- curry, Ph.D., and her colleagues reported. “How parents learn ways to provide emotional support to the child very early on may be a particularly important facet of efforts to promote positive be- havior patterns among children.” (J Dev Behav Pediatr. 2005;26:267-75.)

Dr. McCarty of the University of Washington, Seattle, and her coinvesti- gators examined the effect of supportive parenting on behavior in 2,860 children aged 7 and 8 years. Data were taken from the National Longitudinal Survey of Youth, Children, and Young Adults (NSYC; children ages 9, 12, and 15 years, 1994, 1996, and 2000). About 60% of the children were white; 73% lived in two-parent house- holds at the time of the survey.

Parental emotional support was mea- sured by maternal self-report on the NLSY-Child and by interviewer observa- tion. A supplement of the survey included the 28-item Behavioral Problems Index to characterize child behavior patterns.

While there was no significant associa- tion between internalizing problems and parental emotional support, the re- searchers found a significant negative association between externalizing prob- lems and parent support.

The most significant association oc- curred between childhood behavior and parental support when the child was 1 to 2 years old. The association between ex- ternalizing problems and emotional sup- port at ages 3-4 years and 5-6 years was non-significant.

Children who do not receive warm, responsive, involved parenting in the early years are at risk of more behavioral problems, according to the study. The investigators concluded.

—Michele G. Sullivan

Note: Based on a 2001 survey of the parents or guardians of 372,174 children aged 0-17 years. Source: MMWR 2005;54:985-9

[Chart: Data Watch: Prevalence of Chronic Emotional, Behavioral, or Developmental Problems That Require Treatment]

Source: NLSY-Child, years 1994, 1996, 1998, and 2000. About 60% of the children were white; 73% lived in two-parent households at the time of the survey.