

Dialectical Behavioral Therapy for Adolescents (DBT-A) Skills Group for a Group of Diverse
Adolescents with Emotion Dysregulation in a Primary Care Setting: A Feasibility and
Acceptability Study

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Mental health disorders such as anxiety and depression affect up to 31% and 18% of youth respectively (Merikangas et al., 2010; Kendall, Furr, & Podell, 2010), with childhood and adolescence being a peak time for onset and detection of mental health problems (Costello & Foley, 2006). If left untreated, these prevalent and impairing disorders can lead to significant emotional, academic, and interpersonal impairment (Weisz et al., 2017). Adolescents with mental health conditions have some of the lowest treatment receiving rate among all age groups with notable ethnic disparities (O'Brien et al., 2016). Primary care has emerged as an accessible and effective setting to reduce this unmet need for youths and their families with low cultural stigma (Weersing et al., 2017). In the context of the COVID-19 pandemic, pediatric behavioral telehealth research has demonstrated promising initial findings that integrated primary care might be a viable option to promote accessibility, acceptability, equity, and scalability of mental health services particularly for low-income, racial/ethnic minority adults and children (Frank et al., 2021).

DBT is an evidence-based treatment originally designed to treat borderline personality disorder (BPD) particularly in outpatient settings (Linehan, 1993). DBT has since been adapted to address a myriad of other mental health problems in which problems in emotion regulation led to psychopathology (Neacsiu et al., 2014). More recently, DBT has been applied to different age groups and modified for use in various settings, including adolescent inpatients (Katz et al., 2004), adolescent outpatients (Woodberry & Popenoe, 2008), and school and afterschool programs (Zapolski & Smith, 2017; James et al., 2011). Additionally, emerging studies have

shown initial promising results on the feasibility of implementing school- and home-based tele-mental-health DBT skills group during the COVID-19 pandemic (Koren, 2020; Sharma et al., 2020).

While DBT appears to be a promising therapeutic treatment for adolescents, there are no current studies on the implementation of DBT-A in primary health within the context of a telehealth environment (McGinn et al. 2019). The modified version DBT-A from Rathus & Miller (2006) has been adapted for a 12-week outpatient treatment in a primary care setting by our group. As DBT-A telehealth skills group has never been tested for preliminary feasibility or acceptability in a diverse pediatric primary care setting, this study aims to assess whether this intervention will meet the unique and complex needs of this setting.

Method

Participants

Participants must be 13-19 years of age, currently receiving their primary medical care at FMMS, and presenting with current mental health concerns related to emotional dysregulation. Ineligibility criteria includes patients who are: 1) actively suicidal or exhibit suicidal ideation, 2) was hospitalized in an inpatient unit within the past year for mental health reasons.

Setting and Procedure

Participants will be recruited from the Family Medicine at Monument Square practice, where the faculty and residents of the Department of Family Medicine & Community Health at Rutgers University see their patients. The research coordinator (the NJPA reward applicant) will review the consent form with the family over the phone, request an online signature, and receive verbal consent/assent. All clinical and research procedures (both assessment and treatment) to be

conducted online using HIPAA-level conferencing platforms (e.g., ZoomHealth, Microsoft Teams).

Groups will be offered for 90-minute sessions and led by two graduate student behavioral health externs with DBT training. Behavioral health externs will receive weekly supervision from Lynn Clemow, Ph.D., ABPP, who will discuss clinical issues that arise during the DBT group. Feedback from Dr. Shireen Rizvi, Ph.D. ABPP, an expert in using DBT for the treatment of BPD and associated problems, have been incorporated in the development of the current project proposal. Group will consist of a 5-minutes mindfulness exercise, homework review from the previous week, and teaching the new skill of the week. Homework worksheets will be assigned for participants to complete to promote skills practice and generalization. Outcomes will be assessed at baseline after each meeting, and at the end of treatment.

We will aim to recruit up to 100 participants over the duration of the study. There will be a maximum of 15 participants allowed in one group at a time. Participants and their caregivers will not be required to attend a specific number of groups but will be encouraged by group leaders to attend all 12 groups.

Measures

The first aim of this study is to assess the acceptability and feasibility of the DBT-A skills intervention. Acceptability and feasibility will be assessed through participant group measured by number of groups attended, homework completion, length of time participant remains in the intervention, brief weekly participant group satisfaction survey and the T2 exit survey.

The second aim of this study is to assess changes in outcome from T1 (pre-group intervention) to T2 (post-group intervention). Mental health distress and symptomatology will be assessed though PRIME-MD Patient Health Questionnaire, Mood Disorders Questionnaire, and

Generalized Anxiety Disorder-7. Emotion Regulation will be measured through the Youth Difficulties in Emotion Regulation Scale. Adaptive Functioning will be assessed through the Brief Impairment Scale.

Implications

Integration of short-term, evidence-based behavioral health treatments in primary care settings has the potential to address social problems associated with under-detection, inappropriate diagnosis, and lack of treatment engagement for adolescents and young adults, particularly those with limited resources (Richardson et al., 2017). DBT's transdiagnostic nature may be particularly effective to address a myriad of complex mental health problems. This is especially important in the context of pediatric primary care settings where there are constant challenges with distributing limited resources to multiple, critical, and often competing adolescent health demands. This dilemma greatly calls for the need of adopting accessible and scalable evidence-based interventions that can harvest multiple proximal and longitudinal positive adolescent health outcomes.

While DBT appears to be a promising transdiagnostic treatment for adolescents, there are no current studies that examine the feasibility and accessibility of DBT-A tele-health skills-groups in primary care settings (McGinn et al. 2019). This study will provide important implications of the feasibility, acceptability, scalability, and overall clinical outcomes of a DBT-A skills group in a diverse primary care setting.

(Final Word Count: 999)

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