

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 dialectical behavior therapy (DBT) has been applied to this segment of the population, Jaak Rakfeldt, Ph.D., reported during a poster session at the American Psychiatric Association's Institute on Psychiatric Services.

"This is a group of young people who have lived in multiple foster care placements, have been abandoned, neglected, abused, and traumatized," said Dr. Rakfeldt, 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 illness, substance abuse issues, and high-risk behaviors. At 18 years old, they're aging out of the department of youth services, so they're a very challenging group to work with."

For the study, 15 participants of a residential program for transitional youths in Connecticut underwent sessions with individual therapists, psychiatrists, and around-the-clock services from residential 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 developed 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 dysregulation and acting out.

"If they get frustrated they punch somebody or they act out," he said. "If they can learn these skills of emotion regulation and distress tolerance, interpersonal effectiveness, 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 participants included the Modified Global Assessment of Functioning Scale and the Purposeful Productive Activity and Quality 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 "intentionality" 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 investigators noted that the results for the qualitative analysis suggest that the members of the dialectical behavior therapy group "used the groups to work on specific interpersonal relationships, emotion regulation, 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 PATRICE WENDLING
Chicago Bureau

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

Seventy-four percent of the 112 families of children with autistic spectrum disorders (ASDs) from Children's Hospital in Boston reported having used some type of complementary and alternative medicine (CAM). A Canadian study showed 91% of 183 families surveyed had used a CAM of any type.

"People are doing a lot of things that they aren't telling their pediatrician about, unless they ask," Leonard Rappaport, M.D., director of the developmental medicine center at Children's Hospital, Boston, said. "This is something that needs to be reinforced continually with pediatricians."

The most common CAM therapies were modified diet (38%), vitamins/minerals (30%), food supplements (23%), and prayer/shaman (16%), 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 interventions were conventional therapies such as educational techniques (89%), sensory

therapies (71%), and prescription drugs (50%). 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 level in mothers.

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

In a separate presentation, a cross-sectional survey of a study population of children aged 3-18 years (mean 8.9 years) diagnosed with any ASD in southern Alberta showed that the most common types of CAM used 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 (39%), to improve health (36%), a belief it could not hurt (28%), a belief that conventional medicine did not have any answers (22%), and a belief in holistic health (20%).

"Only 10% of families used CAM because 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. Gibbard said. ■

Early Parental Support May Stop Externalizing Problems Later

Parental emotional support of children as young as 1 year of age is associated with lower incidence of externalizing problems later in childhood.

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

Dr. McCarty of the University of Washington, Seattle, and her coinvestigators examined the effect of supportive parenting on behavior in 2,940 children aged 7 and 8 years. Data were taken from the National Longitudinal Survey of Youth, Children, and Young Adults (NLSY-Child, years 1994, 1996, 1998, and 2000). About 60% of the children were white; 75% lived in two-parent households at the time of the survey.

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

While there was no significant association between internalizing problems and parental emotional support, the researchers found a significant negative association between externalizing problems and parent support.

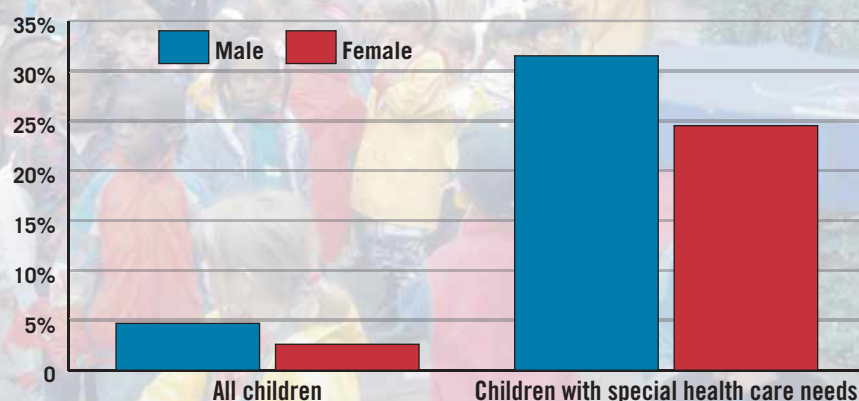
The most significant association occurred between childhood behavior and parental support when the child was 1 to 2 years old. The association between externalizing problems and emotional support at ages 3-4 years and 5-6 years was nonsignificant.

"Children who do not receive warm, responsive, involved parenting in the early years are at risk of more behavioral problems, such as aggression, defiance, and delinquency in subsequent years," the investigators concluded.

—Michele G. Sullivan

DATA WATCH

Prevalence of Chronic Emotional, Behavioral, or Developmental Problems That Require Treatment



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