Adaptation of Dialectical Behavior Therapy Skills Training Group for Treatment-Resistant Depression

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Abstract: Treatment resistant depression is common, persistent, and results in substantial functional and social impairment. This study describes the development and preliminary outcome evaluation of a dialectical behavior therapy-based skills training group to treat depressive symptoms in adult outpatients for whom antidepressant medication had not produced remission. The 16-session, once-weekly group covered the 4 dialectical behavior therapy skill sets: mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. Twenty-four patients with ongoing depressive symptoms despite stable, adequate medication treatment for major depressive disorder were randomly assigned to either the skills group or a wait-list condition. The depressive symptoms of participants who completed the study (9 wait-list participants, 10 skills group participants) were compared using a clinician-rated Hamilton rating scale for depression and then replicated using a self-report measure Beck depression inventory. Clinician raters were blind to each participant's assigned study condition. Skills group participants showed significantly greater improvements in depressive symptoms compared with the control condition. Effect sizes were large for both measures of depression (Cohen's $d = 1.45$ for Hamilton rating scale for depression and 1.31 for Beck depression inventory), suggesting that larger scale trials are warranted.

Key Words: Depression, dialectical behavior therapy, group theory.

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Ongoing symptoms of major depressive disorder (MDD) are common despite antidepressant treatment (Cornwall and Scott, 1997; Fava, 2003). MDD symptoms treated with antidepressant medication often show response to this treatment, but less frequently fully remit (Nierenberg et al., 1999). In fact, less than 50% of patients will achieve remission with an adequate trial of an antidepressant (Trivedi et al., 2006). The clinical impact of residual symptoms is significant, as they tend to be persistent and resistant to additional drug treatment (Cornwall and Scott, 1997), placing patients at increased risk for relapse and recurrence (Judd et al., 1998).

Impairments in psychosocial functioning have been found in 60% to 80% of patients with partially remitted depression (Scott et al., 2000). These impairments include interpersonal friction, poor assertiveness skills, ineffective interpersonal communication skills, and reduced work productivity (Coryell et al., 1993; Paykel and Weissman, 1973). Patients who exhibit substantial psychosocial dysfunction at the end of acute antidepressant treatment are at increased risk for relapse (Fava, 1999). Therefore, psychosocial dysfunction is an important area to target in attempting to bring to remission those patients whose MDD symptoms have been resistant to antidepressant treatment.

The combination of medication with cognitive-behavioral therapy (CBT) enhances the probability and stability of depressive symptom response, perhaps especially in chronic MDD (Hollon et al., 2005; Kocsis et al., 2003). Additional emphasis on mindfulness and acceptance training via mindfulness-based cognitive therapy (MBCT) (Segal et al., 2002) seems to significantly reduce risk of relapse for some of the most severe and refractory patients—those with histories of 3 or more MDD episodes.

The group mode of dialectical behavior therapy (DBT) (Linehan, 1993) shares key elements of CBT and MBCT—namely change-oriented cognitive-behavioral strategies and acceptance-oriented mindfulness strategies—in a manualized skills training format. In addition, DBT group therapy includes an interpersonal effectiveness skills module that specifically targets deficits in psychosocial functioning that other therapies for depression typically do not. Thus, DBT skills training group may be an effective augmentation to the medication treatment of depressed patients.

One study to date has examined the efficacy of augmenting antidepressant treatment of MDD with DBT. In a randomized pilot study of chronically depressed elderly adults, Lynch et al. (2003) assigned 34 patients to either a medication only or a medication + DBT group and telephone skills coaching condition. After 28 weeks (equivalent to 2 cycles of the authors' 14-week DBT skills group), patients in both conditions showed significant, comparable decreases on clinician-rated depression scores, but only patients in the medication + DBT condition demonstrated significant de-

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