

INTRODUCTION

Parental emotion dysregulation (ED) is a **transdiagnostic bottleneck** through which every parenting strategy must pass — narrowing attention, biasing threat appraisal, and activating coercive cycles even when parents know what to do (Maliken & Katz, 2013).

The Gap

Widely used parenting programs reliably improve parenting skills, yet caregivers with significant emotion dysregulation, trauma histories, or comorbidity, may need programs where emotion regulation strategies are emphasized.

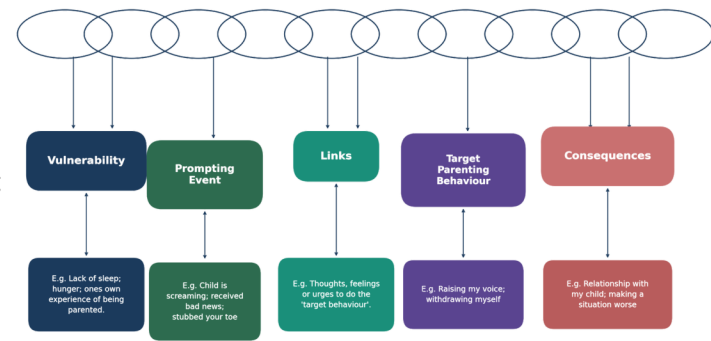
DBT as a Solution (Linehan, 1993)

DBT directly targets regulatory processes underlying dysregulated parenting via four complementary skill modules, designed to strengthen in-the-moment regulation under emotional intensity:

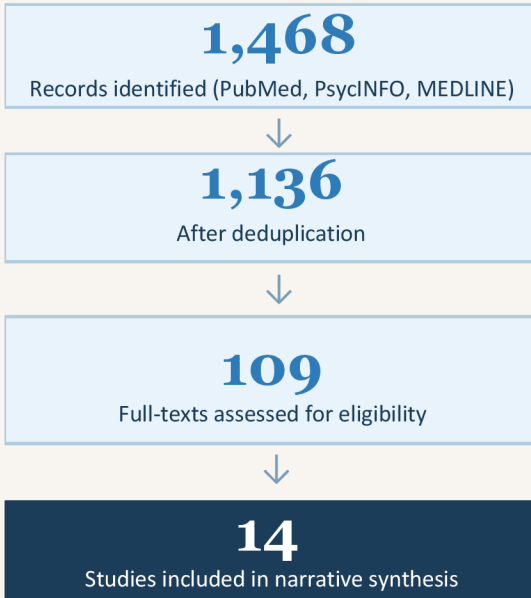
- Mindfulness**: Present-moment awareness without judgement
- Distress Tolerance**: Surviving crisis without making it worse
- Emotion Regulation**: Understanding and changing emotional responses
- Interpersonal Effectiveness**: Skillful communication and boundary-setting

Behaviour Chain Analysis (BCA)

A structured DBT tool mapping vulnerabilities → triggers → internal links → consequences, operationalizing where to insert which skill. Converts dysregulated parenting moments into learning opportunities.



METHODS



Objective: Synthesize empirical evidence on DBT-informed parenting programs with attention to BCA as a mechanism of change and caregiver emotion regulation outcomes relevant to maltreatment prevention.

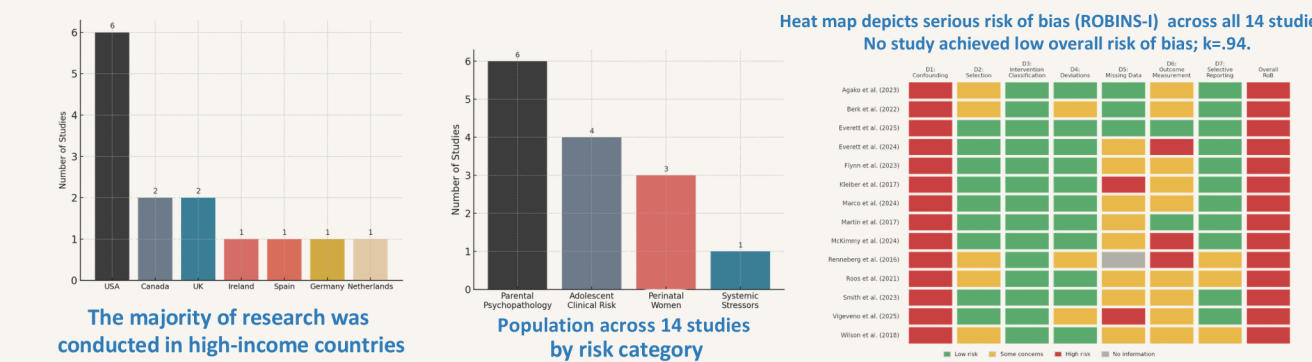
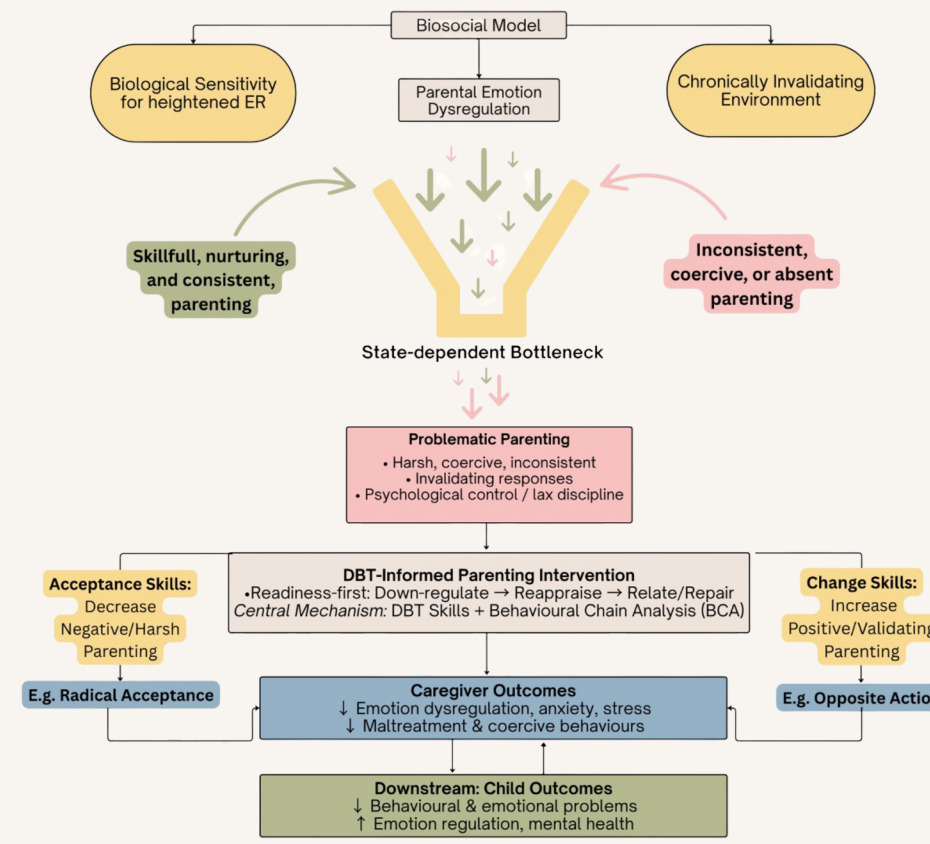
Inclusion Criteria

DBT-informed intervention to caregivers; pre-post measurement of parenting behaviour, mental health, or ER; ≥1 dedicated DBT module or BCA. Designs: RCTs, quasi-experimental, pre-post, case series.

RESULTS



Conceptual Model DBT-Informed Parenting for High-Risk Caregivers



Key Finding on BCA
 Only one study (Roos et al., 2023 — BRIDGE program) explicitly integrated BCA as a core mechanism. Paired with parent training and BCA-guided episode analysis, it demonstrated large pre-post effect sizes: maternal depression ($d=1.02$) and child mental health problems ($d=1.08$), with significant improvements in maternal ER and parenting stress. This near-absence of BCA across 14 studies represents a meaningful and actionable gap in the field.

- BCA AS A PROPOSED MECHANISM**
 When DBT skills provide the *what to do*, BCA offers the *how, where, and when*. Applied to parenting episodes:
- Externalizes the Sequence**: Reduces shame, converts dysregulated moments into learning opportunities.
 - Surfaces trauma-linked cues**: Identifies vulnerability factors specific to the caregivers history
 - Pinpoints skill insertion points**: Operationalizes where distress tolerance, emotion regulation or interpersonal effectiveness skills disrupt the chain
 - Personalizes the readiness-first sequence**: Down-regulate → reappraise → relate/repair *Honours window of tolerance

DISCUSSION

Targeting the 'How' of Parenting
 Caregiver emotion dysregulation functioned as a dynamic constraint on parenting implementation across studies — not a static risk factor. Even when parents possessed effective behavioural strategies, dysregulated states consistently undermined execution. **Improvements in ER often preceded, and appeared to enable, changes in parenting behaviour, particularly under conditions of acute stress.**

Harm Reduction Framework
 For families at highest maltreatment risk, harm reduction is not only pragmatic but ethically necessary. Traditional prevention models may be insufficient for caregivers already engaged in
 When a caregiver uses STOP to interrupt intense anger, the goal is not perfect parenting — it is preventing a harsh response. Distress Tolerance = harm prevention in real time.

- Early outcomes are promising:**
- Parenting Stress: Reductions across diverse samples (e.g., McKimmy et al., 2024; Roos et al., 2023)
 - Emotion Dysregulation: Large effect sizes (e.g., $d = 1.5$; DERS ↓37%; Agako, 2023; Martin, 2017)
 - Depression: Significant reductions (e.g., $d = 1.02$; Roos et al., 2023)
 - Anxiety: Consistent pre-post improvements (e.g., $d = 1.0$; Agako et al., 2023)
 - Coercive or Harsh Parenting: Including corporal punishment (Vigeveno et al., 2025)
 - Validation & Effective Discipline: Improved across most studies (e.g., Martin et al., 2017)
 - Parent-Child Communication: Significant improvements (Smith et al., 2023)

But not without limitations:
 All 14 studies non-randomized (no RCTs). Small samples, uncontrolled designs, self-report reliance limit causal inference. Heterogeneous interventions (7–48 weeks) preclude meta-analysis. All studies in high-income countries.

CONCLUSIONS

DBT-informed parenting programs are feasible, acceptable, and show consistent pre-post improvements in caregiver ER, depression, anxiety, parenting stress, and coercive parenting across diverse high-risk populations — though evidence remains preliminary.

- Future Directions**
- RCT**: Rigorous randomized controlled trials with active comparators to establish causal effects
 - OBS**: Observational assessments of parent-child interactions beyond self-report
 - BCA**: Systematic embedding of BCA as a readiness-first mechanism in parenting protocols
 - CBPR**: Community-based participatory design; culturally localized, decolonial adaptations

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