

# DBT in the perinatal period: A scoping review and recommendations for adapting treatment to serve the needs of high-risk caregivers and families

## Authors

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## Introduction

- Psychological distress is the most common complication of pregnancy.
- The perinatal period is characterized by a confluence of biopsychosocial changes, including rapid role adjustments, physiological adaptations, and increased behavioral demands.
- Taken together, the peripartum can lead to significant stress and, in turn, confer risk for psychological distress.
- While anxiety and depression are most common, a broad array of affective and behavioral challenges can present during the peripartum.
- Moreover, this biosocial context may produce a unique vulnerability period for emotion dysregulation, and those with untreated symptoms of borderline personality disorder (BPD).
- Yet, the implementation of evidence-based treatments for complex, high-risk perinatal mental health concerns has received limited attention.

## Objective

- To summarize the state of research and provide recommendations for clinical practice, a scoping review on the use of dialectical behavior therapy (DBT) in the perinatal period was conducted.

## Methodology

- PRISMA guidelines were followed.
- Relevant databases were searched using key terms (e.g., PubMed, PsycInfo).
- Articles were screened, reviewed, coded, and data extracted by a team of 4 reviewers using Covidence.

Evidence, while limited,  
suggests that  
**Dialectical Behavior Therapy (DBT)** may be a feasible and effective treatment for **perinatal difficulties with mood, anxiety, & emotion regulation.**

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## Results

- Only 8 studies applying DBT in the perinatal period were identified, only 2 of which specifically focused on individuals with BPD and their families.
- Study designs included case studies, feasibility studies, and single-arm trials.
- Results overall supported DBT may be both feasible and effective within the perinatal period, with improvements in general depression, depression, anxiety, BPD symptom severity, stress, parental efficacy and functioning, emotion dysregulation, and adaptive coping skills.
- Notably, all studies appeared to adapt DBT treatment content and/or structure of DBT, compared to standard full-model approaches.
- Among studies that involved babies or infants, significant gains in mother-infant or child outcomes were not demonstrated.

## Conclusion

- Research evidence on perinatal DBT and its use to treat perinatal BPD is limited.
- Our teams' clinical experience in tandem with these results suggest that DBT may help alleviate the impact of BPD on caregivers, infants, and families within this unique biopsychosocial context.
- Yet, the empirical literature is limited, and studies lack methodological rigor. For example, small sample sizes, convenience recruitment methods, missing data, the absence of comparator conditions, randomization, blinding, and other design limitations were prevalent.
- Emotion dysregulation can influence perinatal outcomes, resulting in considerable effects on families. Interventions that sufficiently address these short- and long-term on parent-infant dyads are lacking.
- In clinical practice, providers are encouraged to consider applying DBT to support individuals navigating BPD and emotion dysregulation in the perinatal period. Incorporation of perinatal-specific themes and challenges, and integration of babies into the treatment program may be useful.
- Continued efforts to balance the dialectic of fidelity and flexibility are indicated.