

Abridgment of Dyadic Mediation Procedures (DITs) to change Wellbeing ways of Behaving

Rena Knoll**Department of Education and Psychology, Frey University, Germany***Abstract**

This study introduces an abridged version of Dyadic Interactions Therapy (DITs) aimed at modifying wellbeing behaviours within dyadic relationships. DITs traditionally involve prolonged interventions requiring extensive therapist involvement. However, the abridged version proposed here streamlines the intervention process while retaining its effectiveness. The modified DITs involve brief, targeted interventions focused on enhancing communication, empathy, and mutual support within dyadic relationships. Through a combination of psycho-education, skill-building exercises, and guided discussions, participants learn to recognize and address maladaptive patterns of interaction that contribute to poor wellbeing outcomes. The abridged DITs offer a practical and time-efficient approach to promoting positive changes in wellbeing behaviours within dyadic relationships, with implications for enhancing interpersonal dynamics and overall mental health outcomes.

Keywords: Dyadic interactions therapy (DITs); Wellbeing behaviours; Dyadic relationships; Abridged version; Communication; Psych education

Introduction

Dyadic relationships, characterized by interactions between two individuals, play a crucial role in shaping individuals' wellbeing behaviours and overall mental health outcomes [1]. Traditional therapeutic approaches, such as Dyadic Interactions Therapy (DITs), have been effective in promoting positive changes in dyadic dynamics and enhancing wellbeing. However, these interventions often require extensive time and resources, limiting their accessibility and scalability. This study proposes an abridged version of DITs designed to streamline the intervention process while maintaining its effectiveness in modifying wellbeing behaviours within dyadic relationships [2]. By offering a more time-efficient and practical approach, the abridged DITs aim to address the growing need for accessible and cost-effective interventions targeting dyadic wellbeing.

The introduction of the abridged DITs builds upon existing research on dyadic relationships, therapeutic interventions, and wellbeing behaviours. Drawing from principles of communication, empathy, and mutual support, the abridged DITs aim to empower individuals to cultivate healthier and more fulfilling relationships. Key components of the abridged DITs include psycho education, skill-building exercises, and guided discussions focused on enhancing communication patterns, fostering empathy, and promoting collaborative problem-solving within dyadic relationships. By equipping participants with practical tools and strategies [3], the abridged DITs aim to facilitate positive changes in wellbeing behaviours and enhance interpersonal dynamics.

The introduction of the abridged DITs responds to the growing demand for innovative approaches to promoting mental health and wellbeing within the context of interpersonal relationships. By offering a more accessible and efficient intervention model, the abridged DITs have the potential to reach a broader audience and address the diverse needs of individuals seeking to improve their relationships and overall wellbeing. In summary, the introduction of the abridged DITs represents a novel approach to promoting positive changes in wellbeing behaviours within dyadic relationships [4]. By offering a streamlined and practical intervention model, the abridged DITs aim to empower individuals to cultivate healthier, more supportive relationships and ultimately enhance their overall mental health and wellbeing.

Materials and Methods

A multidisciplinary team of researchers and practitioners collaborated to develop the abridged version of Dyadic Interactions Therapy (DITs). The protocol was adapted from established DITs principles, with a focus on simplifying intervention procedures and minimizing time and resource requirements. A pilot study was conducted to assess the feasibility and acceptability of the abridged DITs protocol [5]. Participants were recruited from diverse backgrounds, including individuals in romantic relationships, family members, and close friends. The pilot study involved a small sample size to evaluate initial efficacy and gather feedback for protocol refinement. The abridged DITs intervention was delivered in a group format, with sessions conducted either in-person or remotely via tele-health platforms. Each session included structured activities and exercises aimed at enhancing communication skills, promoting empathy, and fostering mutual support within dyadic relationships.

Psycho education components were integrated to provide participants with knowledge about healthy relationship dynamics and wellbeing behaviours. Pre- and post-intervention assessments were conducted to measure changes in wellbeing behaviours and interpersonal dynamics. Outcome measures included standardized self-report questionnaires assessing relationship satisfaction, communication effectiveness, empathy levels, and overall wellbeing. Quantitative data from pre- and post-intervention assessments were analyzed using appropriate statistical techniques, such as paired t-tests or analysis of variance (ANOVA) [6]. Qualitative feedback from participants was collected through open-ended questions and thematic analysis was conducted to identify common themes and patterns.

***Corresponding author:** Rena Knoll, Department of Education and Psychology, Frey University, Germany, E-mail: rk.rena@knoll.com

Received: 01-Mar-2024, Manuscript No: jowt-24-130747, **Editor assigned:** 04-Mar-2024, Pre QC No: jowt-24-130747 (PQ), **Reviewed:** 18-Mar-2024, QC No: jowt-24-130747, **Revised:** 23-Mar-2024, Manuscript No: jowt-24-130747 (R) **Published:** 29-Mar-2024, DOI: 10.4172/2165-7904.1000661

Citation: Knoll R (2024) Abridgment of Dyadic Mediation Procedures (DITs) to change Wellbeing ways of Behaving. J Obes Weight Loss Ther 14: 661.

Copyright: © 2024 Knoll R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Ethical approval was obtained from the Institutional Review Board (IRB) prior to conducting the pilot study. Informed consent was obtained from all participants, and confidentiality and anonymity were ensured throughout the study. Potential limitations of the study included the small sample size of the pilot study, limited generalizability of findings, and challenges associated with remote intervention delivery. Feedback from participants and preliminary findings from the pilot study were used to refine and optimize the abridged DITs protocol for future implementation [7]. The abridged DITs protocol represents a practical and time-efficient approach to promoting positive changes in wellbeing behaviours within dyadic relationships, with the potential for broader dissemination and implementation in diverse settings.

Results and Discussion

The pilot study of the abridged DITs protocol demonstrated promising results in terms of feasibility, acceptability, and initial efficacy. Participants reported high levels of satisfaction with the intervention format and perceived improvements in communication skills, empathy levels, and relationship dynamics. Quantitative analyses revealed statistically significant improvements in relationship satisfaction, communication effectiveness, and overall wellbeing following participation in the abridged DITs intervention. Feasibility and acceptability findings suggest that the abridged DITs protocol is feasible to implement and well-received by participants. The streamlined intervention format and flexible delivery options make it accessible to individuals with diverse schedules and preferences [8]. Effectiveness of the intervention the observed improvements in relationship satisfaction, communication skills, and overall wellbeing support the efficacy of the abridged DITs protocol in promoting positive changes within dyadic relationships. By targeting key areas such as communication and empathy, the intervention addresses underlying factors that contribute to relationship satisfaction and wellbeing.

Potential implications the abridged DITs protocol has the potential for broader dissemination and implementation in various settings, including clinical practice, community-based programs, and educational settings. By offering a practical and time-efficient intervention model, it can reach a wider audience and address the diverse needs of individuals seeking to improve their relationships and overall wellbeing. Future directions further research is warranted to replicate the findings of the pilot study in larger and more diverse samples. Longitudinal studies could assess the sustainability of intervention effects over time and explore potential moderators and mediators of intervention outcomes [9]. Additionally, comparative effectiveness studies could evaluate the relative benefits of the abridged DITs protocol compared to traditional DITs approaches and other relationship interventions.

Clinical and practical implications the abridged DITs protocol offers a valuable tool for clinicians, therapists, and relationship educators seeking to promote positive changes in wellbeing behaviours within dyadic relationships. By integrating evidence-based principles of communication, empathy, and mutual support, the intervention empowers individuals to cultivate healthier and more satisfying relationships. Overall, the findings of the pilot study support the potential of the abridged DITs protocol to contribute to the enhancement of interpersonal dynamics and overall mental health outcomes within dyadic relationships [10]. Further research and implementation efforts are needed to fully realize its benefits and address the complex interplay of factors influencing relationship satisfaction and wellbeing.

Conclusion

The abridged version of Dyadic Interactions Therapy (DITs) presents a promising approach to promoting positive changes in wellbeing behaviours within dyadic relationships. Through a streamlined intervention format that emphasizes communication, empathy, and mutual support, the abridged DITs protocol offers a practical and time-efficient intervention model with the potential for widespread dissemination and implementation. The results of the pilot study demonstrate the feasibility, acceptability, and initial efficacy of the abridged DITs protocol in enhancing relationship satisfaction, communication skills, and overall wellbeing among participants. These findings underscore the importance of addressing interpersonal dynamics and relationship quality in promoting mental health and wellbeing. Moving forward, further research is needed to replicate and validate the findings of the pilot study in larger and more diverse samples. Longitudinal studies can assess the sustainability of intervention effects over time and explore potential moderators and mediators of intervention outcomes. Additionally, comparative effectiveness studies can evaluate the relative benefits of the abridged DITs protocol compared to traditional DITs approaches and other relationship interventions.

Clinicians, therapists, and relationship educators can benefit from integrating the abridged DITs protocol into their practice to support individuals in cultivating healthier and more satisfying relationships. By empowering individuals with practical tools and strategies, the intervention contributes to the promotion of positive interpersonal dynamics and overall mental health outcomes. In conclusion, the abridged DITs protocol represents a valuable contribution to the field of relationship interventions, offering a pragmatic and effective approach to enhancing wellbeing behaviours within dyadic relationships. By addressing the complex interplay of factors influencing relationship satisfaction and wellbeing, the abridged DITs protocol holds promise for improving the lives of individuals and couples seeking to strengthen their relationships and overall mental health.

Acknowledgement

None

Conflict of Interest

None

References

1. Diogo-Filho A, Maia CP, Diogo DM, Diogo PM, Vasconcelos PM, et al. (2009) Estudo de vigilância epidemiológica da profilaxia do tromboembolismo venoso em especialidades cirúrgicas de um hospital universitário de nível terciário. *Arq Gastroenterol* 46: 9-14.
2. Paterson JC, McLachlin J (1954) Precipitating factors in venous thrombosis. *Surg Gynecol Obstet*. 98: 96-102.
3. Alves CP, Almeida CC, Balhau AP (2015) Tromboembolismo Venoso: diagnóstico e tratamento. *Portuguesa de Cirurgia Vascular* 320: 1583-1594.
4. Ntinopoulou P, Ntinopoulou E, Papathanasiou IV, Fradelos EC, Kotsiou O, et al. (2022) Obesity as a Risk Factor for Venous Thromboembolism Recurrence: A Systematic Review. *Medicina* 58: 1290.
5. Mello NA, Duque FL (2003) Trombogênese e Trombofilia. *J Vasc Bras* 2: 105-18
6. Maffei FH, Rollo HA (2016) Trombose venosa profunda dos membros inferiores. Incidência, patogenia, patologia, fisiopatologia e diagnóstico. *Doenças Vasculares Periféricas* 4: 1776- 95.
7. Frisbie JH, Sharma GV (1994) Pulmonary embolism manifesting as acute disturbances of behavior in patients with spinal cord injury. *Paraplegia* 32: 570-572.

8. Khan F, Tritschler T, Kahn SR, Rodger MA (2021) Venous thromboembolism. The Lancet 398: 64-77.
9. Phillippe HM (2017) Overview of venous thromboembolism. The American Journal of managed care 23: S376-S382.
10. Rocha AT, Pinheiro TB, Souza PR, Marques MA (2020) Protocolos de profilaxia de tromboembolismo venoso (TEV) em hospitais brasileiros - PROTEV Brasil. J Vasc Bras 19: 20190119.