

## Using Dialectical-Behavior Therapy (DBT)-Informed Treatment with At-risk Adolescent Girls Within a Residential Setting

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## Learning Objectives

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- Learn basic tenets of Dialectical Behavior Therapy (DBT)
- Review of the Psychosocial Skills Training Core Modules
- Discuss specific adaptations made to use DBT-Informed treatment in a residential setting

## Origin of DBT

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- Marsha Linehan created DBT in the early 1990s.
- DBT was developed as a cognitive-behavioral approach to working with Borderline Personality Disorder



## Biosocial theory

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- Biological predisposition +
  - Invalidating environment +
  - Other factors +
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- = Borderline traits

### DBT-Informed treatment vs. Standard DBT

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#### Standard DBT includes:

- Weekly outpatient 1:1 therapy session
- Weekly skills training group
- After-hours phone contact
- Weekly consultation meeting

### Research shows...

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- DBT has been found to be most effective with suicidal / self-harming behaviors and borderline personality traits in adult women.
- In addition, newer studies show effectiveness in addressing eating disorders, depression, ODD and substance abuse with DBT.
- Research studies have shown DBT to be successful in residential settings as well as outpatient settings.

### Outcomes in Residential

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- Significantly lower parasuicide rate
- Significant improvement in ratings of depression, dissociation, anxiety and stress
- Significant reduction in borderline symptoms
- Reduction in number of inpatient days

### Outcomes in Residential (Con't.)

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- No premature discharges due to hospitalization
- Significant reduction in behavioral problems on the unit
- Reduction in suicidal ideation
- Caregivers report significant improvement in interpersonal strength

## Distinctive Characteristics

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- Emphasis on Dialectic - What is a dialectic anyway?
- Irreverence
- Therapist as consultant
- Essential components of DBT:
  - ✓ Validation
  - ✓ Dialectical strategies
  - ✓ Problem solving

## Basic Assumptions

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- Doing the best they can
- Having to solve own problems
- Want to improve
- Lives unbearable as currently being lived
- Need to do better, try harder, be more motivated to change
- Must learn new behaviors in relevant context
- Can't fail in therapy
- Therapist needs support!

## Commitments

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- What is a patient really committing to?
- What is the therapist responsible for?



## Stages of Treatment

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- Stage One: Focus on behavioral changes
- Stage Two: Improve client's experience
- Stage Three: Promote happiness
- Stage Four: Capacity for sustained joy

## Core Modules:

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1. Mindfulness
2. Interpersonal Effectiveness
3. Emotion Regulation
4. Distress Tolerance

## Mindfulness...

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## Defining Mindfulness

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"Mindfulness means paying attention, in a particular way, on purpose, non-judgmentally."

– Jon Kabat-Zinn, PhD

## Mindfulness

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- Learning to maintain awareness of your mind, body and surroundings. It is about staying in the present moment and not allowing your mind to drift into the past or the future. It is learning to enjoy life in the here and now. Finally it is about finding and connecting with one's sense of self.

## Mindfulness “What” Skills

“What” skills are what to do to be more mindful?

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### **Observe**

Paying attention to something without putting words on the experience.

### **Describe**

Placing words on an experience in a non-judgmental way.

### **Participate**

Fully engaging in a situation or activity. When you are driving, drive, when you are reading, read. Participating is about keeping your mind and body in the same place at the same time.

## Mindfulness “How” Skills

### **Non Judgmentally**

Don't place judgments, assessments, or assumptions on things, people or situation.

### **One-mindfully**

Doing one thing in the moment and being fully engaged in that activity.

### **Effectively**

Doing what works in every situation.

## Distress Tolerance

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This unit is about tolerating emotions and situations that feel intolerable. These skills will teach adolescents how to ride (urge surf) their intense emotions rather than do things to shut them off or distract them. This is Crisis 101.

## Distress Tolerance: Core Concepts

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- Remember: Wise mind “ACCEPTS”
- Remember: Improve the moment
- Radical Acceptance
- Willingness vs. Willfulness

## Emotion Regulation

- ✓ How do you understand what you are feeling?
- ✓ How do you reduce your vulnerability to extreme emotions?
- ✓ How do you increase positive emotions?
- ✓ How do you accept situations without creating more suffering in your life?

## Emotion Regulation: Core Concepts

- Understanding Emotions
  - Experiencing, interpreting and expressing emotions
- Reducing emotional vulnerability
- Increasing positive emotions

## Interpersonal Effectiveness

- How to understand which skills are needed for a particular interpersonal interaction.
  - How do you decide?
- How to get your needs met in effective ways.
- How to ask for what you want and how to say "no".
- How to maintain healthy relationships.

## Interpersonal Effectiveness: Core Concepts

- DEAR MAN
- GIVE
- FAST



## Florence Crittenton

- TGH/DAP programs and populations
- Therapeutic groups (DBT, Seven Challenges, Talking Circle, Girls Circle)
- Community Skills Development Program in milieu

## Florence Crittenton

- Gender-specific considerations
  - Diverse activities
  - Cooperation vs. competition
- Age-specific considerations
  - Harm reduction = validation

## Evolution of DBT at Florence Crittenton

- Started with Collaboration with Phoenix Interfaith in 2003
- Trainings, consultation group, Skills-training group with therapist observation for girls with borderline traits/self-harming behaviors in 90 minute groups, twice per week

## Adaptations

<b><u>Standard:</u></b>	<b><u>DBT-informed at FC:</u></b>
1. Afterhours phone availability	1. Residential setting, reinforcement in milieu
2. Parent skills training group	2. Family therapy
3. "Patient"	3. Student
4. Primary focus on life-threatening bxs	4. Primary focus on quality of life threatening bxs

## Adaptations – Continued

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<b><u>Standard:</u></b>	<b><u>DBT-Informed at FC:</u></b>
1. No contact for 24 hrs following self-harm	1. Safety status intervention
2. One year commitment	2. Shortened LOS
3. Weekly group time frame 2 hrs	3. Group time 1 hour 2x weekly
4. May have 2 different therapists	4. Same therapist
5. Diary cards every session	5. Diary cards & chain analysis as needed

## Adaptations – Con't

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<b><u>Standard:</u></b>	<b><u>DBT-Informed at FC:</u></b>
Consultation group	Clinical supervision & observation
	Mindfulness time daily!

## New applications of DBT-inspired therapy...

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- Mindfulness-Based Cognitive Therapy (MBCT)
- Mindfulness-Based Stress Reduction (MBSR)

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Closing Mindfulness Activity

Questions??? Comments???

## Contact Information:

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**Florence Crittenton**  
*Where Hope Comes to Life*

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## References – Con't.

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## Resources:

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- o [www.dbtselfhelp.com/index.html](http://www.dbtselfhelp.com/index.html)
- o [www.behavioraltech.org](http://www.behavioraltech.org)