

DBT with Adolescents: Helping Teens Build a Life Worth Living

Presented by Emily Dreher M.Ed., LPC, NCC

DBT-Linehan Board of Certification, Certified Clinician

About the presenter:

Emily Dreher, M.Ed., LPC, NCC, DBT-LBC

- Leader of Clinical Services at Sparlin Mental Health
- Practicing clinician for 11 years
- Specialize in evidence-based treatments for complex mental health diagnoses, including Borderline Personality Disorder.
- Linehan Board Certified in Dialectical Behavior Therapy

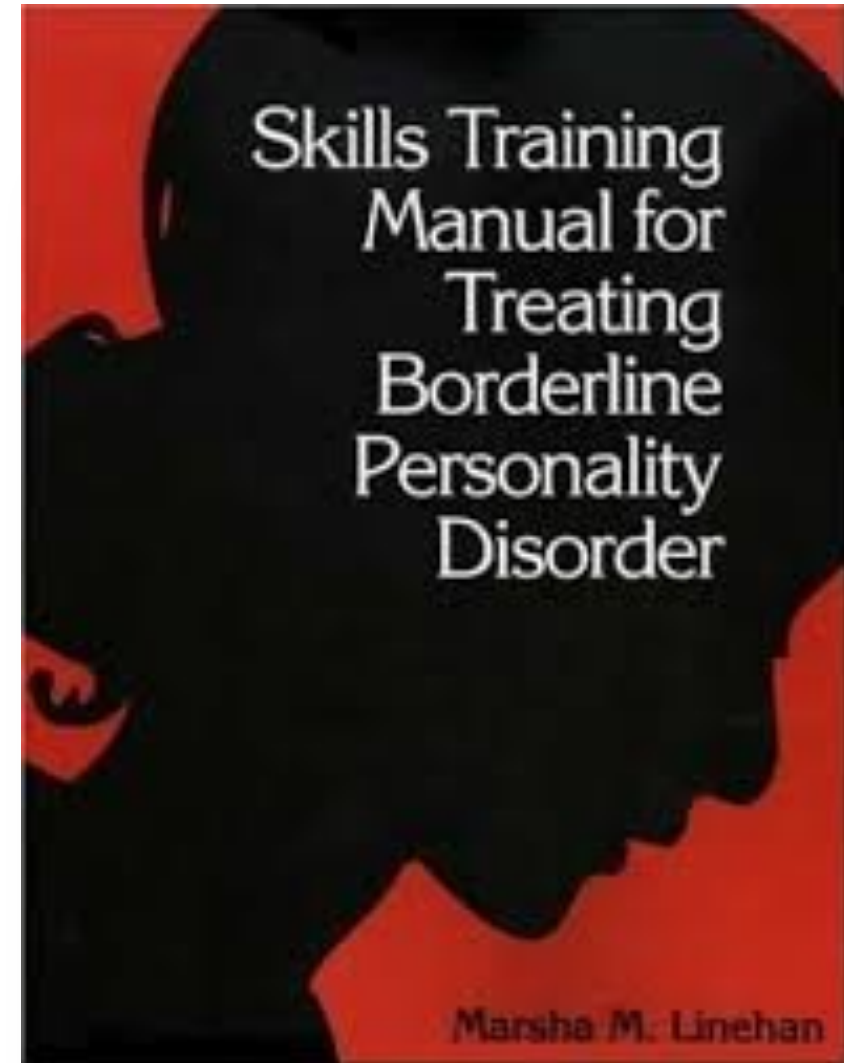
Objectives

After this training you should be able to...

- Describe the structure and treatment targets of DBT
- Identify adolescent clients that are appropriate for DBT
- Understand the adaptations made to standard DBT to address the needs of adolescents and their families.
- Teach the adolescent specific skill: Walking the Middle Path

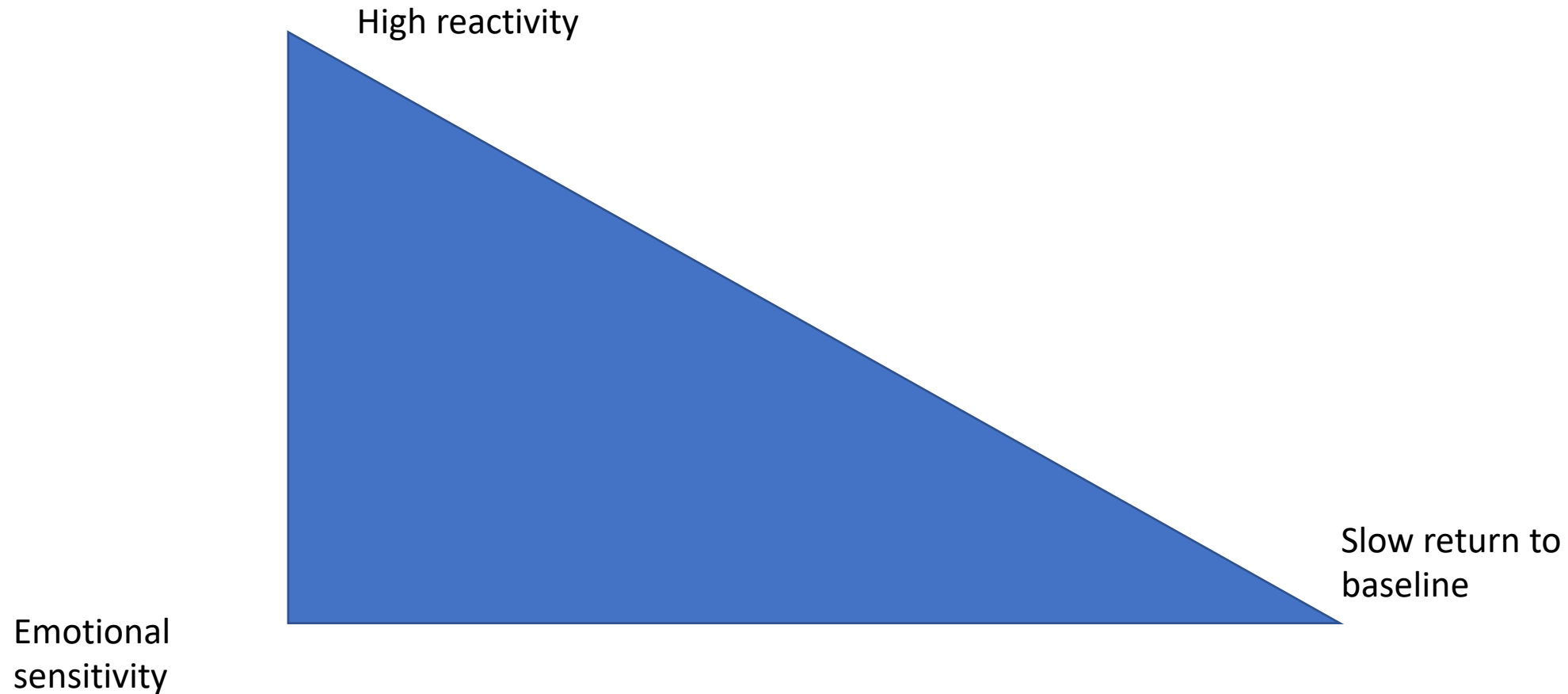
DBT: At a Glance

- Well researched and comprehensive treatment designed to help people who have difficulty regulating their emotions.
- Created in the 1990's by Marsha Linehan Ph.D at the University of Washington to treat suicidal and actively self harming patients with a history of hospitalization and a diagnosis of Borderline Personality Disorder
- Now shown to be useful with a broader range of clients experiencing emotion dysregulation
- DBT is a Behavior Therapy based on the study of how behaviors are learned
 - A “doing” therapy rather than a talk therapy
 - Uses Cognitive Behavior Therapy and adds elements of validation and dialectics



Biosocial Theory

Vulnerable biology:



Biosocial Theory

- Invalidating environment
 - Caregivers persistently and consistently fail to respond as needed to primary emotions and their expression
 - The individual's personal experiences are trivialized, ignored, dismissed
 - Often attributed to lack of motivation; overactivity; inability to see things realistically

This is all **transactional!**

- “Normal” amount of invalidation + extreme emotional vulnerability = emotional dysregulation
- Highly invalidating environment + low emotional vulnerability = emotional dysregulation

Who is DBT for?

- Originally developed specifically for suicidal patients
- Overtime obvious overlap between suicidal patients and Borderline Personality Disorder
- Broadened to individuals with pervasive emotion dysregulation:
 - Inability to regulate emotions occurs across a wide range of emotions, problems, and situational contexts
 - Leads to problematic behaviors: suicidal behavior, purging, abusing substances
 - These behaviors are either to regulate emotions or are a consequence of failed emotion regulation (Koerner, 2012)



Everyone can
benefit from
DBT Skills

Which adolescents needs the full model of DBT?

- Severely emotionally dysregulated
- Often carry 2-4 DSM 5 diagnoses
- Multiple problem behaviors:
 - Nonsuicidal self-injury (NSSI)
 - Suicidal behaviors (e.g., attempts, ideation, threats)
 - Substance use
 - Disordered eating
 - Social problems
- Do not benefit from just skills training – need a comprehensive treatment

The Four Components of a Full Model DBT Program

1. Individual Weekly Therapy
2. Multifamily Weekly Skills Group
3. Phone coaching
4. DBT Consultation Team

Individual DBT Sessions

- Clients learn to apply the skills they are learning to their own individual issues
- Client uses a diary card to guide the session targets
- Follows a specific hierarchy of treatment goals:
 - Life threatening behaviors (suicidal behaviors, NSSI)
 - Therapy interfering behaviors (misses group, doesn't complete diary card)
 - Quality of Life interfering behaviors (disordered eating, substance use)
 - Increasing skills
- Behavior chain analysis and solution analysis

Involving Family Members in Treatment

- Family sessions can be scheduled as needed and do not replace individual sessions
- Situations that might illicit a family session:
 - Providing psychoeducation or orientating to treatment
 - A crisis occurs
 - A relationship in the family is in conflict and the adolescent needs support and coaching on addressing it
- Can use behavior chain analysis to address conflicts
- Family members can help with cheerleading and support skill use
- Confidentiality can be complicated

Multifamily Skills Group

- Adolescents attend with at least one caregiver
- Attend once a week for up to 2 hours
- Led by two facilitators
 - Facilitators, if not the primary therapist to the client, provide phone coaching to parents
- Primary goals
 - Modify the invalidating environment
 - Skill acquisition and strengthening
- Psychoeducation format and structured
- Homework

Skills Modules

Group members join only at the beginning of a module

- Core Mindfulness Skills
- Emotion Regulation Skills
- Interpersonal Effectiveness Skills
- Distress Tolerance Skills
- Walking the Middle Path Skills (adolescent specific)

Core Mindfulness Skills

- Referred to as the “core” skills because they are central to the treatment
- Being aware of the present moment without judgment and without trying to change it
- What Skills:
 - Observe
 - Describe
 - Participate
- How Skills:
 - Non-judgmentally
 - One-mindfully
 - Effectively
- Three States of Mind:
 - Emotion Mind
 - Reasonable Mind
 - Wise Mind

Distress Tolerance Skills

- Tolerate difficult situations and emotional pain when the problems cannot be solved right away
- **Crisis survival skills:** Survive crises without making them worse
 - Examples: self-soothe, distraction, TIPP
- **Reality acceptance skills:** Learn to fully accept painful circumstances that cannot be changed, rather than avoid or fight them which results in more suffering

Emotion Regulation Skills

- Addresses emotional vulnerability, emotional reactivity and to recover more quickly from extreme states
- Labeling and understanding emotion
- Reducing vulnerabilities to Emotion Mind
- Creating more positive emotions
- Preventing negative emotions
- Lowering intensity of emotions that have already “fired”

Interpersonal Effectiveness Skills

- Focuses on building and maintaining positive relationships
- Teaches specific relationship skills
- Improving the quality of relationships increases capacity to use other skills
- Targets three interpersonal goals:
 - GIVE: Building positive relationships and reducing conflict escalation
 - DEAR MAN: Effectively asking for what one wants or saying “no”
 - FAST: Maintaining self-respect

Walking the Middle Path

- Addresses nondialectical thinking and behavioral patterns
- Increases use of validation
- Explicit application of learning principles to self and others
- Identify normative adolescent behavior
- Helps parents find a middle path in their parenting dilemmas

Dialectics: what is it?

- Two things that seem opposite can both be true
- There is more than one way to see a situation and more than one way to solve a problem
- Avoiding seeing things in “black and white”
- Change is the only constant

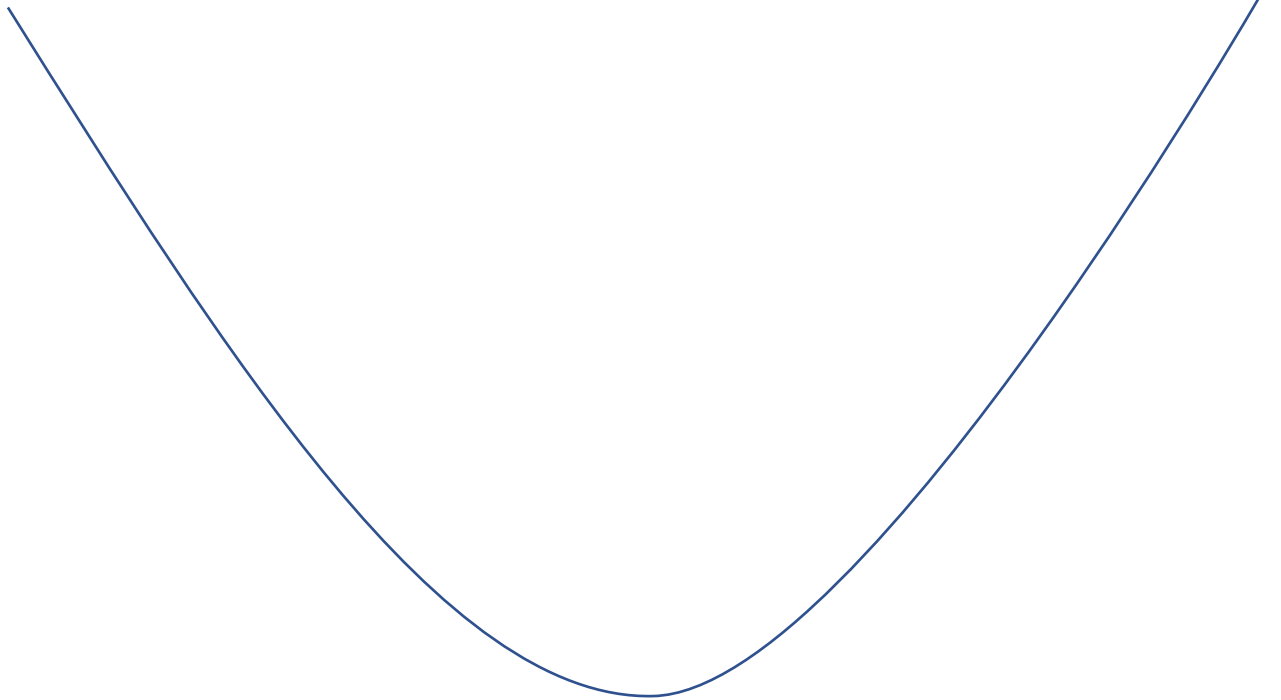
Examples:

- I'm doing the best I can AND I need to do better, try harder and be more motivated to change
- My mom is really strict AND cares about me
- I am tough and I am gentle

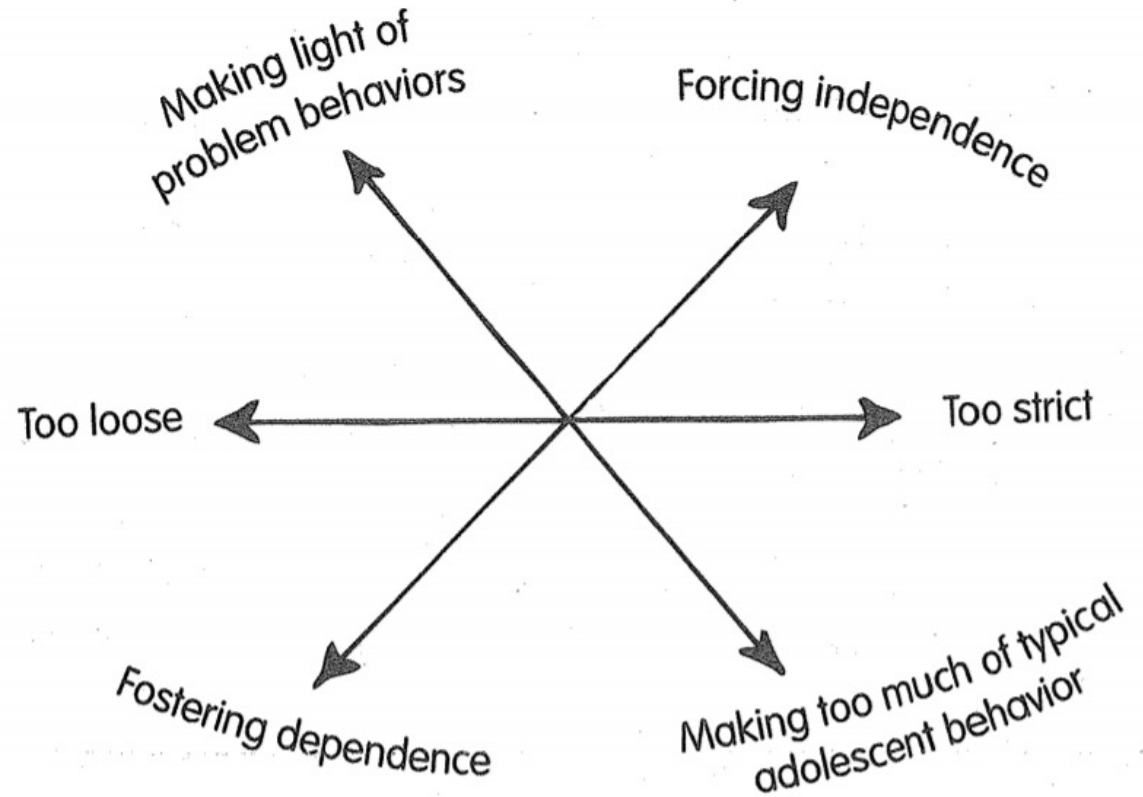
Walking the Middle Path

Teenager

Caregiver



Dialectical Dilemmas



Phone Coaching

- Provided by the client's individual therapist (with back up support from skills group leaders)
- Focused on providing clients with in the moment coaching on how to use skills to effectively cope with difficult situations that arise in everyday lives
- Calls are brief (generally 10 to 15 minutes) and not meant to analyze a situation
- Clients are expected to have tried a skill already and be ready to describe how they need help

Consultation Team

- DBT Therapists meet weekly for two hours in order to obtain consultation, training, and help from other members
- Goal is to maintain dialectical balance and the most effective frame of mind for DBT therapy
- Focus on avoiding polarization and judgment of clients



Practice Wisdom: Things to Consider When Working with Adolescents in DBT

- Involving parents in treatment can impact therapeutic alliance
- Flexibility while maintaining structure of session is important
- Validate the valid
- Identity issues are common and it helpful to approach this nonjudgmentally
- Fears of rejection and abandonment
- Typically have worked with several other therapists