



DBT with Adolescents

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Learning Objectives



- ▶ Brief overview of the research evidence
- ▶ Discuss adolescent specific treatment targets
- ▶ Review specific style and strategies for individual, skills, and family treatment components



Evidence for DBT with Adolescents

- ▶ Abundance of quasi-experimental studies suggesting DBT's efficacy in...(compared to TAU)
 - ▶ Improving treatment retention & attendance
 - ▶ Reducing likelihood of psychiatric hospitalization
 - ▶ Improvements in suicidality, self-harm, BPD symptoms, anxiety, depression, impulsivity, eating disorder symptoms, bipolar symptoms, ODD symptoms, and others...
- ▶ Meta-Analyses
 - ▶ Cook & Gorraiz (2016): DBT reduces NSSI (large effect) & depression (small effect) ($n = 12$ mostly non-RCTs)
 - ▶ Ougrin et al (2015): DBT, CBT, & mentalization therapy were most promising in reducing self-harm ($n = 19$ RCTs)
 - ▶ Family component and higher dosage leads to better self-harm outcomes (Ougrin et al., 2015)

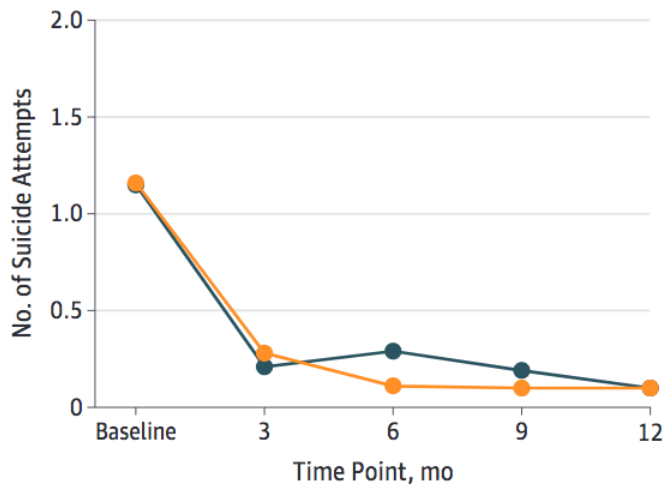


Randomized Controlled Trial

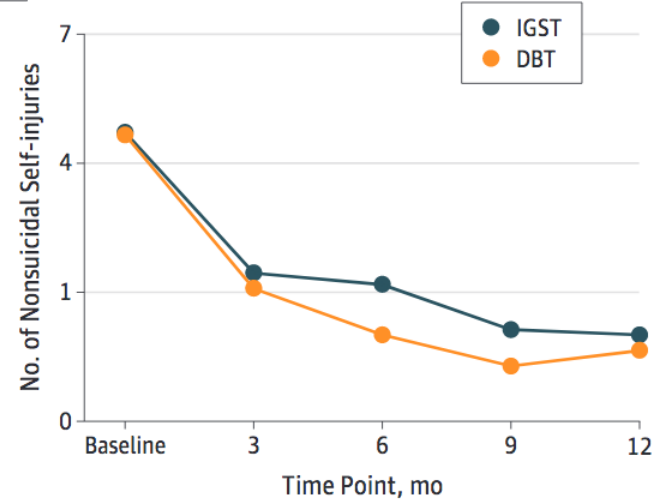


- ▶ CARES (UW/UCLA; McCauley et al., 2018)
 - ▶ 173 families, 12-18 years,
 - ▶ 6-months of DBT vs individual & group supportive therapy
 - ▶ Rigorously matched on dose characteristics
 - ▶ Results: DBT was more effective for reducing suicide attempts, NSSI, and overall self-harm (at 6 months)
 - ▶ Effects maintained for self-harm at 12-months f/u
- ▶ DBT families attended significantly more sessions, & more likely to complete treatment
 - ▶ 31.4% more individual sessions
 - ▶ 29.1% more group sessions

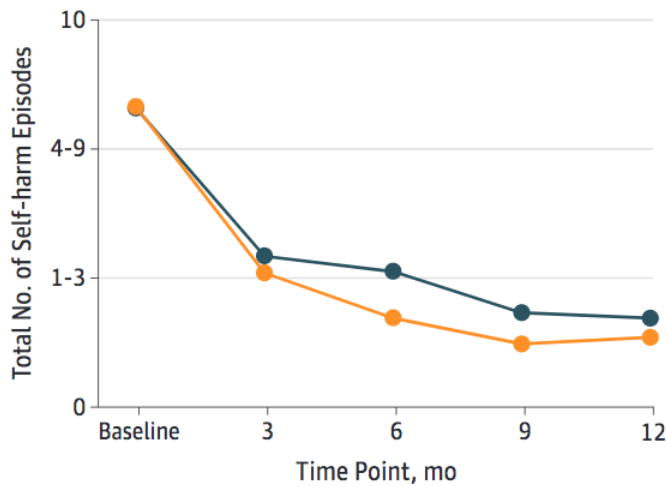
A Suicide attempts



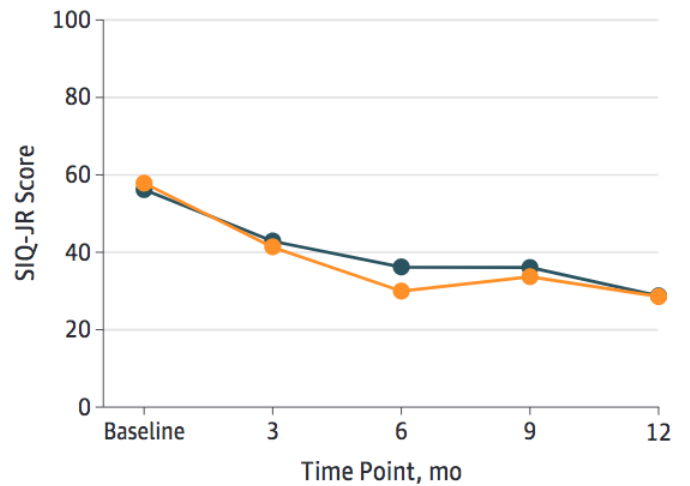
B Self-injuries



C Self-harm



D Suicidal ideation





Moderators from RCT

- ▶ **Who benefits most from DBT?** More extensive S/H histories, more externalizing, nonwhite racial identity, and higher family conflict benefitted more from DBT
- ▶ **Who is more likely to benefit from DBT compared to a rigorous control (IGST)?** Baseline adolescent emotion regulation difficulties (both parents and teen), higher parental psychopathology, and adolescents who identified as Latina did better in DBT than in IGST



Research Summary



- ▶ Still a lot of research needed...but DBT is a reasonably well supported treatment for adolescent self-harm and suicidality
- ▶ Research on outcomes following longer term treatment is needed



How does DBT with adolescents differ from DBT with adults?

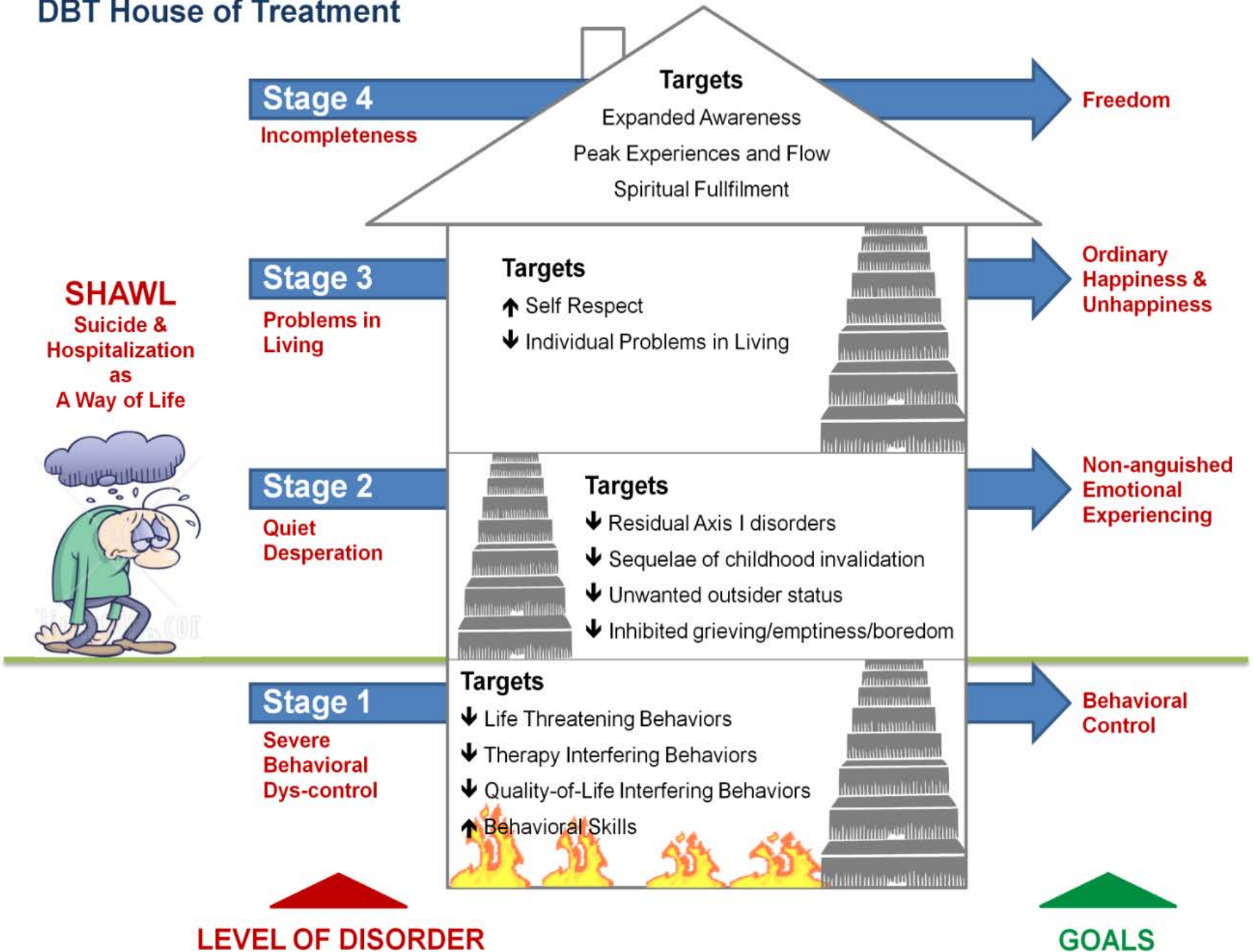
- ▶ Some important considerations:
 - ▶ Treatment targets are developmentally specific
 - ▶ Cognitive and other abilities differ from adults
 - ▶ They live with other family members (family involvement)
 - ▶ Do not have full autonomy (limited capabilities and access to resources)
 - ▶ Differences in rapport building/therapeutic alliance
- ▶ Other considerations
 - ▶ Issues of confidentiality
 - ▶ Mandated reporting issues



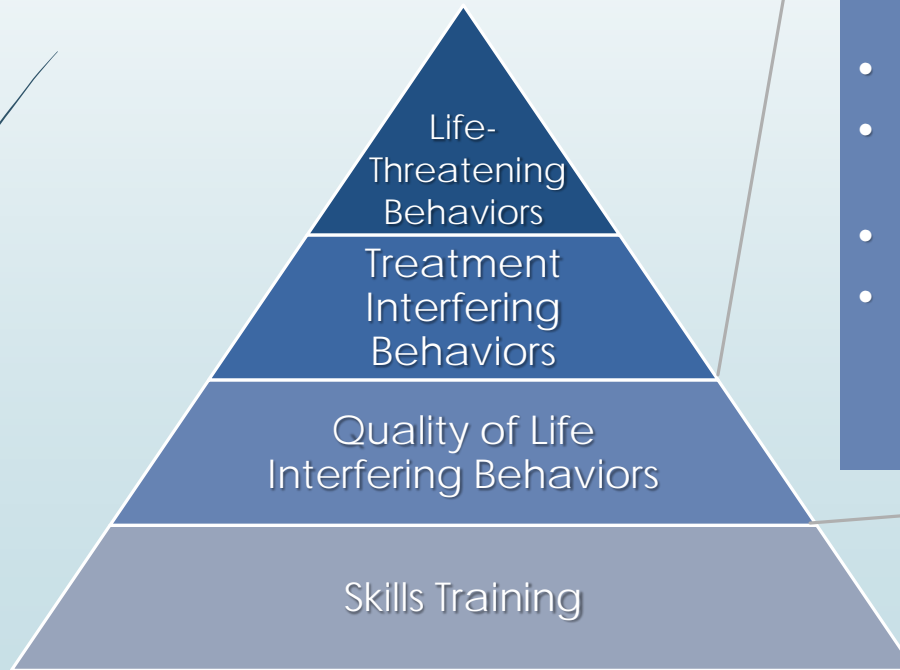
Treatment Targets

Adolescent & Family Dialectical Dilemmas

DBT House of Treatment



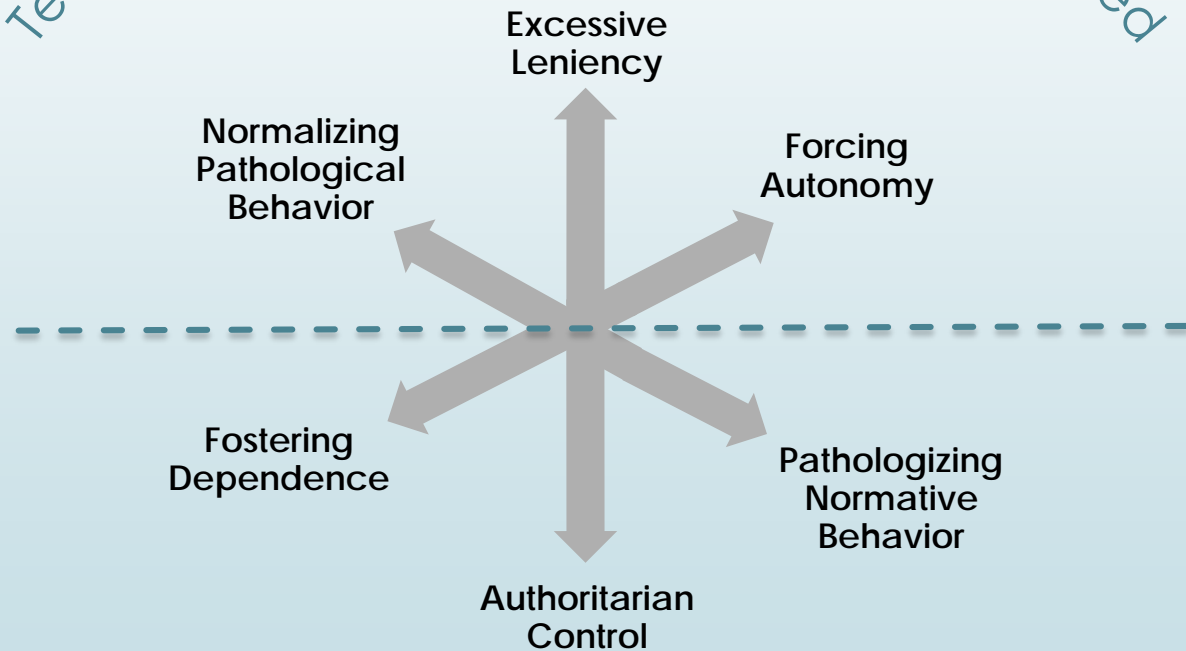
Stage 1 Treatment Targets



- School attendance & academic functioning
- Impulsive behaviors (risky sex, reactive aggression, running away)
- High conflict relationships (family, peers, etc.)
- Substance use
- Oppositional/non-compliant Bx, conduct problems
- Legal system involvement
- Mental and/or physical health issues (repeated ER visits or hospitalization, medical non-compliance)

Secondary Treatment Targets – Family Dialectical Dilemmas

Teens, parents, and therapists can get polarized



Treatment Target & Strategies



**Excessive
Leniency**



**Authoritarian
Control**

"Yeah, we have long given up on controlling his behavior..." *sigh

"He does what he wants, we don't want to trigger him and land in the hospital again"

"She no longer gets her phone or access to any of her privileges until I know she's safe."

"How can I trust her to talk to her friends given what happened?"

Treatment Target & Strategies

Excessive
Leniency



Authoritarian
Control

	Secondary Treatment Targets	Specific Strategies / Techniques
Excessive Leniency	<ul style="list-style-type: none">↑ Authoritative discipline↓ Parental laxness	<ul style="list-style-type: none">• Balancing demands w/warmth & acceptance• Clear expectations & contingency management• Increasing parental interpersonal effectiveness
Authoritarian Control	<ul style="list-style-type: none">↑ Adolescent Self-determination↓ Authoritarian control (inflexible parenting)	<ul style="list-style-type: none">• Rewarding effective behaviors, reducing coercive control• Use interpersonal effectiveness skills to increase flexibility and democratic rule

Treatment Target & Strategies



**Pathologizing
Normative
Behavior**

"Any time he has free time, he wants to play fortnite! Should we ban this game?"

"I don't think it's a good idea for you to go to this concert."

"I just don't understand why she would want to watch the shows she watches...they're so dramatic and I think they're affecting her mental health. Im gonna cancel our Netflix."

**Normalizing
Pathological
Behavior**

Accommodation/fragilizing
re: anxiety

"All teens are kind of moody and depressed though, aren't they?"

"I mean I drank when I was her age..."

Treatment Target & Strategies

Pathologizing
Normative
Behavior



Normalizing
Pathological
Behavior

	Secondary Treatment Targets	Specific Strategies / Techniques
Pathologizing Normative Behavior	<ul style="list-style-type: none"> ↑ Recognition of normative behaviors ↓ Pathologizing normative behaviors 	<ul style="list-style-type: none"> • Psychoeducation about normative teen behavior • Help parents understand function of behavior • <u>Helping teens</u> accept parental fears/reaction & repairing (earning trust)
Normalizing Pathological Behavior	<ul style="list-style-type: none"> ↑ Identification of pathological behaviors ↓ Normalization of pathological behaviors 	<ul style="list-style-type: none"> • Psychoeducation • Increase parental wise mind • Help parents evaluate risk and link with dysfunctional behaviors

Treatment Target & Strategies



**Fostering
Dependence**



**Forcing
Autonomy**

- Over-booking" the teen's life
- Over-expressing disappointment about lack of family time
- Over-managing triggers and responsibility for safety
- Over-involvement to a point that limits teens opportunities for developmentally appropriate growth

"She needs to take responsibility and figure her problems out for herself."

"We don't need to interact at all, that's kind of the way we both want it right now. And when she turns 18 I know she'll move out and things will be easier on all of us."

Treatment Target & Strategies

Fostering
Dependence




Forcing
Autonomy

	Secondary Treatment Targets	Specific Strategies / Techniques
Fostering Dependence	<ul style="list-style-type: none">↑ Individuation↓ Excessive dependence	<ul style="list-style-type: none">• Balancing consultation to teen w/direct environmental interventions• Increase teen's problem solving skills & consultation w/trusted adults• Increasing parental social support networks
Forcing Autonomy	<ul style="list-style-type: none">↑ Effective reliance on others↓ Excessive autonomy	<ul style="list-style-type: none">• Regulating teen-parent distance• Help teens understand effective reliance



Individual Therapy

Special considerations for working with adolescents



DBT Individual Therapy – Goals

- ▶ Increasing and maintaining motivation
- ▶ Inhibiting maladaptive behaviors
- ▶ Increasing skillful behaviors
- ▶ Generalizing skillful behaviors in adolescents life

- ▶ Primary source of case conceptualization, and other modes center around and support this mode

DBT Individual Therapy – Orientation & Commitment





DBT Individual Therapy – Orientation & Commitment

- Orient teen and family to purpose of initial session(s)
- Define parameters of confidentiality
- Build rapport with teen (and family)
- Identify specific problems as targets for treatment
- Briefly teach biosocial theory (heavy on validation)
- Link target behavior to long-term goals (life worth living)
- Connect long-term goals to DBT as the “perfect treatment”
- Highlight defining features of DBT (and what DBT is not)
 - Active behavioral treatment that requires practice
 - Not a suicide prevention program

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DBT Individual Therapy – Orientation & Commitment Cont.

- Orient to DBT program structure & components
- Review the rules (24 hr & 4 miss)
- **Elicit, strengthen, and reinforce commitment**
 - **Use specific DBT commitment strategies!**
- Orient to treatment hierarchy
- Chain analysis and assessment of most recent suicide attempt, safety planning as needed
- WITH PARENTS: Identify treatment targets, orient to DBT, elicit and strengthen commitment, **confidentiality**
- Come together at the end and briefly discuss orientation and commitment to summarize and make sure all are on same page

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DBT Individual Therapy – Orientation & Commitment Cont.

Other orientation and commitment tips:

- ▶ Slow down! Rushing commitment is one way to set everyone up for a frustrating treatment process
- ▶ Given that many teens don't make the decision to come to DBT themselves, maximize the choice element in the process
- ▶ Normalize and prepare teen to continue to address commitment throughout treatment
- ▶ Conceptualize DBT as a context for learning and practicing goal directed behavioral responses

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Individual Therapy – Beginning a session

The DBT session opening sequence:

- 1) Greeting
 - 2) Review diary card/handle non-compliance
 - 3) Collaboratively set plan for session
 - 4) Address current emotional state (if needed)
 - 5) Review individual therapy homework
 - 6) Check in on progress with other modes
-
- Consistent attending to these aspects communicates their importance



Individual Therapy – Midsession strategies

Anything goes! As long as it's prioritized via DBT hierarchy of targets, relevant to the patient, and you're using DBT style and strategies to address it

Common strategies that cut across most sessions:

- ▶ Always aim to balance change and acceptance strategies
- ▶ Chain analysis is the DBT therapist's greatest tool
- ▶ Contingency clarification regarding therapy content/process/flexibility
- ▶ Always elicit, highlight, and reinforce effective bx from prior week



Individual Therapy – Midsession strategies

Targeting in session dysfunctional behavior

Barriers:

- ▶ Failure to recognize dysfunctional behavior
 - ▶ Removal of cues for dysfunctional behavior
 - ▶ Avoidance of evoking aversive patient reactions
-
- ▶ Do's
 - ▶ Staying dialectical
 - ▶ Identifying and naming problem behavior
 - ▶ Trying not to remove cue (exposure)
 - ▶ Regulating one's own emotions
 - ▶ Linking to out of session behaviors
 - ▶ Eliciting/shaping/reinforcing new in session behavior

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Individual Therapy – Session ending strategies

- 1) Agreeing on and troubleshooting homework
- 2) Summarizing the session, including cheerleading, soothing, generating hope, reinforcing, and reassuring the client
- 3) Troubleshooting client's emotional reactions
- 4) Giving a tape of the session
- 5) Closing ritual (mindfulness, rewards, Youtube video, etc.)



DBT Skills Training

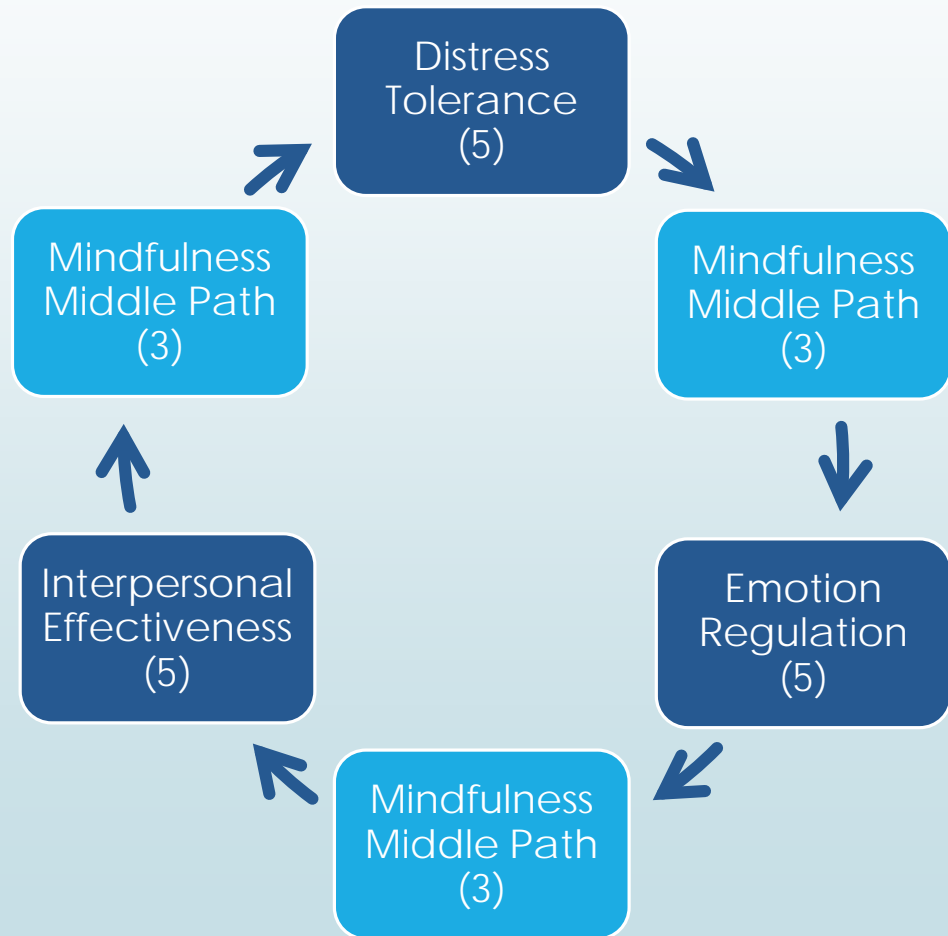
with Adolescents and Caregivers

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Skills Training Groups w/Teens & Families

- At least 2 group leaders (sometimes more are needed)
- Multifamily group (vs. separate parent & teen groups)
- Open vs. closed groups (prefer open)
 - More flexible rotating entry points
 - DBT veterans and graduations
- 4-miss rule applies (parents?)
- Other miss rules (e.g., 5-miss) can be useful
- Family member participation (required?)

6 months Treatment Cycle – Open group format



Can enter during mindfulness or middle path session, and 1st session of any other unit

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Group Session Structure

- ▶ Mindfulness Exercise
- ▶ Homework review
- ▶ Break
- ▶ Teaching new skill
- ▶ Assign homework
- ▶ Brief mindfulness closing



DBT Skills Stylistic Strategies

A few guiding principles:

- In your style of teaching and interacting, model what you'd like parents and teens to learn as much as possible
- Liberal use of positive reinforcement
- Always find the "nugget of gold" in what participants share or say, and always nudge them further towards improvement
- Avoid reinforcing avoidance – always elicit and reinforce your participants' willingness and participation in *some* way
- Be dynamic and engaging! Make jokes, do dramatic role plays, get and hold participants' attention



Tips for Teaching Mindfulness

- ▶ Distinction between “use” of mindfulness vs. “practice” of mindfulness
- ▶ The importance of the setup for each mindfulness practice
- ▶ The sequence:
 - ▶ Quick story, with skill use and outcome, follows a coping model (vs. mastery model)
 - ▶ Instructions for mindfulness practice (name specific skill!)
 - ▶ Ask if any questions
 - ▶ Do mindfulness practice
 - ▶ Ask people to share their experience



Tips for Teaching Mindfulness

- ▶ When sharing about their experiences, it's helpful to have a question as a guide
- ▶ The question can be the recapitulation of the mindfulness rationale
 - ▶ E.g., "Did you notice anything pulling you out of participating fully in the moment? What helped you throw yourself back in?"
 - ▶ At the end, ask the "big why" question: "Why do we practice this? How might it be useful in our lives?"
- ▶ Use the question to help guide, not to limit. If they go somewhere else, that's fine.



Tips for Teaching Mindfulness

- ▶ Use active highlighting and shaping during mindfulness sharing.
- ▶ Look for opportunities to highlight and emphasize:
 - ▶ Noticing what your mind was doing
 - ▶ Noticing what emotion or thought accompanied the experience
 - ▶ Noticing and highlighting the choice element (I can choose how to respond and not get hijacked by emotion)
 - ▶ Sitting with emotion increases your ability to tolerate and experience it
 - ▶ Noticing what helps connect to the present moment vs. being stuck in future or past



Tips for Homework Review

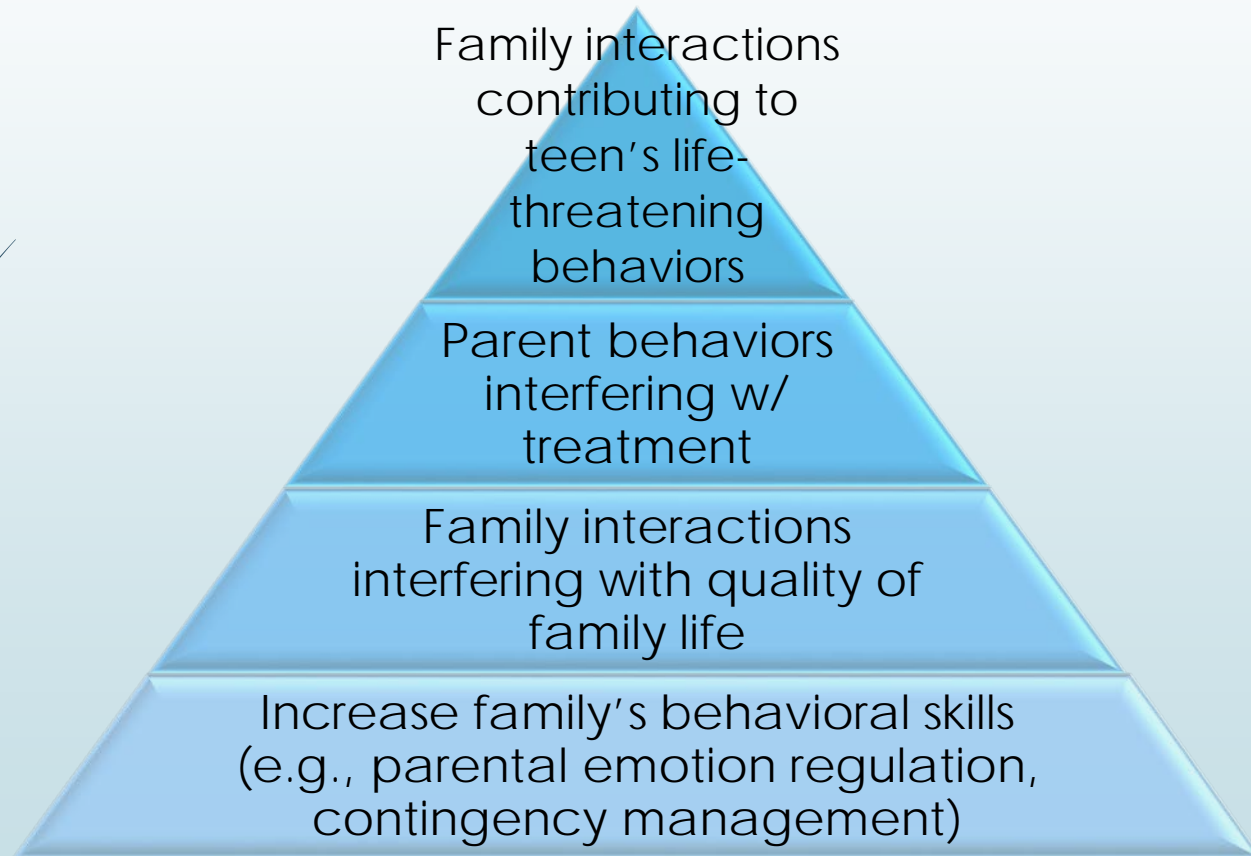
2 potential strategies for troubleshooting homework:

- ▶ Chain analysis and/or missing links analysis
- ▶ Scaffold and shape skills use in the moment
 - ▶ “Can you think of a time this past week where this skill would have been relevant? Or in the coming week?”
 - ▶ “Great, let’s practice it now!”
- ▶ Heavy use of positive reinforcement (stickers)



Involving Family in Treatment

Involving Family in Treatment – Family Treatment Targets



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Involving Family in Treatment – Modes of treatment

- ▶ Family sessions
- ▶ Multi-family skills group
- ▶ Phone coaching
- ▶ Parent skills group (rare)

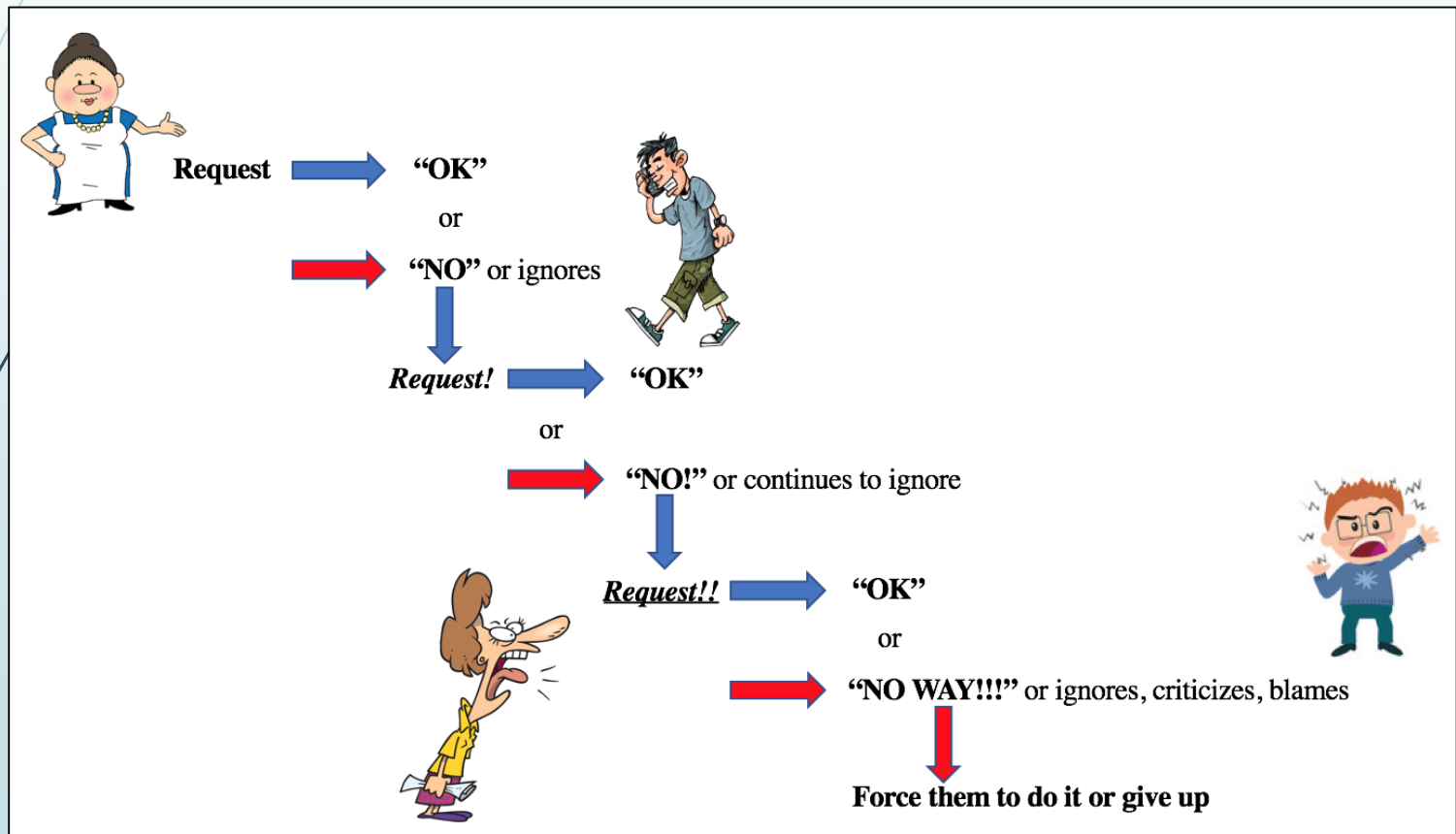


Involving Family in Treatment – Reducing shame, guilt, & stigma

- ▶ Importance of getting genuine family commitment and buy in
- ▶ Non-judgmental stance is critical! (biosocial theory can greatly assist with this)
 - ▶ “mismatch between environment and person’s needs” vs. “invalidating environment”
 - ▶ Labeling behaviors and interactions that don’t work vs. relationships, parents, teens, families that don’t work
 - ▶ Emphasis on parent’s influence and power of their modeling and responses

Involving Family in Treatment – Reducing shame, guilt, & stigma

The Coercive Cycle





Involving Family in Treatment – Goals

Why have a family session?

- Orientation to DBT
- Psychoeducation
- Facilitating important communication
- Conducting assessment
- Handling a crisis
- Negotiating contingencies/expectations
- Helping families problem solve

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Involving Family in Treatment – Common Interventions

- ▶ ASSESSMENT
- ▶ Navigating Dialectical Dilemmas
- ▶ Conducting Family Behavioral Analysis
- ▶ Improve family communication
- ▶ Increase parent and/or teen commitment and motivation for change
- ▶ Phone coaching for family
- ▶ Safety Planning with family components
- ▶ Helping parents increase their flexibility in regard to expectations *without* reinforcing ineffective behaviors



Questions?

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