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PSYCHIATRY ACADEMY

# **Integrating DBT in Clinical Practice:** **Applying DBT Framework for Emerging Emotional Dysregulation**

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# Disclosures

Neither I nor my spouse has a relevant financial relationship with a commercial interest to disclose



# Agenda

- Describe what Dialectical Behavioral Therapy (DBT) is
  - Standard DBT treatment
  - Primary targets in skills training
  - DBT adaptations for youth
- Describe what DBT-Elementary (DBT-E) is
  - Overview of DBT-E
  - Adaptation
  - Treatment objects
  - Transactional model
  - Distress Tolerance skills



# Dialectical Behavioral Therapy (DBT)

- Cognitive behavioral treatment developed by Marsha Linehan, PhD, ABPP, for chronically suicidal adults with BPD
- Transdiagnostic treatment for individuals with severe emotional and/or behavioral dysregulation
- Goal: help create a fulfilling life
  - Replacing problem behaviors with skillful behaviors
  - Experiencing a full range of emotions without acting on them
  - Effectively navigating relationships





# Primary Targets in Skills Training



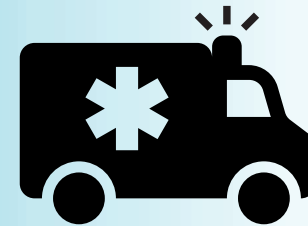
## **Mindfulness**

*Increase control  
of your mind and  
stay fully present  
in the moment*



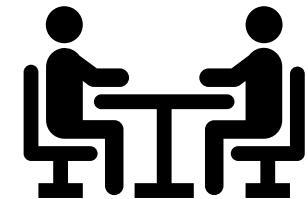
## **Emotion Regulation**

*Understand the  
emotions you  
experience; reduce  
emotional  
vulnerability and  
unwanted emotions*



## **Distress Tolerance**

*Tolerate crisis  
situations or strong  
emotions without  
making them worse*



## **Interpersonal Effectiveness**

*Be skillful in getting  
what you want and  
maintain healthy  
relationships*



# DBT Adaptations for Youth

## DBT for Adolescents (DBT-A)

- Alec L. Miller, Jill H. Rathus and Marsha Linehan (2007)
- Ages 13-18
- Treatment duration: 6 months

## DBT for Pre-adolescent Children (DBT-C)

- Francheska Perepletchikova (2017)
- Ages 7-12
- Treatment duration: 6-7 months

## DBT Skills in Schools: Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A)

- James Mazza, Elizabeth Dexter-Mazza, Alex Miller, Jill Rathus and Heather Murphy (2016)
- Grades 6-12
- Treatment duration: 30 sessions



# DBT-Elementary (DBT-E) for children ages 7 – 12 years with emerging emotional or behavioral dysregulation



# Overview of DBT-Elementary

- Transdiagnostic, family-based intervention: to address emerging emotional and behavioral dysregulation

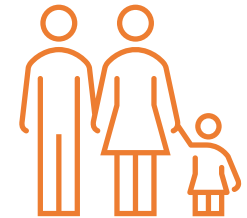
- Duration: 3 months



10 Parenting Group  
Sessions



4 Parent Coaching  
Sessions

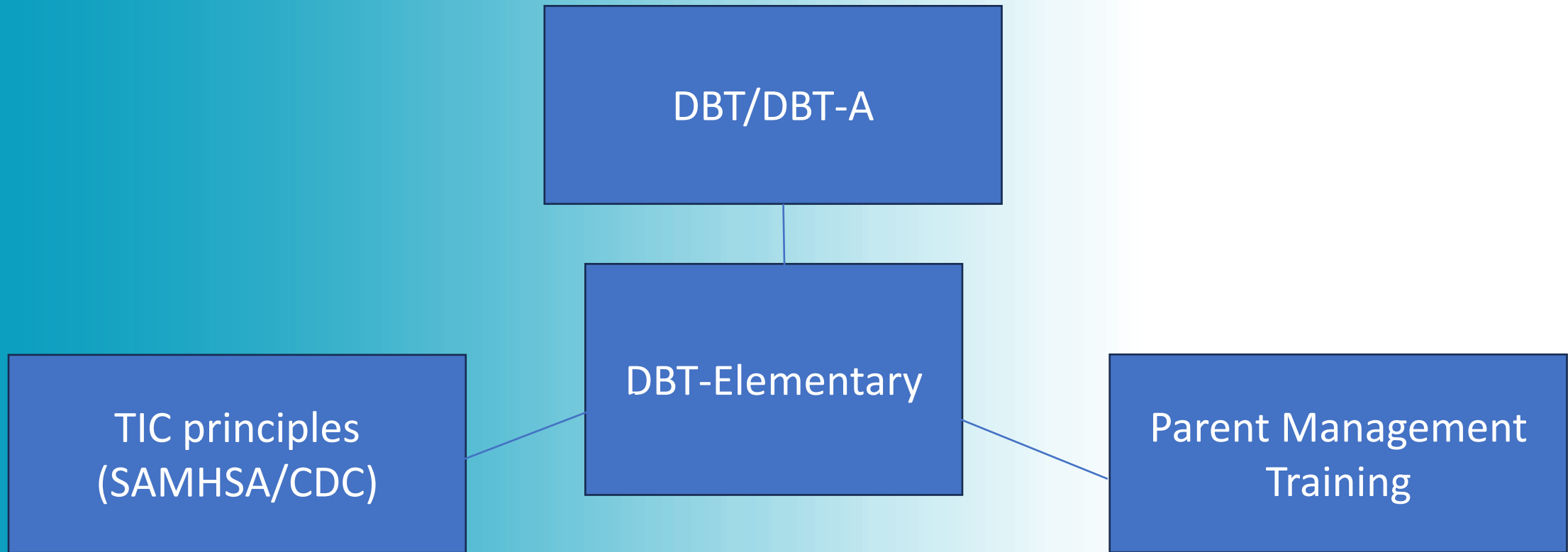


7 Family Therapy  
Sessions

- Identify and recruit through primary care pediatrics



# DBT-E Adaptation



Kazdin, 2005; Linehan, 2014; Rathus & Miller, 2014; Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC) 2014



# DBT-E Treatment Objectives



***Create a validating environment***

*Supports child's behavioral changes*

*Strengthens parent-child relationship*



***Help parents regulate their own emotions***

*Especially when managing challenging moments with child*



***Teach positive parenting skills***

*Reduce child's unwanted behaviors*

*Increase desired behaviors*



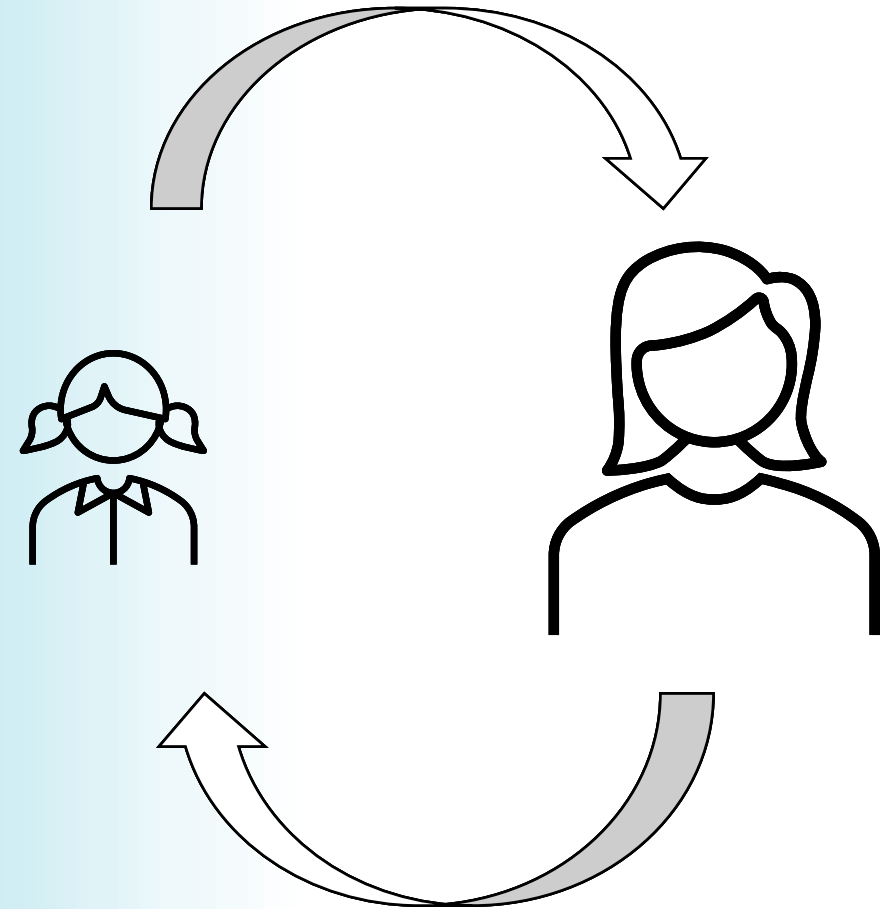
***Teach effective coping and problem-solving skills***

*Reduce child's vulnerability for emotional/behavioral dysregulation*



# Transactional Model

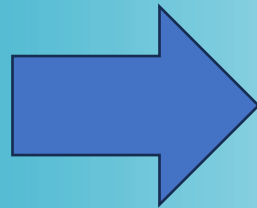
DBT-E recognizes the mutually influential interactions between a child and their parents.



# Reactive Parent Responses

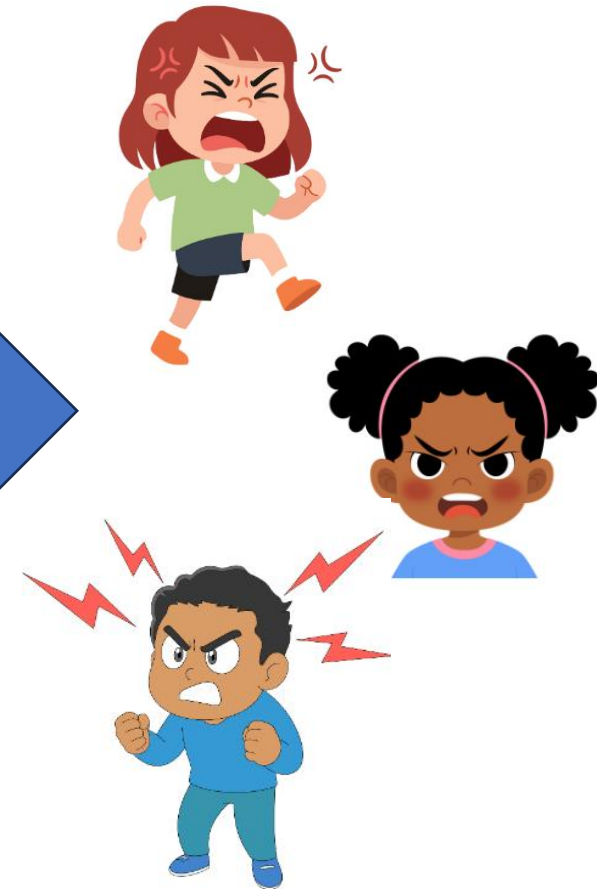
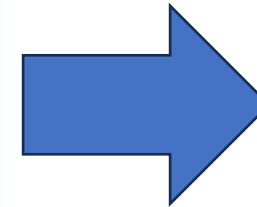
## CHILD:

- Tantrums
- Refusals
- Mealtime challenges
- Whining



## PARENTS:

- Yelling
- Harsh punishment
- Threatening
- Snapping
- Impulsive reactions

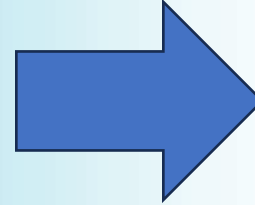
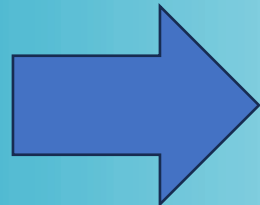




# Skillful Parent Responses

## CHILD:

- Tantrums
- Refusals
- Mealtime challenges
- Whining



## PARENTS:

- Stay calm and consistent
- Validate feelings
- Support needs & keep boundaries
- Give fair, reasonable consequences
- Positive reinforcement



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# Distress Tolerance

Helping parents regulate their own emotions especially when they are managing challenging moments with their child so they can **RESPOND SKILLFULLY**



# Distress Tolerance Skills

## What:

A crisis kit which can help us tolerate a very stressful or painful situation without making more problems



## Why:

People may act impulsively when experiencing high level of distress

## Function:

Reduce the intensity of strong emotion or distress so we can think about how to respond skillfully in a situation (instead of reacting)



# STOP Skill

## Stop

- Freeze! Do not react! Emotions may try to make you act without thinking. Stay in control!

## Take a Step back

- Take a step back from the situation. Take a deep breath. Do NOT let your feelings make you act impulsively.

## Observe

- Notice what is going on inside and outside you. What is the situation? What are your thoughts and feelings? What are others saying or doing?

## Proceed mindfully

- Act with awareness. In deciding what to do, consider your thoughts and feelings, the situation, and other people's thoughts and situation. Think about your goals! Which actions will make it better or worse?



# ACCEPTS Skill

## Activities

- Do something: call, visit a friend, play videogames, clean your room

## Contributing

- Contribute to (do something nice for) someone

## Comparisons

- Compare yourself to those less fortunate OR to a time when you were doing worse

## Emotions

- Create different emotions: watch a funny TV show

## Pushing away

- Push the painful situations out of your mind temporarily

## Thoughts

- Replace your thoughts: read, do word puzzles

## Sensations

- Intensity other sensations: hold or chew ice, listen to loud music



# Self-Soothe with Senses

## Vision

- Look at a photo album; notice colors in a sunset; zone out to a poster

## Hearing

- Listen to your favorite music, pay attention to sounds in nature

## Smell

- Put on your favorite lotion, smell freshly brewed coffee

## Taste

- Eat some of your favorite food, have your favorite snacks

## Touch

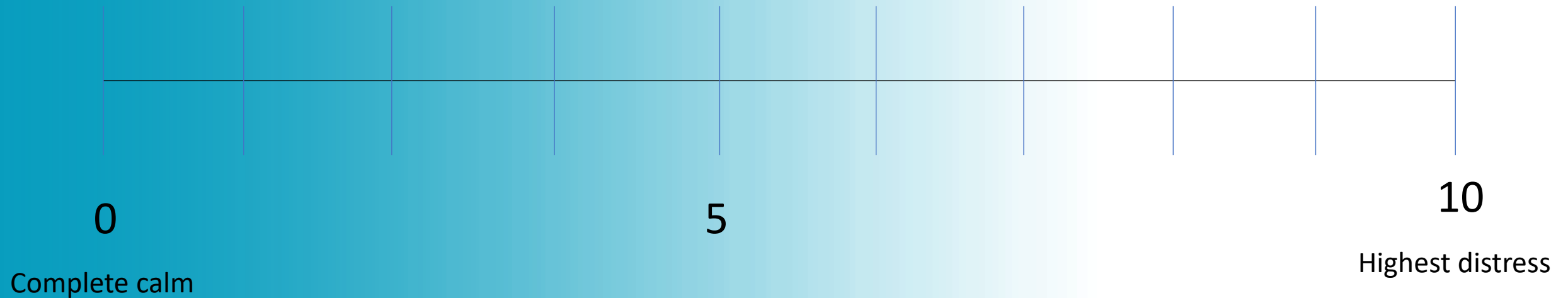
- Pet your dog or cat, brush your hair, wear most comfortable clothes

## Movement

- Rock yourself gently, do yoga, stretch



# Subjective Unit of Distress Scale



# Word Search

Breathe Mindful  
Moment Peace  
Listen Relax  
Smile Calm  
Center Care  
Nature Yoga  
Focus  
Music

S	X	M	F	J	B	C	J	Y	N
L	Y	O	O	C	R	E	M	D	A
T	J	M	C	A	E	S	U	F	T
R	R	E	U	L	A	M	S	X	U
L	E	N	S	M	T	I	I	C	R
I	L	T	S	H	H	L	C	A	E
S	A	B	W	I	E	E	B	R	Y
T	X	H	Z	P	E	A	C	E	O
E	T	C	E	N	T	E	R	L	G
N	S	M	I	N	D	F	U	L	A



# Stretching





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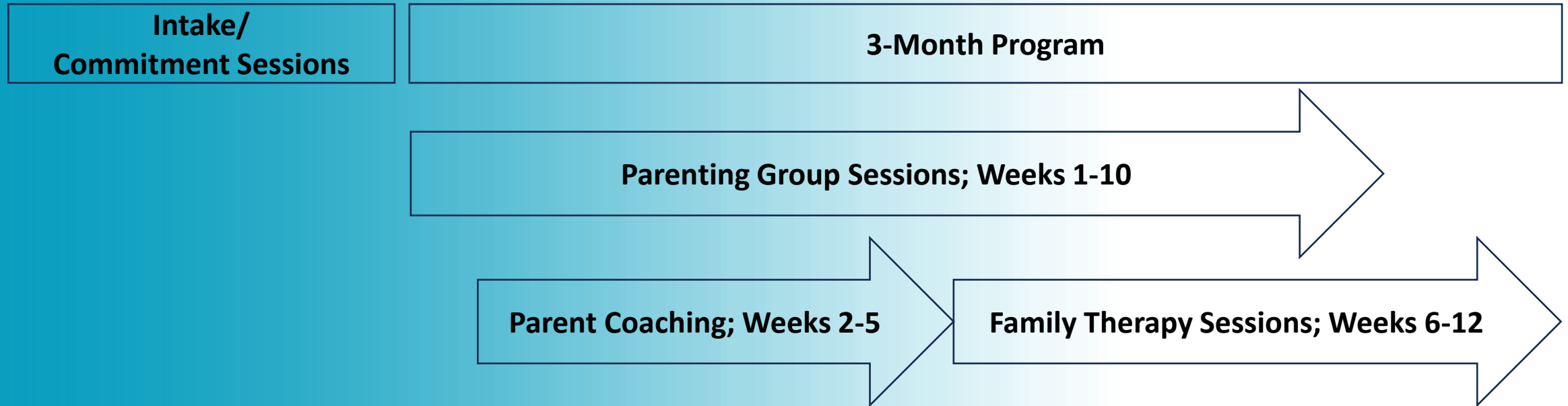


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# DBT-E: 3-Month Intensive Program





# Quick Check-In: Prevalence

- About **62-70%** of children and adolescents experienced a potentially traumatic event
- **80.5%** of adolescents and **64%** of adults reported at least one Adverse Childhood Experience



# SAMHSA/ CDC Trauma-Informed Approach: “4 Rs” Assumptions

1. **Realize:** widespread prevalence and impact of trauma, understand paths for recovery
2. **Recognize:** signs and symptoms in individuals, families, systems
3. **Respond:** principles of trauma-informed care in interventions, policies, procedures, and practices
4. **Resist** re-traumatization

# 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

TIC principle	Intake examples	Intervention examples
Safety	Have validating and non-judgmental approach	Review group expectations including respecting each other and keeping confidentiality; teach interpersonal effectiveness skills to advocate for physical and emotional safety
Trustworthiness and Transparency	Open discussion regarding billing and diagnosis; give an overview of treatment (e.g., benefits, possible challenges)	Provide commitment sessions and share treatment assumptions and expectations (for therapist, parents, child)
Peer Support	Share general information about other participants (e.g., common goals/concerns) to help parents assess fit	Discuss common parenting challenges and provide non-judgmental space for discussion and problem-solving
Collaboration & Mutuality	Collaboratively identify treatment goals and share additional resources based on their primary concerns	Provide skills coaching to parents while acknowledging parents as the experts of their child
Empowerment Voice & Choice	Create a validating environment so families can feel comfortable sharing their stories	Encourage individuals to practice new skills to help them achieve their own short-term and long-term life goals
Cultural Historical & Gender Issues	Consider roles of cultural factors in parenting, understanding child behaviors, etc.	Include examples/images of diverse individuals in handouts and examples; adapt the handouts to make it more accessible for any families



# Word Puzzle Answer Key

