

Dialectical Behavior Therapy in Schools with Multi-Problem Children and Adolescents

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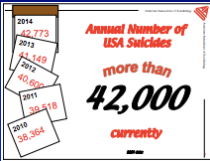
2017




Outline

- 1 Defining the Problem
- 2 Emotion Dysregulation and Multi-problem Case Conceptualization
- 3 What solutions have been tried?
- 4 Rationale for DBT with youth
- 5 Show me the data!
- 6 Rationale for DBT in schools
- 7 Structure of DBT
- 8 Next steps?







Adolescent Suicide: The Problem (CDC, 2015)

In the previous year nationwide, 9th-12th graders reported...

- **17% seriously considered suicide**
- **13.6% made a plan for how to commit suicide**
- **8% attempted suicide**
- **2.7% made SA requiring medical attention**



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In a typical high school classroom...

1 male and 2 females may have attempted suicide in the past year

American Association of Psychology
Source: King (1997, p.66)



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College Students Under Pressure

College and University mental health trends by school year among students already receiving services at counseling centers

Percentage of students	2010-11	2011-12	2012-13
Attended counseling for mental health concerns	45.2%	47.6%	48.7%
Taken a medication for mental health concerns	31.0%	31.8%	32.9%
Been hospitalized for mental health concerns	7.0%	7.8%	10.3%
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)	21.8%	22.5%	23.2%
Seriously considered attempting suicide	23.8%	25.5%	30.3%
Made a suicide attempt	7.9%	8.0%	8.8%
Considered seriously hurting another person	7.8%	7.9%	11.2%
Intentionally caused serious injury to another person	2.4%	2.2%	3.3%

Novotney, A. (2014). Students under pressure. *Monitor on Psychology*, 37-41.




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Adolescent Suicide

- **Risk factors:**
 - Firearms availability in home
 - >Risk factor than psychopathology in younger adolescents (Brent, 99)
 - Prior attempt and Non-Suicidal Self-Injury (NSSI)
 - (Andover et al., 2012; Whitlock & Knox, 2007; Wilkinson et al., 2011)
 - Suicidal plan
 - Psychiatric disorders: mood disorders, substance-related disorders, conduct disorder; anxiety; BPD; CAH
 - Impulsive aggression
 - Comorbidity
 - Family history: psych and suicide
 - (survivor—1 out of every 21 Americans)
 - Trauma and abuse*
 - (hx sex abuse predictive of 1st deliberate self-harm)
 - Contagion; media


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Nonsuicidal Self-Injurious Behaviors

- **Coping strategy of the 21st Century?**
- **NSSI = “the deliberate, direct destruction or alteration of body tissue, without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur.” (Gratz, 2003, p. 192)**
- **What are the most common methods?**


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Prevalence of NSSI

- **Pre-Adolescent Community Samples**
 - 7% (Hilt, Nock, et al., 2009)
- **Community Studies with Teens**
 - 35.6% adolescents at least once (Zetterqvist et al., 2013)
 - 14-28% HS students (e.g., Giletta et al., 2012; Muehlenkamp et al., 2012)


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Problem of NSSI

- **Clinical Samples**
 - 21%-61% in youth
 - Age of onset is typically between 12-14
 - 20% in adults
- **Gender Differences**
 - Not consistently evident, especially among adolescents
- **Ethnic Differences**
 - Not consistently evident
- **What are most common explanations given?**




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Theory of Etiology and Maintenance

- **Emotion Regulation Function**
 - Most common reason for NSSI (Prinstein, 2008)
 - Suppress negative affect (i.e., automatic negative reinforcement function)
 - Increase feelings (i.e., automatic positive reinforcement function) for those who feel numb




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Multi-Problem Teenagers

- **Suicide and NSSI are two of a cluster of high-risk behaviors including:**
 - School refusal, academic difficulties, drop-out
 - Sexual behaviors
 - HIV transmission and teen pregnancy
 - Substance abuse
 - Violent behaviors



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Raise your hand if this student sounds familiar.

Reacts out of fear of rejection

Is not able to make or keep friends

Does not seem sure of self or changes personas often

Acts out impulsively in self-damaging ways


Makes recurrent suicidal threats or self-mutilates


Reacts with intense anxiety or dysphoria

Feelings of emptiness

Experiences intense, inappropriate anger

At times seems paranoid or just “checks out” when under stress







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What is Borderline Personality Disorder?

- In short, BPD is a **PERVASIVE** disorder of the emotion regulation system
- The symptoms of BPD are the consequences of the person fluctuating between **extreme emotional dysregulation** and **attempts to regulate emotions**





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Borderline Personality Disorder (Re-organized)

Emotional Dysregulation

- Affective lability
- Problems with anger

Self Dysregulation

- Identity disturbance/ difficulties with sense of self
- Sense of emptiness

Interpersonal Dysregulation


- Chaotic relationships
- Fears of abandonment

Cognitive Dysregulation

- Dissociative responses/ paranoid ideation


Behavioral Dysregulation

- Suicidal and NSSI behavior
- Impulsive behavior



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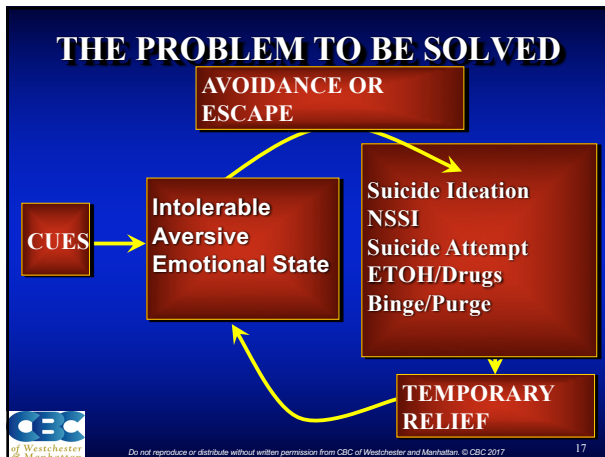


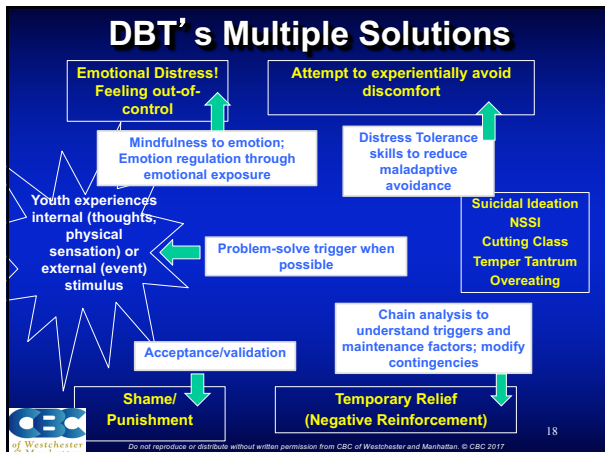
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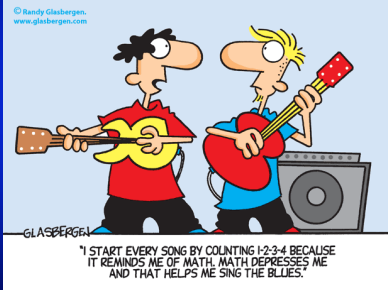
<u>Problem Areas</u>	<u>Skills</u>
1. Reduced Awareness and Focus; Confusion about Self	1. Mindfulness
2. Impulsivity	2. Distress Tolerance
3. Emotional Dysregulation	3. Emotion Regulation
4. Interpersonal Problems	4. Interpersonal Effectiveness
5. Teenager and Family Challenges (i.e., non-dialectical thinking, invalidation, poor contingency mgmt)	5. Walking the Middle Path

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Summary: Childhood and Adolescence is a difficult time!



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GLASBERGEN

"I START EVERY SONG BY COUNTING 1-2-3-4 BECAUSE IT REMINDS ME OF MATH. MATH DEPRESSES ME AND THAT HELPS ME SING THE BLUES."

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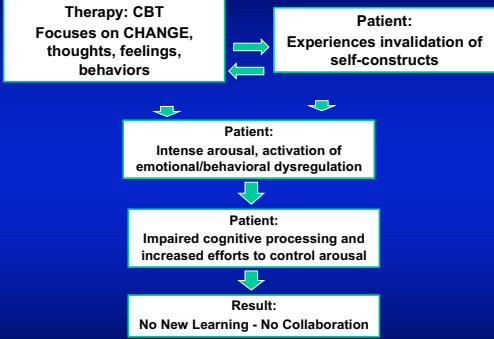
Problems Applying Standard Treatments

to severe and chronic multi-diagnostic,
difficult-to-treat students



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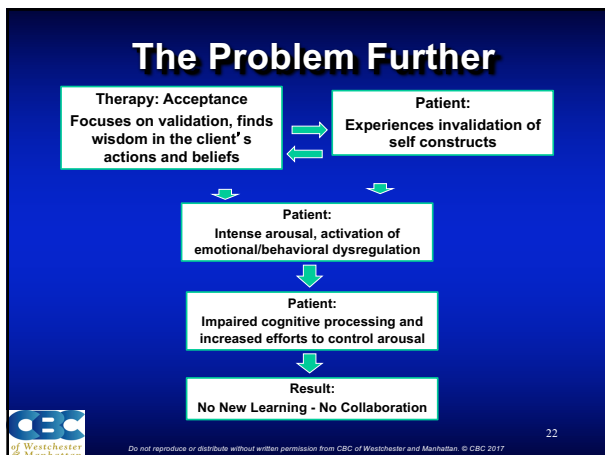
The Problem

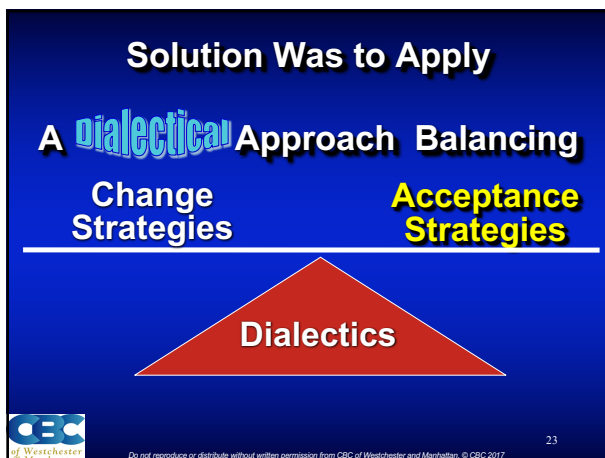


```
graph TD; A["Therapy: CBT  
Focuses on CHANGE,  
thoughts, feelings,  
behaviors"] <--> B["Patient:  
Experiences invalidation of  
self-constructs"]; B --> C["Patient:  
Intense arousal, activation of  
emotional/behavioral dysregulation"]; C --> D["Patient:  
Impaired cognitive processing and  
increased efforts to control arousal"]; D --> E["Result:  
No New Learning - No Collaboration"];
```

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- ### Definition of Dialectics:
1. **“worldview...”**
 2. **“debate...establishing truths on both sides rather than disproving one argument”**
Encarta World, English Dictionary, North American Edition
- CBC**
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Dialectical Synthesis


- the “middle path” -

Dialectical Analyses

Truth is sought through efforts to discover what is left out of current ways of ordering events.

Dialectical Lifestyle:
Balanced Behavior Patterns


Balanced *actions*
Balanced *emotions*
Balanced *cognition*



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Why DBT for teens?

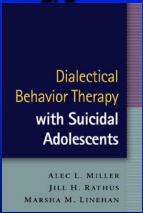

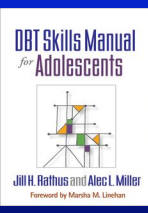
- **Data!** Randomized controlled studies
- **Biosocial Theory:** Offers a compassionate explanation of the etiology and maintenance of emotion dysregulation to students, families and professionals. The theory directly informs the treatment targets.
- **DBT is skills-based** and helps us all recognize the notion of skills deficits and the need for skills training.
- The multi-modal nature of DBT affords us multiple entry points into the teens lives (via individual counseling, skills group, family involvement, and inter-session coaching).




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Adapting DBT for Adolescents

- In 1995, we based adolescent adaptation on Linehan's inclusion criteria with adults:
 - Suicidal & NSSI
 - Multi-problem/multi-diagnosis
 - BPD








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Adolescent DBT in Clinical Settings

- Over time, inclusion criteria has broadened for patient populations and settings: outpatient, day treatment, inpatient, residential, forensic, medical and schools.
 - Transdiagnostic applications of DBT w/ teens
 - Ritschel, Miller, & Taylor, 2013

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DBT Outcome Data with Adolescents

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Dialectical Behavior Therapy for Adolescents with Recent and Repeated Self- harming Behaviors - First Randomized Controlled Trial

Lars Mehlum M.D. Ph.D.
National Centre for Suicide Research and Prevention
University of Oslo, NORWAY

Reference:
Mehlum, L., Tormoen, A., Ramberg, M., Haga, E., Diep, L., Laberg, S., Larsson, B., Stanley, B., Miller, AL, Sund, A., Groholt, B. (2014). Dialectical behavior therapy for adolescents with recent and repeated self-harming behavior-first randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53, 1082-1091.


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Treatment methods

- 1. DBT – Adapted for adolescents – 16 weeks**
- 2. Enhanced Usual Care (EUC) – 16 weeks**
Psychodynamic or CBT oriented therapy (non-DBT)


Treatments were delivered at five Child and Adolescent Outpatient Clinics in Oslo, Norway



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Design


- Randomized Controlled Trial with independent and blinded pre-, post and follow-up evaluations**
- Measurements at:**
 - Baseline (interview, self-report and testing)**
 - 16 weeks - End of treatment (interview, self-report and testing)**
 - 1 year posttreatment follow-up**
 - 2 years posttreatment follow-up (interview, self-report and testing)**
- Ten year follow-up planned**



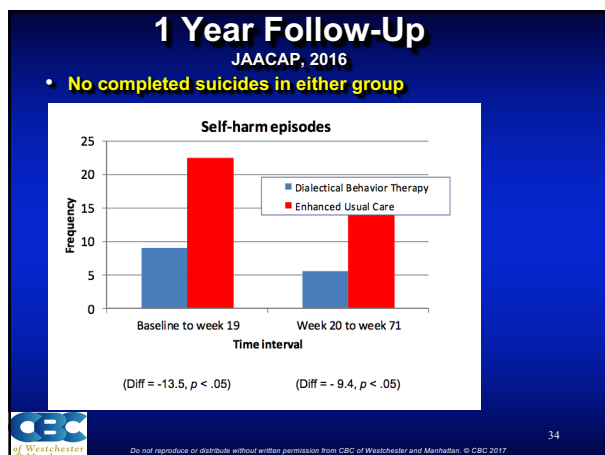
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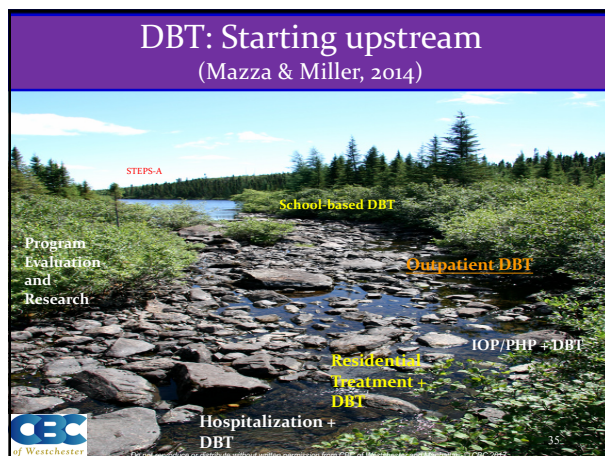
Conclusions

- Patients receiving DBT-A experienced significant reductions in all 3 primary outcome measures, in contrast to patients receiving EUC where only self-reported depression was significantly reduced**
- Patients who received DBT-A had a significantly**
 - Stronger reduction in the number of self-harm episodes**
 - Stronger decline in suicidal ideation**
 - Stronger reduction in interviewer rated depressive symptoms**
 - Stronger reduction in hopelessness feelings**
 - Stronger reduction in borderline symptoms**



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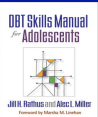
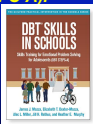





- ### Why School-Based DBT?
- The rationale from school personnel:**
 - Mounting pressure to keep ED (emotionally disabled) students within District
 - Costs District @ 100K/per student per year when sent out of District for specialized programs.**
 - Provide students and staff with common language and skills-based toolkit. Taught in groups/classes.
 - Reduce numerous problem behaviors that result in suspensions, ER visits, psychiatric and medical hospitalizations that interfere in education--keep students actually **IN SCHOOL**
 - In turn, can reduce staff/administrator burnout
 - DBT is evidence-based and has measurable outcomes (Mehlum et al. 2014)
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DBT in Schools (two types)

- Targeted/Selected Intervention (School-Based DBT)
 - Comprehensive DBT model within schools
 - Rathus JH & Miller, AL, (2015) *DBT Skills Manual for Adolescents*. Guilford Press
- Universal Intervention (STEPS-A)
 - Mazza, JJ, Dexter-Mazza, ET, Miller, AL, Rathus, JH, & Murphy, HE, (In press). *DBT Skills Training in Schools: Skills Training for Emotional Problem Solving for Adolescents (STEPS-A)*. Guilford Press.







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DBT in Schools (Comprehensive DBT)


- Far Rockaway, NY, High School (2001-2002)
- Lincoln HS, Portland Oregon (2007-present) Jim Hanson
- Ardsley School District, NY- Elementary, MS, and HS (2008-present)
 - Presented data at conferences (Catucci et al.; Mason et al)
- PS 8 Elementary School Bronx, NY/Montefiore School Health (2002-2012)
- Pleasantville, NY School District- Elementary, MS and HS (2009-present)
- Mamaroneck, NY Elementary, MS, HS (2010-present)
- Rockland County BOCES, NY, Elementary and HS (2012 – Present)
- New Rochelle, NY, Elementary, MS, & HS (2012 – Present)
- Florida, NY, Golden Hill Elementary and Middle Schools (2013 – Present)
- Briarcliff Manor, NY, High School (2013- 2016)
- Astor School Child and Adolescent Day Treatment Programs (2013-present)
- Robert Louis Stevenson High School, NYC (2015-present)
- Westport, CT, Staples High School (2015-present)
- Southern Westchester BOCES HS, White Plains NY (2015-present)
- Harrison, NY, High School (2016-present)
- Mount Vernon, NY, Elementary School (2016-present)
- White Plains, NY, Middle and High Schools (2016-present)
- Katonah Lewisboro, NY, High School (2016-present)
- Yorktown, NY, Yorktown Middle and High School (2016-present)



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Data from Schools


- Preliminary results from an open trial at Ardsley High School (Mason, Catucci, Lusk, and Johnson, 2011)**
 - Reduced referrals to assistant principal
 - Reduced cutting class, detentions and suspensions
 - Anecdotal reduction in depression, anxiety, NSSI
 - Requires change of culture re: how schools manage problem behavior



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Data from Schools


- **Preliminary results from an open trial at Pleasantville HS** (Dadd, 2015, unpublished dissertation)
 - Comprehensive school-DBT program
 - Reductions in depression and social stress as measured by BASC, 2nd edition
 - Increases in adaptive coping skills, in particular mindfulness skills
 - Increases in ability to tolerate distressing situations and reduction in maladaptive coping
 - Requires change of culture re: how schools manage problem behavior



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Lincoln High School, Portland, OR






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Lincoln HS Statistics

- 1720 students
- Middle to high socio-economic status
- 100 Best High Schools in United States
- High stress and anxiety (OHTS 2008: 13% of students considered suicide in last twelve months; 2012: 8.4%)
- About 20 parent meetings/year for cutting, suicidal ideation or attempt (record year high was 45)
- Suicide was leading cause of death until SB-DBT
 - Jim Hanson, 2015




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Lincoln HS Statistics

Hanson, 2015

- Identified at-risk youth (ie, NSSI ,SI, attempts) and provided Comprehensive DBT to 56 HS students.
- Results:
 - Before DBT: one to two suicides per year, since starting DBT in school 9 years ago there have been no suicides
 - Before DBT: two placements into Portland Public School's day treatment classroom per year, since DBT one placement in nine years
- Statistically significant improvements in GPA from pre- to post-intervention


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7-YEAR SUMMARY

Jim Hanson, 2015

BASC Subscale	Mean Pre (SD)	Mean Post (SD)	95% CI	t-score	Cohen's d
Anxiety	59.57 (12.17)	53.90 (13.62)	2.13-9.21	3.22*	.91
Depression	62.27 (14.65)	51.45 (10.29)	6.75-14.90	5.34**	1.51
Internalizing	60.51 (11.95)	52.65 (11.86)	4.14-11.59	4.24**	1.20
Anger Control	57.70 (10.74)	51.63 (10.22)	2.50-9.63	3.42*	1.02

* < .005, ** < .001; Bonferroni correction = .0125


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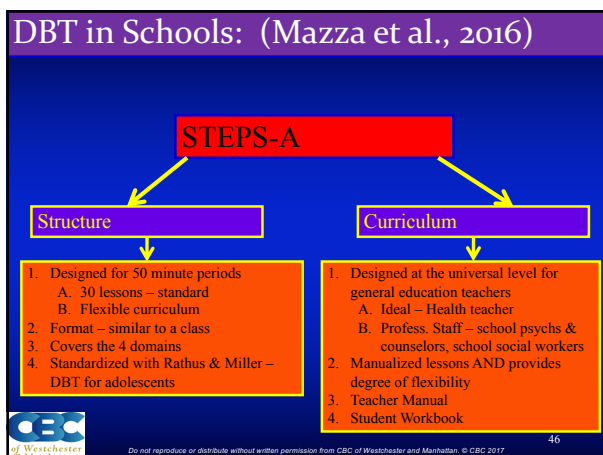
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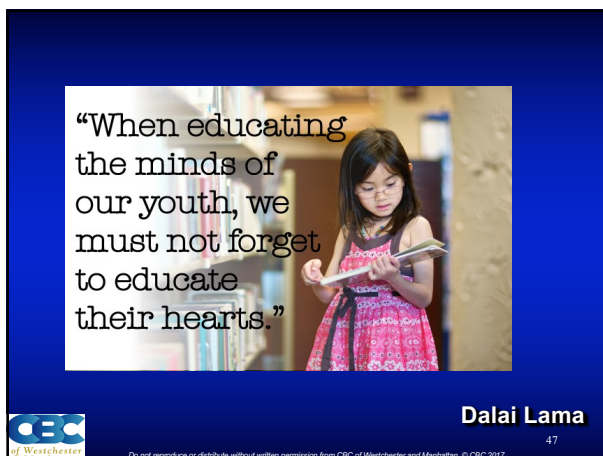
DBT in Schools (STEPS-A)

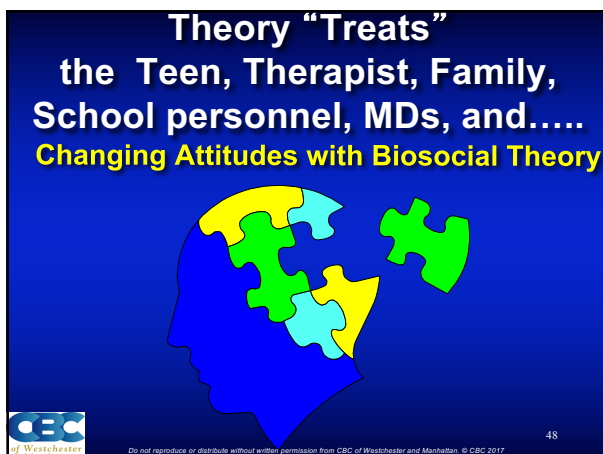
- Ulster County HS Health Class Curriculum (1999)
- Lincoln HS, Portland Oregon (2007-present) Jim Hanson
- Mazza & Mazza (2010-)
 - University of Washington, MS & HS Education
- Ardley School District, NY- HS (2013-2014)
 - Ardley Health Class
- Mastery Charter School, Philadelphia, PA HS (2013-present)
- Briarcliff Manor, NY, High School (2013- 2016)
- Manteca, CA, Middle School and High School (2014-present)
- Oakland, CA, Middle School (2014-present)
- Project GRAD, LA (2014-present)
- Stamford, CT, High School (2015-present) FOR HS CREDIT
- Northern Westchester BOCES (2015-present)

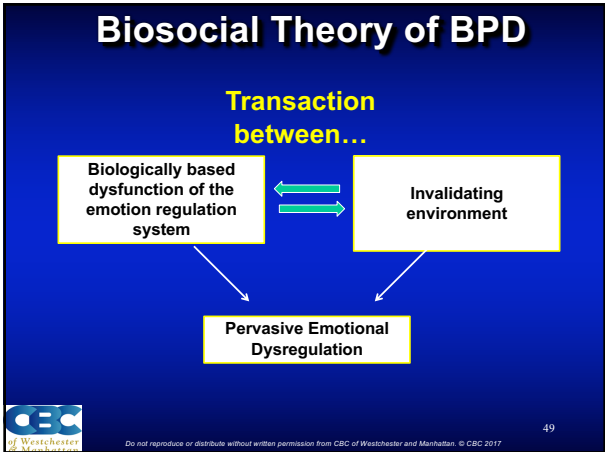

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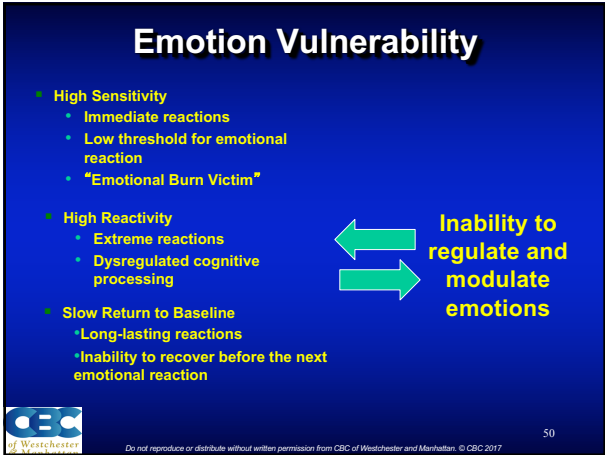
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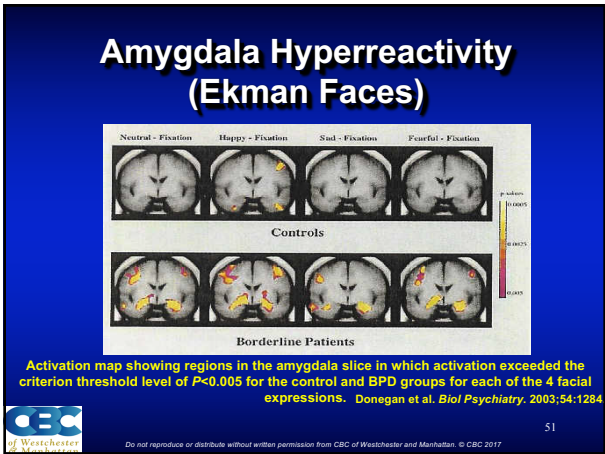












Components of Emotion Dysregulation

"Freezes," shuts down, dissociates

Distorted Thinking Misperceptions

Focuses only on the emotional cue - cannot refocus

Cannot regulate physiological arousal (breathing, heartrate, etc.)

Cannot plan actions towards non-mood dependent goals - focused on reducing emotional distress

Cannot control impulses related to affect

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Goals of Emotion Regulation

Refocus attention on the present moment

Decrease (or increase) physiological arousal as appropriate

Mindfulness Skills

Organize thinking and behaviors in service of non-mood dependent goals and values

Reduce mood-dependent behavioral responses

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Invalidating Environment

The environment includes:

- **Family members**
- **School staff**
 - Teachers, administrators, security guards
- **Peers**
- **Mental health professionals**
- **Medical doctors/nurses, etc**

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Invalidating Environment

**Pervasively negates,
punishes, corrects, ignores
or dismisses behavior
independent of
the actual validity
of the behavior.**



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Characteristics of an Invalidating Environment

1. **INDISCRIMINATELY REJECTS** communication of private experiences and self-generated behaviors
E.g., Teen upset about failing test..... "It's your fault. If you studied more you would have passed."
OR "Stop worrying, it's not a big deal, honey, it's only 1 test."
2. **IGNORES** or **PUNISHES** lower level emotional displays and **INTERMITTENTLY REINFORCES** emotional escalation
"You're over-reacting... it's not that big a deal!"
Crying escalates—threat-I'm not going back to school.
"OK, let's go out for a nice dinner tonight so you'll feel better and I'll help you study next time."
3. **OVER-SIMPLIFIES** ease of problem solving and meeting goals.



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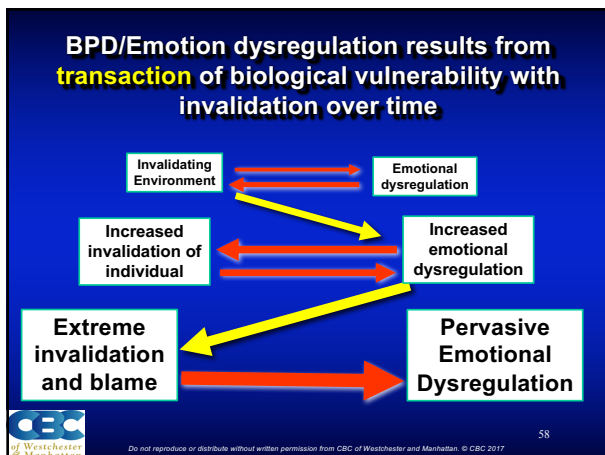
Invalidating Environment Teaches Individual to:

1. **Actively self invalidate and search social environment cues on how to respond**
2. **Oscillate between emotional inhibition and extreme emotional styles**
3. **Form unrealistic goals and expectations**



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Teaching Biosocial Theory to Students, Parents, School Personnel, Medical Doctors, Therapists


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**STRUCTURE
the
Treatment
FRAME**

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DBT Assumptions about Students, Families and Schools


- People are doing the best they can.
- People want to improve.
- People must learn new behaviors in all relevant contexts.
- People cannot fail in DBT.
- People may not have caused all of their own problems, but they have to solve them anyway.
- People need to do better, try harder, and/or be more motivated to change.
- The lives of suicidal and depressed kids and adolescents are painful as they are currently being lived.




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Structure the Comprehensiveness of Treatment



DBT Structures Treatment by Functions




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5 Functions of Any Comprehensive Treatments

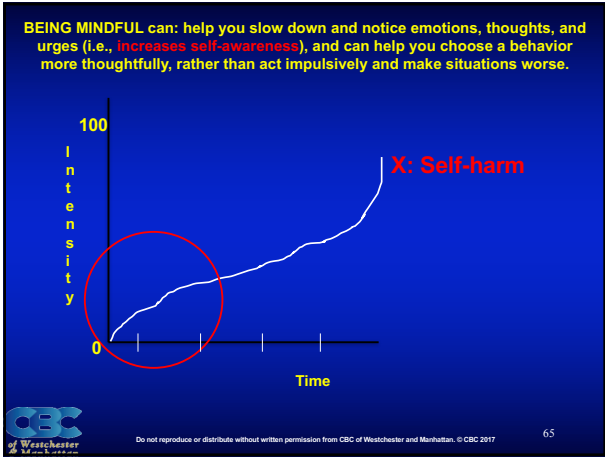
1. Enhance capabilities: **DBT SKILLS GROUP**
2. Improve motivational factors: **DBT IND COUNSELING**
3. Assure generalization to natural environment: **DBT COACHING DURING SCHOOL DAY**
4. Structure the environment: **PROTECT TIME/SPACE/STAFF TO DELIVER THIS MODEL; ORIENT FAMILIES AS NEEDED**
5. Enhance provider/schools capabilities and motivation to treat effectively: **CONDUCT WEEKLY DBT STAFF CONSULTATION TEAM MEETING (EVERY WEEK)**

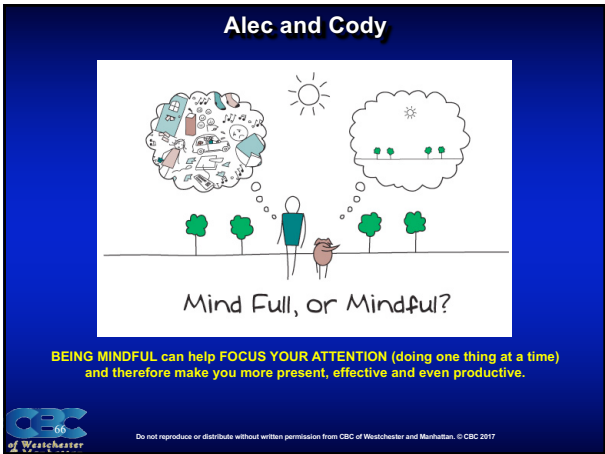


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Other Benefits of Mindfulness

Being mindful can:


1. Reduce your emotional suffering and increase your pleasure and sense of well-being.
2. Increase compassion for self and others.
3. Lessen your pain, tension, and stress, and in turn can even improve your health

(DBT Skills Manual for Adolescents, Rathus & Miller p 270)

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Mindfulness Practice:

Snap, Crackle, Pop


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Mindfulness Observations:

“What did you notice?”

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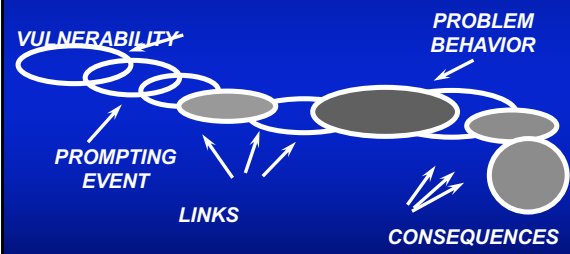
What is the function of this behavior?



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Conduct B.A.: Analyze the chain of events moment-to-moment over time




VULNERABILITY

PROMPTING EVENT

LINKS

PROBLEM BEHAVIOR

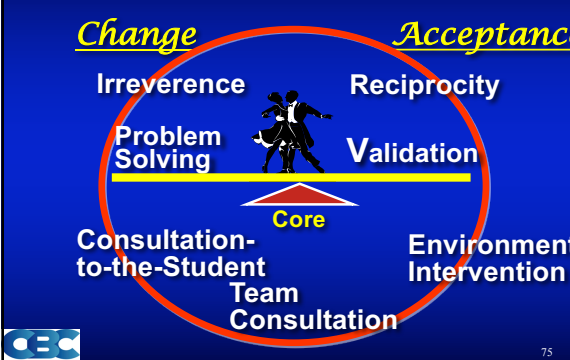
CONSEQUENCES



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BALANCE TREATMENT STRATEGIES



Change

Acceptance

Irreverence

Reciprocity

Problem Solving


Validation

Core

Consultation-to-the-Student

Team Consultation


Environmental Intervention



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add Validation

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What can we validate?

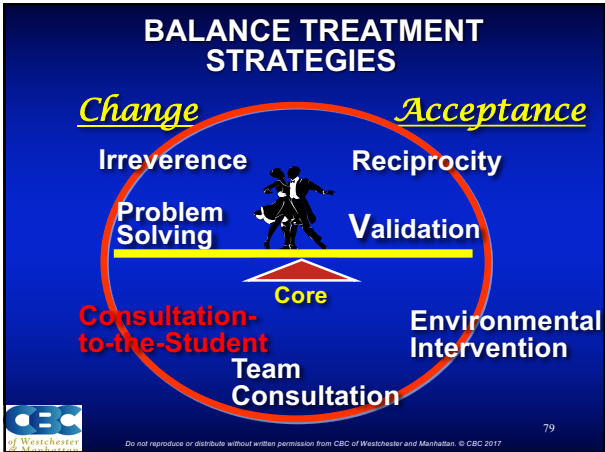
- **Feelings, thoughts and behaviors in:**
 - Ourselves
 - Others
- **Validate the valid (not the invalid): You can validate the emotion without validating problem behaviors.**

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Validation Practice of Teen:

- **"I'm always so tired since I have to get up at 6am to get to school on time."**
- **"I'm in a bad mood today because I got a bad grade on my math test"**
- **"I didn't feel like doing my homework since I was vacation"**
- **"My parents punished me for my bad report card and I'm really pissed off that I cant go out for the next 3 weekends"**

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Born to Run
BRUCE SPRINGSTEEN

Selena Gomez:
"DBT has completely changed my life. I wish more people would talk about therapy."
Elle Magazine, 2017

Born to Run, 2016

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Brandon and Michi Marshall and Project 375



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Next steps.....

- **Meet and discuss how this model may be useful in your setting.**
- **Consider pros/cons of this model vs. what you are using currently.**
- **If DBT makes sense, discuss what steps need to be put into place to best implement this program at your site.**
- **Needless to say, further training and ongoing consultation would need to occur**

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DBT in Schools

SB-DBT Team Training

- **Team Training:**
- **Orientation/Commitment Session with all stakeholders for ½ day**
- **Four-day DBT training for those delivering comprehensive DBT**
- **Half-day implementation meeting**
- **Bi-weekly 1 hr. consultations with DBT team (2 years)**
- **Assign DBT books and articles**


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Evaluating DBT Program

- **Academic** **What do we want to measure?**
 - GPA
 - Standardized test scores
 - Grade promotion
 - Student remaining within district/ Out of District Placement
- **School Behavior**
 - Attendance
 - Disciplinary referrals
 - Unscheduled visits to RN, guidance counselor, principal's office
 - Calls for 911/ER visits
 - Tardiness
- **Clinical**
 - Psychiatric hospitalizations
 - BASC (parent, teacher, child) or Strengths & Difficulties Questionnaire (SDQ)
 - Difficulties in Emotion Regulation Scale (DERS)
 - Ways of Coping Checklist (WCC-CL)
 - Burnout Inventory
- **Diary Card Monitoring**
NSSI, SI, mood stability, skills use, attending/cutting class




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Cognitive and Behavioral Consultants of Westchester and Manhattan, LLP

To make a referral call

<u>Westchester</u>	<u>NYC</u>
(914) 385-1150, press 1	(212) 595-9559, press 1
1 North Broadway, Suite 704 White Plains, NY 10601	320 Central Park West, Suite 1C New York, New York 10025
	300 Central Park West, Suite 1B New York, New York 10024



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Our Clinical and Training Team

Lata K. McGinn, PhD Co-Founder	Alec L. Miller, PsyD Co-Founder
Lauren Bonavitacola, PsyD	Aviva Katz, PsyD
Chad Brice, PhD	Dena Klein, PhD
Magda Buczek, PsyD	Casey O'Brien, PsyD
Dawn Catucci, MS Ed, PD, LMHC	Elizabeth Ronan, PsyD
Elizabeth Courtney-Seidler, PhD	Erin Sparapani, PhD
Suzanne Davino, PhD	Amber Ufford, PhD
Connie Dekis, PhD	Amy Walker, PhD
Melanie Fernandez, PhD	Irene Zilber, PhD
Melville Francis, PshD	
Nora Gerardi, MS	
Kelly Graling, PhD	
Michelle Greenberg, PhD	
Rachel Haddad, PsyD	



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Training Opportunities

Pre-Doctoral Externship

- Requirements: Advanced 3rd year and 4th year doctoral candidates.
- Includes weekly individual and peer supervision, DBT and CBT consultation teams and ongoing didactic training

Postdoctoral Fellowship

- Requirements: doctoral graduates with experience in CBT
- Extensive supervision, didactics, and training in individual and group CBT/DBT, PCIT, Trauma-focused treatments, outcomes-monitoring
- Possible junior psychologist position post fellowship

Chad Brice, PhD
Director of Training
914-385-1150 x4735
cbrice@cbc-psychology.com



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Consultation and Training

- Ongoing trainings offered by CBC Team
- Individual and group consultation for mental health providers on specific disorders/manualized approaches
- On-site trainings for hospitals, schools, corporations, and other agencies for prevention, treatment, and crisis response utilizing CBT and DBT approaches

Kelly Graling, PhD
Director of Consultation Services
(914) 385-1150 x4730
kgraling@cbc-psychology.com



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Adolescent DBT Books/Manuals

- Miller, Rathus, & Linehan (2007). *DBT with Suicidal Adolescents*. Guilford Press.
- Rathus & Miller (2015). *DBT Skills Manual for Adolescents*. Guilford Press.
- Mazza, JJ, Dexter-Mazza, ET, Miller, AL, Rathus, JH & Murphy, HE. (2016). *DBT Skills in Schools: DBT for Emotional Problem Solving for Adolescents (DBT STEPS-A)*. Guilford Press.

For more treatment and training information:

- CBC www.cbc-psychology.com
- NEA-BPD www.borderlinepersonalitydisorder.com



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