



# **ORIENTATION PACKET**

## Early Adolescent DBT Program

# WHAT IS DBT?

### **What is Dialectical Behavior Therapy?**

DBT is a skills/behavior-focused therapy in which individuals learn how to replace ineffective behaviors with new skills/behaviors. Originally designed for Borderline Personality Disorder, DBT has been proven to also be effective with Depression, Anxiety, and other clinical and personality disorders.

### **Skills Training Modules:**

**Core Mindfulness**—Mindfulness is awareness of thoughts, feelings, behavior, patterns, and one's surroundings. The more awareness one practices, the more effective one can be participating in a *life worth living*.

**Distress Tolerance**—Distress tolerance includes skills for coping and surviving a crisis when problem solving is not the most effective option. The general categories of distress tolerance skills include distraction, self-soothing, improving the moment, and radical acceptance. These skills are meant to replace unhealthy coping behaviors such as self-injury, chemical abuse, and other behaviors that ultimately make life more difficult rather than improving one's functioning.

**Emotion Regulation**—Emotion regulation is designed to reduce emotional suffering by increasing understanding of how emotions work and what they do for individuals. When an individual understands more about emotions, he/she can then make choices that increase the probability of positive emotions by decreasing the probability of negative emotions and their vulnerability to them.

**Interpersonal Effectiveness**—Interpersonal effectiveness includes skills for building and maintaining self-respect (one's relationship with self), building and maintaining healthy relationships with others, and increasing the probability of getting one's wants and needs met through healthy assertiveness.

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## **DBT SKILL LIST**

### **Mindfulness—Taking hold of your mind to recognize patterns**

- OBS**—Observe—Notice what flows through your senses
- DES**—Describe—Put your experience into words
- PART**—Participate—Enter fully into your experience
- NJS**—Non-Judgmental Stance—Experience without labels or evaluation
- OM**—One-Mindfully—Focus attention and concentration on the here and now
- EFF**—Effectively—Act skillfully; focus on what works

### **Interpersonal Effectiveness—Making, maintain, and improving relationships**

- DM**—DEARMAN—Communicate your needs effectively; set limits
- G**—GIVE—Use relationship building skills
- F**—FAST—Attend to your self-respect and values
- BO**—Boundaries—Set limits with others

### **Emotion Regulation—Reducing vulnerability to intense emotions**

- PL**—PLEASE—Maintain physical health to reduce vulnerability to painful emotions
- BM**—Build Mastery—Do one thing daily to feel competent and in control
- BPE**—Build Positive Experiences—Do pleasant things to create a life worth living
- MPE**—Mindful of Positive Experiences—Be aware of pleasant events
- MM**—Mood Momentum—Do things to keep pleasant moods going
- O2E**—Opposite to Emotion—Change emotion by acting opposite to current emotion
- A2R**—Attend to Relationships—Focus on relationships to create pleasant feelings

### **Distress Tolerance—Tolerate in short-term to reduce long-term suffering; do not make things worse**

- TO**—Time Out—Call a *time-out* to break to calm down
- DIST**—Distract—Focus attention away from problem
  - Activities**—Do things to keep busy and involved
  - Contributing**—Do something for someone else
  - Comparisons**—See that others also experience difficulties
  - Emotions**—Do something that creates a different feeling
  - Push-Away**—Take a brief time-out
  - Thoughts**—Think about something other than your distress
  - Sensations**—Energize, refresh, and jolt your senses
- SS**—Self-Soothe—Use your senses to reduce stress and enhance calm
- ITM**—Improve the Moment—Replace painful impressions with pleasant ones
  - Imagery**—Picture relaxing and calming scenes in your mind
  - Meaning**—Find the value or ‘why’ in a difficult time
  - Prayer**—Seek connection and guidance from your higher power
  - Relaxation**—Calm the mind and body
  - One thing at a Time (OTAT)**—Focus on doing just one thing before doing another
  - Vacation**—Take a brief break to relax
  - Encouragement**—Be a cheerleader for yourself
- DB**—Deep-Breathing—Breathe to help body cope with distress
- P/C**—Pros & Cons—Weigh the consequences of behaviors
- TTM**—Turn the Mind—Turn mind towards willingness & acceptance
- WI**—Willingness—To remove barriers and do what works in a situation
- RA**—Radical Acceptance—Accepting from deep within what reality is
- EA**—Everyday Acceptance—Accepting daily inconveniences
- US**—Urge Surfing—Riding the ebbs and flows of an emotion or thought
- TS**—Thought Stopping—Tell your mind STOP! when ruminating or thinking unhelpful thoughts
- TM**—Teflon Mind—Let distractions slip away; don’t get stuck on one thing
- BB**—Bridge Burning—Remove the means of acting on harmful urges
- HS**—Half Smile—Accept reality with your face

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# REMOTE RULES & EXPECTATIONS

In order to participate in program, all program members (teen, parent or caregiver) are responsible for knowing and following program rules and expectations. Skillful, respectful, and effective behaviors are expected at program even if not specifically acknowledged within this document. Disregard for any of the following rules is grounds for discharge.

- ⊕ **Attendance**—Attendance is a life skill. Teen and parent are expected to attend all sessions from start to finish. Please log in early to test that your technology is working. If you cannot attend, please inform your therapist before the absence. If you will be late or need to leave early, inform your therapist prior. There are no “excused” absences. Attendance less than 85% will result in an attendance contract\*. Discharge occurs if you do not inform your therapist of absences for three consecutive sessions.

*\*Attendance contracts are used agency-wide to address attendance concerns and offer supportive accountability so members are more capable of reaching their treatment goals. The policy allows for misses due to illness and emergencies. (See program manual for a blank Attendance Contract).*

- ⊕ **Confidentiality**—*What is shared in program stays in program*—Teen and parent are expected to keep all information learned in program private. Information pertaining to other members and program issues cannot be discussed outside of program. Sessions cannot be recorded in any form. Recording will result in discharge.

- ⊕ **Safety**—Safety is the primary goal of therapy. Therapists are required by law to act on behalf of all members if there are reports of maltreatment, neglect, and safety concerns if a member cannot commit to safety.

- ⊕ **Safety protocol**—If safety concerns are present, they will be addressed by safety planning. Teen will review current safety plan or choose to create a new one. Therapist and teen will identify skills to keep safe. Therapist will ask for a commitment to safety. If teen cannot commit to safety using the skills and supports identified until returning to program, then therapist will initiate a Transport Hold by calling 911. Emergency services will come to your location and bring you to the hospital for assessment. Parents cannot transport teens to the hospital.

**\*\*If you intentionally disconnect from session during a safety check, you will be discharged from program.**

**\*\*If you accidentally become disconnected, email or call your therapist immediately.**

**\*\*In the event that disconnection occurs, your therapist will call your parent.**

- ⊕ **Communication with parent & caregiver**—This program provides therapists with information from both the teen and parent. In order for teens to open up and trust the therapy process, therapists will honor and respect the teen’s privacy. However, therapists will inform parent when safety concerns or other risky behaviors are present. There will be times when therapists will coach and encourage teens to talk to their parents. This form of self-advocacy will enhance communication in the home.

- ⊕ **Family check-ins with or without teen**—Program allows therapists and families to check-in at every session. In addition, family check-ins can be requested as needed. These extra sessions will be billed and can occur with or without teen. These appointments must be scheduled in advance and may be with a different therapist.

- ⊕ **Coordination with the treatment team**—A signed release of information (ROI) allows your therapist to communicate with other team members you identified. Therapists will regularly contact team members to share treatment-related information in effort to provide effective and consistent treatment.

- ⊕ **Individual therapy**—Teens are required to participate in individual therapy as recommended by their treatment team. Family therapy and individual therapy for the parent can also be recommended. If you are without an individual therapist, one can be requested internally at MHS.

- ⊕ **Relationships with program peers**—Teens and parents can use each other for support outside of program; however, private relationships are not allowed. If you connect outside of program, you must use a group chat format. It is expected that you talk about skills and respect one’s boundaries. Unskillful communication topics

# Early Adolescent DBT Program

## RULES CONTINUED

and behaviors will not be tolerated. You cannot talk about therapy topics. You cannot send images that may upset another person. During Zoom program, only public chats will be used.

- ⊕ **Preparing for session**—Arrive early to test your technology. Bring your DBT manual and completed Daily Log. Be prepared to take notes. Have a fidget, snack, and/or drink ready. Turn your camera on. Use headphones when able.
- ⊕ **Participation**—Willingness and participation are required for therapy to be effective. It is expected that teens and parents engage in the therapy process and intentionally practice skills between sessions.
- ⊕ **Behavior**—Skillful, respectful, and effective behaviors are expected. Therapists will communicate concerns to teen and parent. If teen does not show improvement, a Behavior Contract may be used. Behavior contracts are interventions that address ineffective behaviors and identify more skillful ones necessary for program. A pattern of ineffective behavior is grounds for discharge.

You must:	You cannot:
Arrive on time and stay until dismissed Be dressed (as if you were in person) Complete Daily Logs Complete homework Ask/answer questions Share skill suggestions Look at the camera / show your face Raise your hand Use Zoom's chat feature	Record any part of session Turn your video off Intentionally disconnect from session Have multiple screens/devices active Be on your phone Play games, do homework, text friends Interrupt others Swear or use inappropriate language Use judgmental language or name calling Privately chat with peers Argue with therapists Engage in unsafe behaviors during program

- ⊕ **Cell phones and other devices**—All technology must be silenced during program.
- ⊕ **Breaks and transitions**— You may turn video and audio off when on break. You will use your break time to transition teen or parent out of the meeting and/or physical space. You will share your Daily Log. Use appropriate volume, tone, and language during breaks. Therapists can monitor breaks to ensure skillfulness.
- ⊕ **Drugs, alcohol, and other mood altering substances**—You cannot attend program under the influence of any substances including caffeine.
- ⊕ **Teen is expected to take prescription medication as prescribed.**
- ⊕ **Families are expected to comply with their payment agreements monthly.**

Acknowledged by client:	Date:
Acknowledged by parent or caregiver:	Date:

## **Early Adolescent DBT Program**

<b>CHILD SESSION STRUCTURE</b>			
4:20PM Zoom meeting opens for socialization 4:30PM Program begins with teaching 5PM 5-minute break 5:05 Program resumes with process time 6PM Program ends			
<b>Time</b>	<b>Who attends?</b>	<b>What happens?</b>	<b>Duration:</b>
4:30 PM	Child Parent*	Program starts Teaching	30 min.
5:00 PM	Parent leaves Child stays	Transition break	5 min.
5:05 PM	Child only No parent	Child process time	55 min.
6:00 PM	-	Program ends	-

\*Parent must attend at least one teaching session weekly

<b>PARENT SESSION</b>
Program meets once weekly for one hour. Meetings days and times depend on which group your child was placed.  You will meet with the parent provider and the other parents of the children your child is in program with.

### **What to expect from orientation?**

- Your child's provider will email Zoom invite prior to orientation
  - Check your spam/ trash folders
- Plan for 30 to 60 minutes your program therapist
- Child and parent must attend
- Review remote program rules/expectations
- Begin treatment planning
- Create safety plan
- Explain structure
- Choose start date if there is availability

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### PARENTING: AN IMPORTANT ROLE

The following interventions are brief guidelines to help manage emotions, symptoms, and to create effective behavior changes in the home. Additional information will be taught and discussed in program.

- ⊕ **Give your adolescent some leeway.** Allow your adolescent an opportunity to create his/her own identity as he/she gains more independence. This will help to establish his/her own place in the world.
- ⊕ **Choose your battles wisely.** Which is more important to address—Getting a tattoo (that is permanent) or a messy bedroom? Be careful to push for too much change too soon.
- ⊕ **Invite his/her friends for dinner.** It helps to meet the kids you have questions about. Your adolescent may also see his/her friends in a different light after they observe them interacting with you—his/her parents. Also remember, *you catch more bees with honey than with vinegar.*
- ⊕ **Decide rules and discipline in advance.** Be on the same page as your partner or co-parent. Do this proactively and following through with the consequences. The idea is that if your adolescent says that the punishment isn't fair, then you have already agreed on what *is* fair punishment.
- ⊕ **Discuss 'checking in.'** Give your adolescent age-appropriate autonomy depending on how responsible he/she has been. If your adolescent is open, honest, and complying with requests appropriately, then he/she may only need to call once during the evening to check in.
- ⊕ **Talk to your adolescent about risks.** Whether it's drugs, driving, or premarital sex, your adolescent needs to know the worst that could happen. Share with your adolescent how it is that you made this decision or why you value it.
- ⊕ **Give your adolescent a game plan.** Brainstorm options with your adolescent so he/she knows what's expected when managing some situations. Discuss what your adolescent is to do if you are late and cannot pick him/her up afterschool. Will he/she call an older sibling or a relative? Will he/she take the bus or wait until you arrive?
- ⊕ **Keep the door open.** Be cautious to ask too many questions; yet act interested. Share a few tidbits about past and ask about their experience. If your adolescent appears quiet, a good line to use is: *"You may not feel like talking about it right now. I know what that's like. But if you feel like talking later—come to me."*
- ⊕ **Be a role model.** Your actions—even more than your words—are critical in helping your adolescent adopt good moral and ethical standards. Act in a way that supports the message or expectation you have set—*do as I do AND say.*

## Early Adolescent DBT Program

### PARENTING CONTINUED

- ⊕ **Create a validating environment.** Allow for understanding and acknowledgment. Listen to your adolescent. Be cautious in problem-solving right away. Understand what is happening or what needs to be done.
- ⊕ **Reward effective behavior.** Attend to and praise what it is you want to see more of.
- ⊕ **Try to understand the function of your adolescent's behavior.** This will help you to not personalize his/her behavior.
- ⊕ **Be cautious in reacting too quickly.** Slow down. Take some deep breaths. Pause and think about how to respond. Understand that we tend to react when emotional and respond when wise.
- ⊕ **Build positive experiences** into your family life to relieve stress and vulnerability.
- ⊕ **Act opposite to emotion** to speak softly when you want to yell.
- ⊕ **How to respond to threats**—try to avoid rewarding risky or maladaptive behaviors. Create a safe and supportive environment for your adolescent. Be aware that the concern you demonstrate may accidentally reinforce behavior. Remain calm, encourage skills, make sure the house is safe and that means of safe-harm/suicide are not readily available. If your adolescent has a plan, take him/her to the hospital. If your adolescent is unresponsive to de-escalation techniques call 911.

\*Adapted from <http://www.webmd.com/parenting/features/10-parenting-tips-for-raising-teenagers> and Harvey, P., & Rathbone, B. H. (2013). *Dialectical behavior therapy for at-risk adolescents: a practitioner's guide to treating challenging behavior problems*. Oakland: New Harbinger Publications, Inc.



## Early Adolescent DBT Program

### **ADDITIONAL RESOURCES**

<b>United Way 211</b> 24/7 information and referral for a variety of helping services. Dial 211 or 651-291-0211
<b>National Suicide Prevention Lifeline</b> 800-273-TALK (8255) <a href="https://suicidepreventionlifeline.org/">https://suicidepreventionlifeline.org/</a>
<b>Hennepin Co. Child Crisis Services</b> Mobile outreach for child/adolescent located in Hennepin County and experiencing a mental health emergency. 612-348-2233 <a href="https://www.hennepin.us/residents/emergencies/mental-health-emergencies">https://www.hennepin.us/residents/emergencies/mental-health-emergencies</a>
<b>Abbott Northwestern Adolescent Mental Health Services</b> 612-863-8633
<b>Ramsey Co. Children's Crisis Response</b> 24/7 crisis service for child/adolescent located in Ramsey County and experiencing a mental health emergency. 651-266-7878
<b>United Hospital Adolescent Mental Health Treatment Unit (ages 12- 18)</b> 651-241-8694
<b>Suburban County Crisis Intervention Teams</b> Anoka: 763-755-3801 Carver/Scott: 952-442-7601 Dakota: 952-891-7171 Washington: 651-777-5222
<b>Crisis Text Line</b> 24/7 crisis counseling at your fingertips. Text "HOME" to 741741 <a href="https://www.crisistextline.org/">https://www.crisistextline.org/</a>
<b>The Trevor Project</b> Crisis intervention and suicide prevention services to LGBTQ youth under age 25. 866-488-7386 <a href="https://www.thetrevorproject.org/">https://www.thetrevorproject.org/</a>
<b>Poison Control Center</b> 1-800-222-1222 <a href="https://mnpoison.org/">https://mnpoison.org/</a>
<b>Active Minds</b> Active Minds is the leading non-profit organization that empowers students to speak openly about mental health in order to educate others and encourage help-seeking. <a href="http://www.ctiveminds.org/">www.ctiveminds.org/</a>
<b>National Alliance on Mental Illness (NAMI)- Minnesota</b> NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need. 651-645-2948 <a href="https://namimn.org/">https://namimn.org/</a>

## **Early Adolescent DBT Program**

### **RESOURCES CONTINUED**

<b>Parenting a Child Who Has Intense Emotions: Dialectical Behavior Therapy Skills to Help Your Child Regulate Emotional Outbursts and Aggressive Behaviors</b> Book by Pat Harvey ACSW LCSW-C and Jeanine Penzo LICSW
<b>Parenting a Teen Who Has Intense Emotions: DBT Skills to Help Your Teen Navigate Emotional and Behavioral Challenges</b> Book by Pat Harvey ACSW LCSW-C and Britt H. Rathbone, MSSW, LCSW-C
<b>Recovering My Kid: Parenting Young Adults in Treatment and Beyond</b> Book by Joseph Lee, M.D.
<b>Why Do They Act That Way? A Survival Guide to the Adolescent Brain for You and Your Teen</b> Book by David Walsh, PhD
<b>No: Why Kids--of All Ages--Need to Hear It and Ways Parents Can Say It</b> Book by David Walsh
<b>The Blessing of a Skinned Knee</b> Book by Wendy Mogel, PhD
<b>How to Raise an Adult: Break Free of the Overparenting Trap and Prepare Your Kid for Success</b> Book by Julie Lythcott-Haims
<b>Brainstorm: The Power and Purpose of the Teenage Brain</b> Book by Daniel J. Siegel
<b>Helping Teens Who Cut: Understanding and Ending Self-Injury</b> Book by Michael Hollander, PhD