

# Dialectical Behavior Therapy for Special Populations:

Enhancing Treatment Approaches for Individuals with Intellectual and Developmental Disabilities and Concurrent Mental Health Needs

Training for Parents, Vendors, and other Stakeholders

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# Developmental Enhancement

- Professionals with expertise in developmental and mental health areas
- Assessment, Treatment, and Consultation
  - Clinic-Based Private Practice
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    - Individuals, Families, Programs, Organizations
- Partnered with the Center for Childhood Development

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# The Need for Treatment

- People with developmental disabilities suffer from the same difficulties in life that the rest of the population encounters
  - Anxiety and depression
  - Grief and trauma
  - Job stress, etc.

Charlton et al., 2004; Butz et al., 2000; Nezu & Nezu, 1994

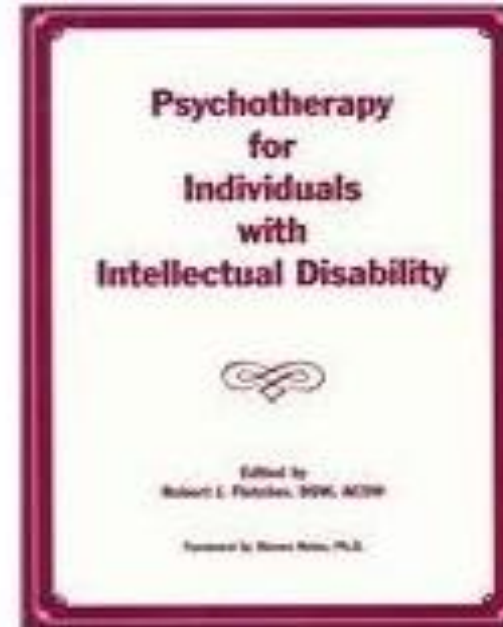
# The need for adapted treatment

- People with developmental disabilities are more likely to be impacted by abuse due to a variety of factors that impair their resilience or ability to spontaneously recover their former level of functioning following an abusive incident or other traumatic experience.

Charlton et al., 2004

# Treatment Resource

- Psychotherapy for Individuals with Intellectual Disability.
- Available from NADD ([www.thenadd.org](http://www.thenadd.org))



# Adapting Psychotherapy for People with DD/ID (or other learning needs)

- Slow down your speech
- Use language that is comprehensible to the client
- Present information one item at a time
- Take frequent pauses during the session to check comprehension

# Community Experiences of People with DD/ID

- Higher rates of maltreatment than the general population.
- Perpetrators perceptions:
  - Ideal victims
  - Lack credibility
  - Unable to report

# Vulnerabilities

- Higher level of assistance from caregivers
- For longer periods of time
- For invasive daily functions
- Higher level of stress on the family
- People are less able to meet parental expectations



# Vulnerabilities

- Intellectual disability interferes with:
  - The ability to predict high-risk situations
  - Understand what is happening in an abusive situation
- Barriers to reporting:
  - Mobility challenges
  - Restricted ability to communicate

Charlton, Kliethermes, Tallant, Taverne, & Tishelman (2004)

# Other Vulnerabilities

- Trauma
- Social Cognition
- Dysregulation
- Executive Function

# Trauma?

- Broadly defined as any event or experience that:
  - Significantly conflicts with/alters worldview
  - Calls into question issues of safety
  - Compromises trust with caregivers/authority

# Trauma May Take Many Forms

- Natural disasters
- Accidents
- Invasive medical procedures
- Physical abuse
- Emotional abuse
- Sexual abuse
- Refugee of war

# Normal Response to Trauma

- Loss of control during the event.
- After the event:
  - Intrusion of material from the event
  - Numbing
  - Emotional constriction
  - Intense efforts to control experiences that might elicit memories
  - Dissociative splitting off or aspects of the experience
  - Hypervigilance (enhanced startle response and sleep disturbance)
  - Shattered sense of safety
  - Disruption of self-identity

# Trauma Information

- It is important that normal trauma responses not be attributed to the person's developmental disability or pre-existing mental illness.
- People with developmental disabilities generally have the same types of symptoms following trauma that anyone else would: sleep disturbance, startle response, numbing, emotional constriction, disrupted sense of safety, shattered self-identity, etc.
- Trauma responses generally represent a change from the person's normal level of functioning.

# Social Cognition

- Perspective-Taking
- Thinking about others
- Understanding impact of me on others
- Expected vs. Unexpected behaviors

# Dysregulation

- Behavioral, Emotional, Cognitive
  - Are they really distinct?
  - All characterized by
    - Over-reactivity, Unpredictability, Instability
- Illustrations
  - A great rollercoaster
  - A broken thermostat
  - Michigan weather



# Why Regulation Matters

- Emotions
  - Mental Health: Mood Disorders, Anxiety
- Overt Behaviors
  - ADHD, Aggression, Mania
- Cognitive Activity
  - Executive Functions, Mood Disorders
- Blood Pressure/Heart Rate
  - Hypertension, Coronary Disease, etc.
- Sleep
  - All of the above

# Neurological Underpinnings

- You Name It – it's involved
  - Thalamus, Hypothalamus, Pituitary, Prefrontal Cortex, Suprachiasmatic Nucleus, etc.
  - Serotonin, Dopamine, Melatonin, etc.
  - Autonomic Nervous System
  - Sensory Systems

# Trauma, Dysregulation, and Neurology

- The parts of the brain that are most involved in PTSD are the amygdala, hippocampus, medial front cortex, thalamus, hypothalamus and the hypothalamic-pituitary-adrenal axis.
- Along with these, chemicals in the brain such as noradreneline, dopamine, serotonin, the opiod systems, insulin, and cortisol all play complex roles in the PTSD symptom producing process.

(van der Kolk, McFarlane, Weisaeth, 2006)

# Executive Functioning

- Higher-order cognitive abilities
- Integrated skills like:
  - Planning
  - Organizing
  - Processing
  - Problem solving
  - Cognitive flexibility
  - Inhibition
  - Regulation of attention and focus

# Dialectical Behavior Therapy:

An Overview

# General Philosophy

- Worldview of Dialectics
- Functional Contextualism
- Developmental-Behavioral Perspective
- Working Assumptions
- The DBT Team

# Dialectical Worldview

- A “dialectic worldview” is a way of thinking that embraces a non-absolute ‘truth’ model, allows for (seemingly) conflicting perspectives, and sees ‘truth’ as developing, evolving, and constructed over time.
- This is middle ground between Universalism (ABSOLUTE TRUTH) and complete Relativism (NO TRUTH – ITS ALL RELATIVE)

# Dialectical Worldview

- This worldview advocates the use of words such as 'AND' instead of 'BUT' or "NOT" and is intentionally inclusive in nature.
- Its about seeing the middle ground between seeing two seeming contradictions.



# The “Dialectic” in DBT

- Practically, this approach seeks to balance acceptance (validation) and change.
- Recognizing the functionality of current behaviors and the inherent potential for growth in each client, the therapist works to facilitate change through skill-building and mindfulness training, as well as acceptance strategies.

# The “Dialectic” in DBT

- There are three primary characteristics of a dialectical worldview:
  - The principle of wholeness and interrelatedness
  - The principle of polarity
  - The principle of continuous change (thesis, antithesis, and synthesis)

Linehan, 1993a

# The “Dialectic” in DBT

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# Foundations of DBT

- Philosophical Underpinnings
  - Functional Contextualism(contemporary radical behaviorism)
    - Philosophy of science
    - undergirds behavior analysis
    - Whole-person-in-context perspective
    - Involved in many contemporary approaches that utilize Acceptance and Mindfulness strategies

Linehan, 1993a; Koerner & Dimeff, 2007

# Foundations of DBT

- Bio-Psycho-Social Theory
  - highly emotionally reactive to environments and problems returning to a baseline arousal level
  - history of trauma and severe emotional dysregulation
  - skills deficits that inhibit effective coping with such experiences
  - results in crisis-ridden lives characterized by chaotic interpersonal relationships and poor day-to-day functioning

Linehan, 1993

# Foundations: Bio-Psycho-Social Theory

- Application: the interplay between our biology, psychology, and social experiences (among other factors) is the foundation for understanding and working
  - A WHOLE-PERSON, CONTEXTUAL, PERSON-CENTERED APPROACH

# DEVELOPMENTAL-BEHAVIORAL PERSPECTIVE

- Developmental
- Development as a lifelong process
- Many opportunities for disruption and remediation
- Need for “redoing” and “relearning”
- Expectations based on whole-person factors, not simply chronological age or any other single factor
- Behavioral
- Principles of Learning (reinforcement, etc.)
- Focus on act-in-situation
- Insight, Awareness, Understanding are fine, but don’t necessarily cause change to occur
- Skill-building focus

# Working Assumptions (taking a DBT stance)

- Clients are doing the best they can
- Clients want to improve
- Clients need to do better, try harder ...
- Clients have not caused all of their problems but they have to solve them anyway
- Clients' lives are unbearable as they currently are
- Clients must learn new ways of being in all relevant situations
- Clients can not fail in treatment
- Treators (everyone on the DBT Team) need assistance and support when working with individuals with intensive problems



# The DBT Team

- This means **EVERYONE!**
  - Family Members
  - Direct Care Staff
  - Administrative Managers
  - Case Management
  - Clinicians
  - Nursing
  - Psychiatrist
  - Consultants
  - ...

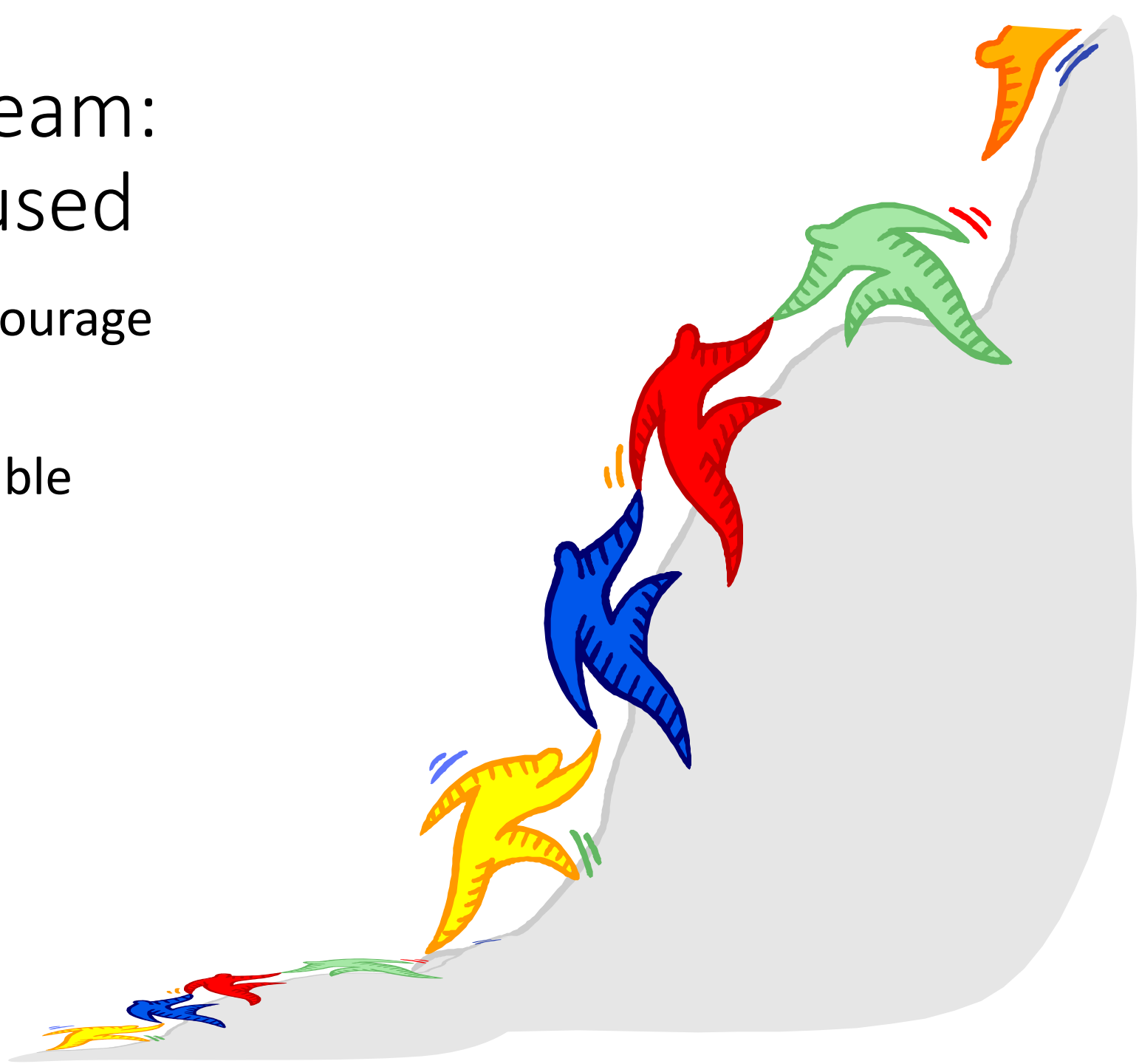


# The DBT Team: Client Focused

- Provide a safe, consistent, therapeutic environment
- Create a positive teaching milieu
- Develop a validating, accepting, change promoting culture

# The DBT Team: Team Focused

- Support & Encourage
- Teach & Learn
- Hold Accountable



# DBT Team Agreements

- Dialectical Agreement
- Consultation to the Patient
- Consistency Agreement
- Empathic Orientation
- Fallibility Agreement

# Clients and Selves

- Remember core assumptions:
  - We are all doing the best we are able in this moment
  - Things are okay the way they are (validation) and change can happen and will be beneficial

# Moving from DBT to DBT-SP

# DBT & DBT-SP Methods

- Group Skills Training
- Individual Therapy
- Crisis/Emergency Services
- Consultation/Supervision
- Research/Outcomes Evaluation

# Fidelity to the Model

- DBT and DBT-SP are organized in an intentional fashion
- The components are purposefully emphasized



# DBT for Special Populations

- DBT was such a promising practice, yet fully out of reach for individuals with DD/ID
  - Standard DBT can be difficult to comprehend for those with learning challenges, for kids/adolescents, and for those whose cognitive/intellectual skills are even temporarily compromised or generally below average
- Phases/types of Adaptations
  - Assessing goodness of fit for the model
  - Skills training manual (handouts, etc.)
  - Presentation of materials, group structure
  - Individual therapy component

# Why DBT-SP?

- Some client characteristics include:
  - Difficult to treat using typical “talk therapy”
  - Difficulties with regulating emotions
  - High levels of interpersonal conflict
  - High levels of impulsivity
  - Display self injurious behavior at times
  - Multiple Diagnoses

# Why Should DBT-SP Work?

- Common characteristics between populations for which DBT has been found to work and people with developmental disabilities
  - Higher incidence of trauma than the general population
  - Impaired impulse control
  - Difficulty identifying and managing frustration appropriately
  - Problems with regulation of emotion
  - Lack of effective methods for self-soothing

# DBT-SP: Goodness of Fit

- Design of DBT provides key characteristics that are suggested in the literature on adapting psychotherapy
  - Strength based instruction
  - Concrete skill building
  - Built-in repetition and practice of key information

# DBT-SP: Goodness of Fit

- Depending on the individual, other strategies for meeting his/her needs include:
  - Frequent feedback
  - Frequent reinforcers
  - Repetition
  - Rehearsal
  - Role plays
  - Homework
  - Generalization

# DBT-SP

## Group Skills Training

# Mindfulness

- What is Mindfulness?
  - “Being in the moment”
  - “Paying attention on purpose”
  - “Mindful vs. Meditative”
- Why Mindfulness?
- How to be Mindful

# Mindfulness: Handout 1

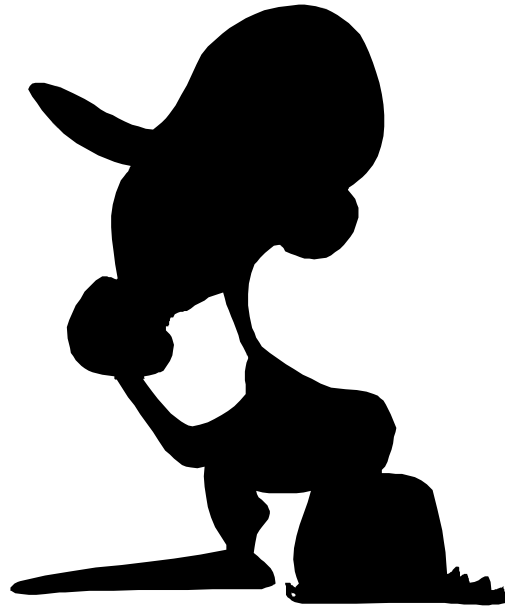
- States of Mind
- Thinking Hot vs. Thinking Cool
- Examples?
- Wise Mind ~ The Middle Ground



# Mindfulness: Handout 2

- Mindfulness: What To Do
  - Observe
  - Describe
  - Participate

- Mindfulness: How To Do It
  - Accept
  - One Thing
  - Effectively



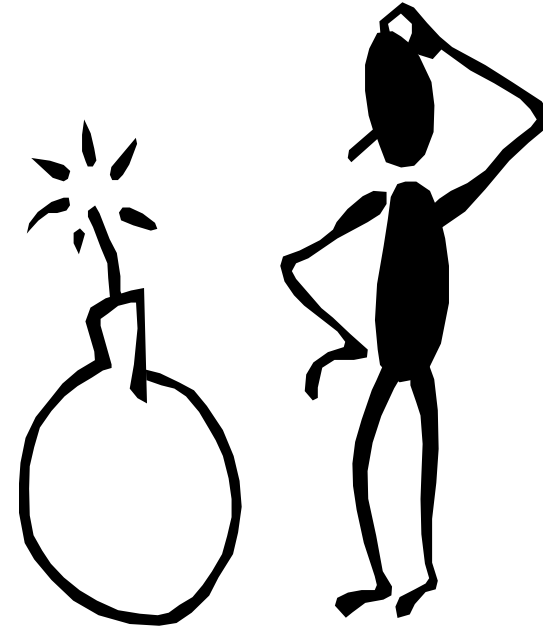
# Distress Tolerance

- Overview of Module
  - Why Distress Tolerance?
  - What is it all about?



# Distress Tolerance

- Goals of DT
  - Life happens, so ...
  - Acceptance vs. The Struggle
  - Understand, Accept, Survive



# Distress Tolerance

- Handout 4: Distracting
  - Wise Mind Accepts
    - Activities
    - Contribute
    - Compare
    - Emotions (opposite)
    - Push Away
    - Thoughts
    - Sensations

# Distress Tolerance

- Handout 5: Ways to survive bad times
  - Self-soothing with our senses
    - Seeing
    - Hearing
    - Smelling
    - Tasting
    - Touching

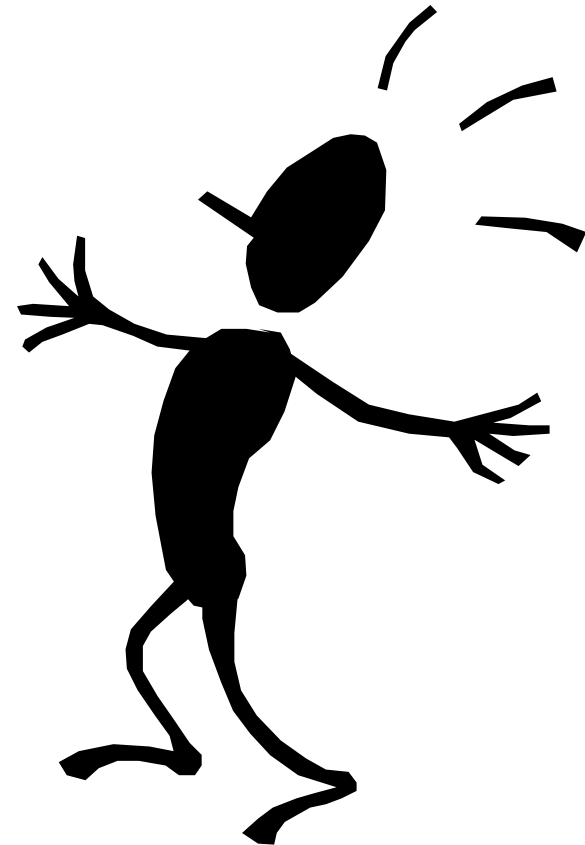


# Distress Tolerance

- Handout 6: Thinking about your choices
  - Remember to focus on cause-effect relationships
  - Outcomes can be positive or negative
- Handout 7: Accepting Reality
  - Radical Acceptance
  - Turning Your Mind
  - Willingness

# Distress Tolerance

- Handout 7: Accepting Reality
  - Radical Acceptance
  - Turning Your Mind
  - Willingness
- Handout 8: Accepting Reality
  - Breathing
- Handout 9: Accepting Reality
  - Half-Smiling
- Handout 10: Accepting Reality
  - Focusing



# Distress Tolerance

- Review of Basic Concepts
- Questions, Comments, Etc.



# Emotion Regulation

- Overview of Module
  - Why Emotion Regulation?
  - What is it all about?



# WHAT IS REGULATION REALLY?

It **DOES** mean ...

- Influence
- Change
- Alter
- Shift
- Direct

It **DOES NOT** mean ...

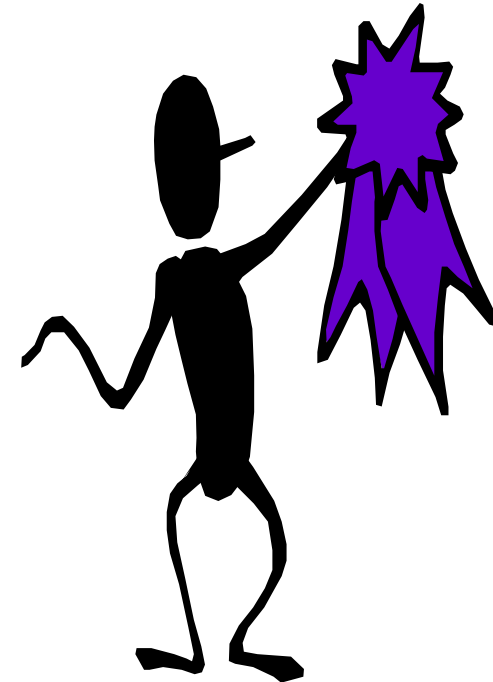
- Control
- Get Rid Of
- Eliminate

# Development of Regulation Abilities

- Reliance on others → Self Regulation
- External/Behavioral → Internal, Private
- Concrete, Specific → Flexible, Multiple, Broad
- Avoidance-based → Approach-based
- Short term → Long term (goal directed)

# Emotion Regulation: Overview

- The point is not to get rid of emotions ...
- Overview of Skills
  - Identifying and Labeling Emotions
  - Identifying Obstacles
  - Reducing Vulnerability
  - Increasing Positive Emotion Events
  - Increasing Mindfulness
  - Taking Opposite Action
  - Applying DT Techniques



# Emotion Regulation

- ER Handout 1: Goals of ER
  - Understand Emotions
  - Control Behavior (Make Choices)
  - Stop Feeling Bad All The Time
- ER Handout 2: Lies and Truths
  - Focus is on “myth-busting” emotion-related beliefs and establishing universal truths about emotions



# Emotion Regulation

- ER Handout 3a: Unhealthy Model of Emotions
  - Stuff Happens, I Feel, I React, More Stuff Happens
- ER Handout 3b: Healthy Model of Emotions
  - Stuff Happens, I Feel and I Think, I Choose
- ER Handout 15: Homework Sheet

# Emotion Regulation

- ER Handouts 4-8: Feelings For Emotions (happy, sad, mad, scared, embarrassed)
  - Increase client awareness and vocabulary
  - Establish/Reinforce/Generalize concept of prompting events

# Emotion Regulation

- ER Handout 9: What Good Are Emotions?
  - Emotions Communicate to Others
  - Emotions Communicate to Ourselves
  - Emotions Prepare for Action



# Emotion Regulation

- ER Handout 10: Keeping Control of Your Emotions
  - SEEDS GROW
    - Sickness needs treatment
    - Eat right
    - Exercise
    - Drugs are bad
    - Sleep well
    - GROW every day



# Emotion Regulation

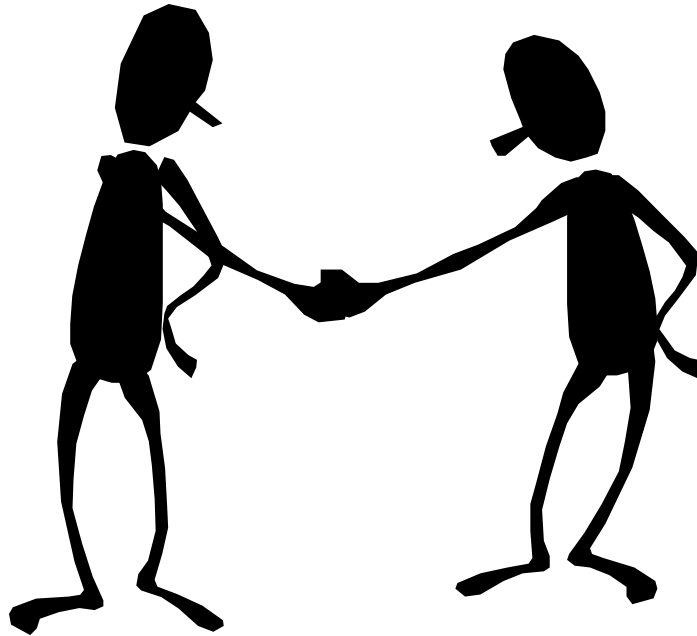
- ER Handout 11: Feel Better More Often
  - Have Fun
    - Short Term and Long Term
  - Be Mindful
- ER Handouts 12 & 13: (101) Ways to Have Fun
- ER Handout 14: Change How You Feel
  - “Cut the strings” of emotions by using “Opposite Action”

# Emotion Regulation

- Review of Basic Concepts
- Questions, Comments, Etc.

# Relationship Effectiveness (How To Make Relationships Work)

- Overview of RE Module



# Relationship Effectiveness

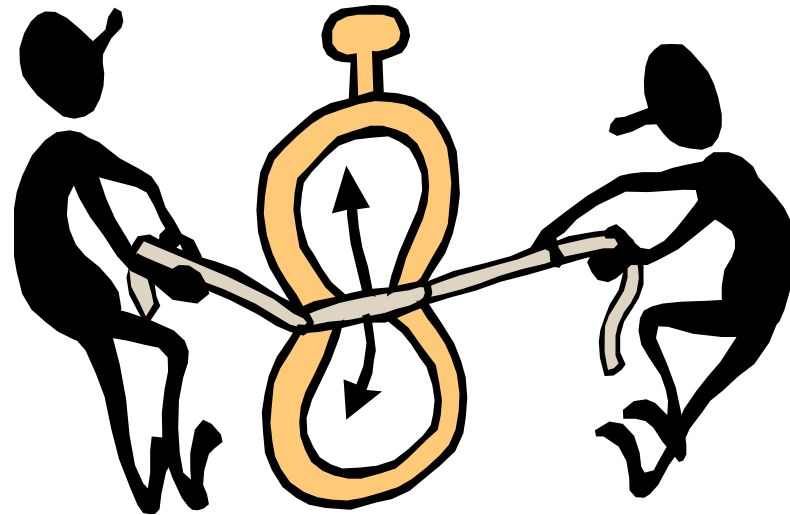
- RE Handout 1: Goals of RE
  - Getting What You Want
  - Getting or Keeping Good Relationships
  - Improving Self-Respect
- RE Handout 2: Lies and Truths About Relationships
  - Set the stage ...
  - Have clients identify areas they are susceptible

# Relationship Effectiveness

- RE Handout 3: Making Choices
  - Asking
  - Saying No
- Practice these skills frequently ~ have clients role play, give examples, etc.

# Relationship Effectiveness

- RE Handout 4: Making Choices – Things to Think About
  - Priorities
  - The Relationship
  - Rights
  - Authority
  - Respect
  - Time
  - Ability



# Relationship Effectiveness

- RE Handout 5: Why Use Skills?
  - Taking Care of Relationships
  - Balancing Wants and Shoulds
  - Building Self-Respect
- RE Handout 6: Getting What You Want
- (DEAR MAN)
  - Describe
    - Mindfulness
  - Express
    - Appropriate Behavior
  - Ask/Say No
    - Negotiate
  - Reward





# Relationship Effectiveness

- RE Handout 7: Respecting Yourself (FAST)
  - Fair
  - Apologies
  - Sticking to what you believe in
  - Tell the truth
- RE Handout 8: Keeping Good Relationships (GIFT)
  - Gentle
  - Interest
  - Funny
  - Try to Understand

# Relationship Effectiveness

- RE Handout 9: Sometimes Using Skills Is Hard
  - Validate difficulties
  - Emphasize need to keep trying
- RE Handout 10: Practicing RE
  - Discuss other examples

# Relationship Effectiveness

- Review of Basic Concepts
- Questions, Comments, Etc.

# DBT-SP

Individual Therapy

# Individual Therapy

- CBT-Rooted
- Skills-Based approach
- Solution focused
- Works to inhibit problematic, maladaptive behaviors
- Replaces them with skillful responding
- Role-plays, review homework & diary cards, etc.

# Individual Therapy: Hierarchy of Focus

- Decrease high risk behaviors.
- Decrease therapy interfering behaviors.
- Decrease behaviors that interfere with quality of life.
- Improve ability to maintain and generalize behavioral skills.

# DBT Team Consultation

- This is a vital component to maintaining a healthy, effective team
- Typically structured
- Format includes practicing skills we teach, consulting on tough cases, and ongoing learning
- Very inclusive group – especially working with adolescents

# DBT-SP Team-member capabilities

- Capabilities?
  - Efficacy
    - Focused on appropriate targets
    - Using effective methods
    - Using dialectical skills, validation, etc.
  - Motivation
  - Contextual awareness
  - Self-care



# Every Moment Is A Teaching Moment

- The following skill sets are essential for these settings
  - Situational Assessment & Understanding
  - Self-Management
  - Communication (Intentional Language)
  - Positive Attention
  - Know the Clients
  - Work as a Team

# Self Management

- Controlling what you say, how you say it.
- Self-awareness of your natural responses to events (what pushes your buttons, what has little effect, etc.). Watch out for anger, fear, and pride-based responses.
- Self-Management requires conscious attempts to become more self aware of your reactions & then choose how to respond.
- Self Management is key to providing a safe, nurturing, therapeutic residential treatment environment

# Self Care Activities

- Vacation
- Social Activities
- Team Support
- Pleasure Reading
- Consultation/Supervision
- Training
- Taking Breaks
- Spending Time with Loved Ones
- Exercise
- Play
- Sleep
- Eating Well
- Take Walks
- Go to the Beach
- Diversify Work
- Art and Music
- Spiritual/Religious Practice
- Personal Therapy
- Meditation
- Journaling

# COMMUNICATION

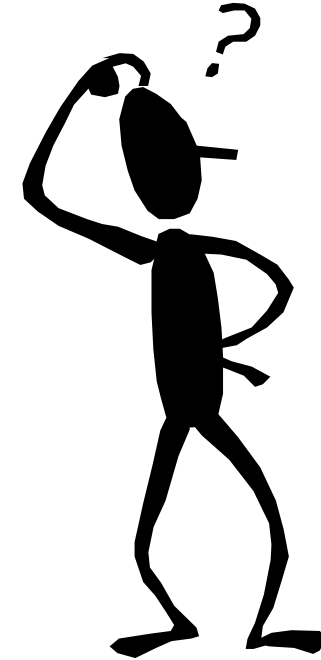
## Verbal

- Content
- Tone
- Inflection
- Figures of Speech
- Rate of Speech
- Pauses



## Nonverbal

- Eye Contact
- Facial Expressions
- Body Posture
- Breathing
- Body Movement





















































# Diary Card

## Daily Diary Card

2/25/03 revision

Name: \_\_\_\_\_

Date: M T W Th F \_\_\_\_\_

<p><b>Exercised</b></p>  <p>Yes                  No</p>	<p><b>Took Medication</b></p>  <p>Yes                  No</p>	<p><b>Ate Healthy Food</b></p>  <p>Yes                  No</p>	<p><b>Got Enough Sleep</b></p>  <p>Yes                  No</p>	<p><b>Worked in Treatment</b></p>  <p>Yes                  No</p>
<p><b>Felt Sad</b></p>  <p>No      A little      A lot</p>   	<p><b>Felt Angry</b></p>  <p>No      A little      A lot</p>   	<p><b>Felt Grumpy</b></p>  <p>No      A little      A lot</p>   	<p><b>Felt Happy</b></p>  <p>No      A little      A lot</p>   	<p><b>Felt Embarrassed</b></p>  <p>No      A little      A lot</p>   
<p><b>Thought of Arguing</b></p>  <p>No      A little      A lot</p>   	<p><b>Thought of Hurting Self</b></p>  <p>No      A little      A lot</p>   	<p><b>Thought of Suicide</b></p>  <p>No      A little      A lot</p>   	<p><b>Thought of Hurting Others</b></p>  <p>No      A little      A lot</p>   	<p><b>Thought of Avoiding Work</b></p>  <p>No      A little      A lot</p>   
<p><b>Argued</b></p>  <p>Yes                  No</p>	<p><b>Tried to Hurt Self</b></p>  <p>Yes                  No</p>	<p><b>Attempted Suicide</b></p>  <p>Yes                  No</p>	<p><b>Tried to Hurt Others</b></p>  <p>Yes                  No</p>	<p><b>Tried to Avoid Work</b></p>  <p>Yes                  No</p>

Did you go to Time Out? Yes \_\_\_\_\_ No \_\_\_\_\_ By yourself? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Did you require restraints? Yes \_\_\_\_\_ No \_\_\_\_\_