Week 1: Orientation to DBT Multi-Family Skills Training Group For Adolescents And Families

I. INTRODUCTION

1) Introduce members of group and leaders.

Welcome members to DBT, handpicked for this treatment; special new treatment modeled after Linehan's DBT for adults who have similar problems; demonstrated by research to be very effective with adults. Pilot data with adolescents is promising.

2) Confidentiality

2 exceptions:
   a. Suicidal or homicidal plans, intent or behaviors.
   b. Reported sexual or physical abuse.

3) Reasons for being chosen for DBT: review ORIENTATION: HANDOUT 1

5 Domains:
   a. Confusion about self.
   b. Impulsivity (acting without thinking it all through).
   c. Emotional instability (fast, intense mood changes with little control).
   d. Interpersonal problems (pattern of difficulty getting along with others).
   e. Adolescent and family dilemmas.

5 Skills Modules:
   a. Mindfulness Skills.
   b. Distress Tolerance.
   c. Emotion Regulation Skills.
   d. Interpersonal Effectiveness Skills.
   e. Walking the Middle Path.

4) Presenting problems: link with 5 domains

   a. Have adolescents state their own problems and identify which domains apply to them.

   b. Explain to parents/family members that although we know they are here for their adolescent, we believe it would be advantageous to think about how these 5 domains may apply to their own lives (past/present).
II. BIOSOCIAL THEORY

1) Emotional vulnerability: different biological wiring, i.e. hypersensitive to emotional stimuli
   a. Emotional sensitivity.
   b. Emotional reactivity.
   c. Slow to return to baseline.

PLUS….

2) Inability to modulate emotions
   a. Decrease/increase physiological arousal associated with emotion.
   b. Re-orient attention.
   c. Inhibit mood-dependent action.
   d. Organize behavior in the service of external, non-mood dependent goals.

TRANSACTION WITH …..

3) Invalidating environment
   a. Personal experiences (thoughts/feelings/actions) are not understood by others. “Why are you over-reacting? What’s the big deal? Calm down.”
   b. Possibly different temperaments than caretaker: 2 ships passing in the night.
   c. Extreme invalidated-can be extreme including physical/sexual abuse.
   d. Invalidation can lead to confusion about self.
   e. Judgment becomes impaired.

4) 1 and 2 PLUS 3…..YIELDS THE BEHAVIORS ASSOCIATED WITH BDP.

III. STRUCTURE OF THE TREATMENT

1) Format
   a. Review DIAGRAM (ORIENTATION: HANDOUT 2)
      1. Explain entry points.
      2. Rotating nature of modules.
      3. Everyone will complete the circle (16 weeks).
   b. Review TREATMENT SEQUENCE (ORIENTATION HANDOUT 3)
      1. Each module lasts four weeks.
      2. We begin each module with orienting new members and Taking Hold of Your Mind Skills.
      3. Spend three remaining weeks learning the new module.
   c. Consultation Group
      1. After completion of 16 week Multi-Family Skills Training Group, each Adolescent is eligible to join 16-week Graduate Group (G.G.). Individual therapy ends at that point. In the G.G., members will consult with other DBT graduates and reinforce skills taught in first 16 weeks. At the end of 16 weeks in G.G., you may continue for an additional 16 weeks if you are able to identify goals and re-contract.
d. Treatment Tools

1. Notebooks/handouts: every group member is expected to bring their notebooks to group each week.

2. Practice exercises: every group member is expected to practice new skills taught in MFG and report back to group the following week about their experiences.

3. Diaries: each adolescent is expected to complete a diary card each week. They are handed out by and returned to the individual therapists. On these diaries, adolescents record all problem behaviors they are working on as well as the skills they tried to use during the past week.

4. Assessments: each adolescent and family member will be asked to fill out a variety of questionnaires at regular points during the treatment to monitor their progress. In addition, we are interested in obtaining feedback on their impressions of the strengths and weaknesses of this treatment program.

2) Review DBT BELIEFS (ORIENTATION: HANDOUT 4)

a. Patients are doing the best they can.

b. Patients want to improve.

c. Patients need to do better try harder, and be more motivated to change.

d. Patients may not have caused all of their own problems but they have to solve them anyway.

e. The lives of suicidal and depressed adolescents are painful as they are currently being lived.

f. Patients must learn new behaviors in all-important situations in their lives.

g. There is no absolute truth.

h. Patients and their families should take things in a well meaning way rather than assuming the worst.

i. Patients cannot fail DBT.

3) Review RULES FOR MULTI-FAMILY SKILLS TRAINING GROUP (Handout 5)

a. Each adolescent must be in ongoing individual therapy.

b. Patients are not to come to sessions under the influence of drugs or alcohol.

c. Information obtained during sessions (including the names of other patients) must remain confidential.

d. Patients who come more than 15 minutes late will be allowed in but will be considered absent.
e. 4 missed group sessions (absences) and you may not remain in treatment. You can reapply 20 weeks after your first group meeting. (4 missed individual therapy sessions and you may also not remain in any treatment, but can reapply after 20 weeks).

f. If you drop out of therapy on your own, you cannot change your mind and return to therapy (group or individual). However, you can reapply 20 weeks after your first group meeting.

g. Patients are not allowed to discuss past suicidal and self-injurious behaviors with other patients outside of sessions.

h. Patients who call one another for help when feeling distressed must be willing to accept help from the person they call.

i. Patients may not form sexual relationships with other group members.

j. Patients may not act in a mean or disrespectful way toward other group members.

4) Explain DBT Contract

a. After having reviewed the theory, beliefs, and rules of DBT, we ask any new members who are interested in continuing treatment to sign the 16-week contract. The signing of the contract signifies their commitment to this treatment.