

# **Adapting Dialectical Behavior Therapy for Special Populations**

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### Abstract

Dialectical Behavior Therapy (DBT) is a comprehensive treatment program addressing deficits in emotion regulation, distress tolerance and interpersonal relationships. We have found an adapted version of this model helpful for children with dual diagnoses of developmental disabilities and mental illness (including symptoms of traumatic stress). DBT focuses on strength based instruction, concrete skill building and built-in repetition of key information. It also provides a number of ways of addressing the impulse control problems that are so often displayed by children with dual diagnoses. DBT as described by Linehan (1993) consists of three parts: Skills training groups, individual therapy interventions, and a consultation/supervision team. These components have been adapted for use with children and adolescents with developmental disabilities in a Colorado day treatment program. I will also present information on DBT-SP from an adapted skills training manual including suggested modifications in handouts for Daily Diary Sheets; and Mindfulness, Distress Tolerance, Emotion Regulation and Relationship Effectiveness skills groups (Dykstra and Charlton, 2008).

**Introduction:** DBT is a comprehensive treatment program addressing deficits in emotion regulation, distress tolerance, and interpersonal relationships. It was originally developed by Marsha Linehan (1993a, 1993b) for the treatment of individuals diagnosed with borderline personality disorder. Since that time, its effectiveness has been demonstrated with a large variety of different disorders and age ranges of individuals, including suicidal adolescents (Miller, Rathus, Linehan, Wetzler, & Leigh, 1997; Katz, Cox, Gunasekara, & Miller, 2004), clients with binge eating disorders (Telch, Agras, & Linehan, 2001), and group use in a residential program (Wolpow, 2000), to name a few. DBT is now best described as being designed for the severe and chronic, multi-diagnostic, difficult to treat client with both Axis I and Axis II disorders.

Using DBT, therapists have five main tasks. They work to expand client capabilities, motivate the client to engage in new behaviors, generalize the use of the new behaviors, establish a treatment environment that reinforces progress, and maintain capable and motivated therapists (Linehan, 2000). These tasks are accomplished using three components: individual psychotherapy, skills training groups, and supervision/case consultation groups (Linehan, 1993a). Using these components, DBT provides strength based instruction with specific training in concrete skills, utilizing a multidimensional and multidisciplinary approach.

In the past, it was believed that psychotherapy was not effective for people with developmental disabilities. In addition, many felt that people with developmental disabilities did not have the same need for psychotherapy as the general population. Today there is growing appreciation that individuals with developmental disabilities suffer from the same difficulties in life that the rest of the population encounters, such as feelings of anxiety and depression, grief, job stress, and so forth (Charlton, Kliethermes, Tallant, Taverne, & Tishelman, 2004; Butz, Bowling, & Bliss, 2000; Nezu & Nezu, 1994). Although there are a number of issues that must

be addressed when providing psychotherapy to individuals with developmental disabilities and mental illnesses, many psychotherapeutic techniques are effective for people with developmental disabilities if they are suitably modified (Butz et al., 2000; Nezu & Nezu, 1994). Although more repetition is needed, once people with developmental disabilities make changes in therapy, the retention of the changes is similar to that displayed in the general population (Charlton et al., 2004).

To adapt psychotherapy for people with developmental disabilities, information should be provided in a variety of different modes, for example, using both auditory and visual information together (Spackman, Grigel, & MacFarlane, 1990). It is helpful to simplify language, structure the therapy session and use a more directive and active approach (Butz et al., 2000). Concrete activities such as modeling are useful with clients who have language deficits, as well as setting clear limits, maintaining structure and focus to the session, and allowing flexibility for the expression of thoughts and feelings (Szymanski et al., 1994). Suggestions for change need to be specific; time should be allowed during the session to practice different ways of handling the situation; and do not assume that information will generalize from the session into other situations, unless explicit practice is done to institute this change (Charlton & Tallant, 2003).

**Method of Adaptation:** There are many common characteristics between people with developmental disabilities and the populations for which DBT has been found to be effective. The populations for which DBT has been normed experience a higher incidence of trauma than the general population. They also display impaired impulse control, difficulty identifying and managing frustration appropriately, and problems with the regulation of emotions. In addition, they often lack effective methods of self soothing. All of these

characteristics are frequently displayed among people who have developmental disabilities. In addition, we know from the work on adapting treatment for people with developmental disabilities that DBT's focus on strength based instruction, concrete skill building, and built-in repetition of key information is particularly helpful for this population.

Once we determined that the philosophy and theory underlying DBT was likely to be effective for people with developmental disabilities we began work on the adaptation process. The adaptation focused primarily on the handout materials associated with the DBT skills training groups. The work that is being presented here on adapting DBT skills training materials comes from *Dialectical Behavior Therapy Skills Training: Adapted for Special Populations* (written in 2004 and revised in 2008; Dykstra & Charlton, 2008).

We began with changes in language, so that individuals with developmental disabilities would be able to understand the concepts. Second, some of the concepts were paired down and/or simplified to allow for better comprehension and application of the material. Third, the handouts were rewritten and reformatted in order to increase attention and aid in understanding. Finally, client feedback, repetition and rehearsal have been incorporated into the therapy structure to aid in the learning, retention, and generalization process. (Dykstra & Charlton, 2003)

The process of adapting the DBT skills training materials is probably best understood through the use of examples. For emotion regulation handout 1, rather than talking about reducing emotional vulnerability, as in Dr. Linehan's handout, we worked on understanding how emotions affect us and on making good decisions when experiencing an emotion (figure 1). We also used a visual presentation style that would make it easier for clients with developmental disabilities to absorb the information. This type of adaptation is illustrated in figures 2 and 3, where we modified Dr. Linehan's (1993b) emotion regulation handout 3 to reduce the number of

interactions, used more prominent arrows, illustrated the components with different shapes to make them easier to remember, and simplified the language. In figure 4, we modified Linehan's (1993b) emotion regulation handout 10 acronym "PLEASE MASTER" which addresses reducing vulnerability to negative emotions, to "SEEDS GROW" and discussed controlling emotions instead of reducing vulnerability. This modification allowed us to use simpler language that was already in our clients' vocabulary. It also provided another opportunity to emphasize that we control our emotions—they do not control us. (Dykstra & Charlton, 2003; Dykstra & Charlton, 2008)

**Pilot Study:** We are in the process of conducting a pilot study in an effort to determine the effectiveness of our adapted version of DBT. The study is being conducted with clients in the day treatment program at Intercept Center. In the study, we are utilizing all three components of DBT, in addition to our normal milieu management techniques, so that clients are receiving DBT-SP focused individual therapy, skills training groups using the adapted manual, and all of our treatment team staff members are participating in a DBT-SP supervision/consultation group.

Thus far, we have collected observations of client behavior by staff, client outcome when leaving the program, and daily diary card information. We are using an adapted daily diary card, shown in figure 5.

As with most pilot studies, there are many limitations to our data. We do not have a control group, as all of the youth participating in the day treatment program receive DBT-SP. DBT-SP is being used in conjunction with other techniques and we lack the ability to control many factors in the students' environment that influence their behavior. In addition, clients enter

and leave the program at different times, so that the data we gather can be hard to interpret. Thus far the data we have collected is suggestive, but not in any way conclusive.

Our observational results indicate that clients are spontaneously using "DBT-SP Language." They are displaying the skills they have been learning, both spontaneously and when cued by staff members. In addition, over time in treatment, our clients are becoming more insightful into situations, emotions, thoughts, and actions that are maladaptive, as evidenced by the greater ease they show in processing such incidents.

Table 1 illustrates the outcome when leaving the program for the students who participated in DBT-SP thus far. Of 19 students who have completed 2 or more DBP-SP skills training groups, three students were lost to follow-up; three moved to more restrictive environments; three remain stable in a day treatment environment; and ten have moved to less restrictive environments.

Information from the daily diary cards is shown in tables 2 (action items), 3 (thoughts), and 4 (feelings items). The action items (argued, tried to hurt self, attempted suicide, tried to hurt others and tried to avoid work) produced a correlation of mean composite of actions with month of -0.27, which is significant at the 0.001 level (two tailed). That is as the number of months in the program increases, the average number of combined negative actions decreases. A similar trend was noted for negative thoughts (-0.22, significant at the 0.001 level, two tailed) and feelings (-0.25, significant at the 0.001 level, two tailed).

**Conclusion:** There is much more work to be done before we will be sure that DBT-SP is as effective as traditional DBT. However, so far the trends observed with our pilot study are positive. There is a great need for the development of more effective treatment techniques to meet the needs of people with developmental disabilities. We know that people with

developmental disabilities and mental health issues benefit from participation in psychotherapy, provided the psychotherapy is presented in a manner that is accessible to them (Szymanski et al., 1994). Much additional effort is needed to provide people with developmental disabilities the same range of options for treatment that the general population enjoys. The current effort to adapt DBT is just a beginning.

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Figure 1

**Emotion Regulation Handout 1**  
GOALS OF EMOTION REGULATION

**Understand Your Emotions**

1. Look at your emotions
2. Identify your emotions
3. Understand what emotions do

**Control Your Behavior**

1. Understand how emotions affect you
2. Make good decisions even when you are feeling yucky
3. Don't let emotions control you

**Stop Feeling Bad All The Time**

1. Accept and let go of painful emotions
2. Good choices = Good rewards

Figure 2

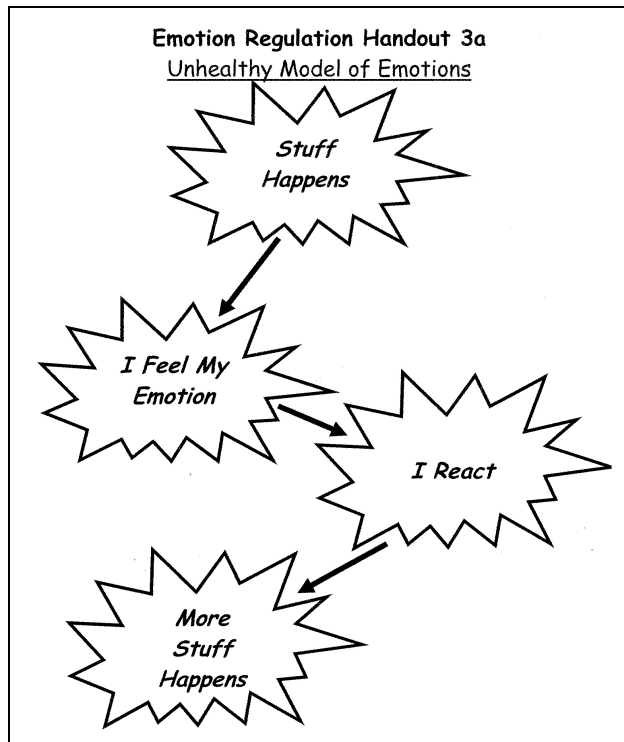


Figure 3

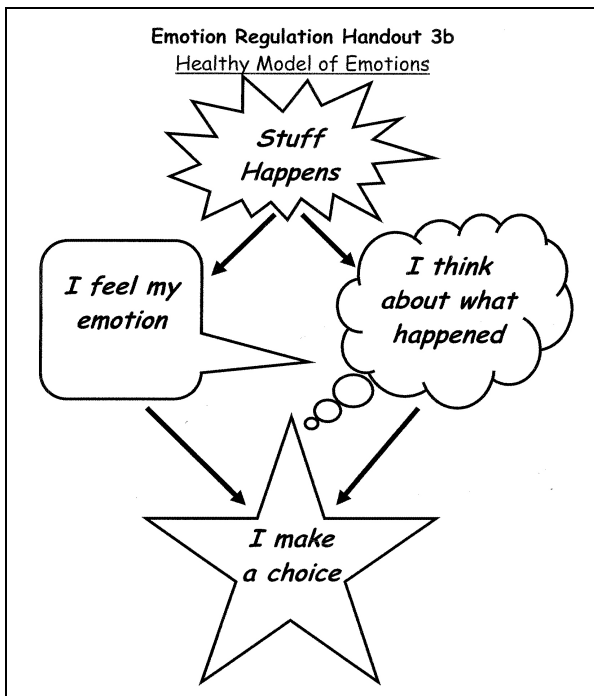


Figure 4

**Emotion Regulation Handout 10**  
Keeping Control of Your Emotions

A good way to remember these skills is "**SEEDS GROW**"










































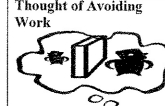






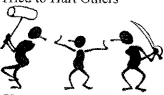

<p><u>S</u>ickness needs to be treated.</p> <p><u>E</u>at Right.</p> <p><u>E</u>xercise every day.</p> <p><u>D</u>rugs are bad.</p> <p><u>S</u>leep well.</p> <p><u>GROW</u> every day.</p>	<p>You need to take care of yourself and your body. See your doctor and take your medicine.</p> <p>You need to eat good food. Don't eat too much or too little.</p> <p>Do some exercise every day. Stay in shape.</p> <p>Stay away from drugs and alcohol. They make you out of control.</p> <p>Get enough sleep at night so you are not tired during the day.</p> <p>Do something you are good at every day and try doing something new every day</p>
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Figure 5

# Daily Diary Card

**Daily Diary Sheet 1**

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

<b>Exercised</b>  Yes      No	<b>Took Medication</b>  Yes      No	<b>Ate Healthy Food</b>  Yes      No	<b>Got Enough Sleep</b>  Yes      No	<b>Used Skills</b>  Yes      No
<b>Felt Sad</b>  No    A little    A lot   	<b>Felt Angry</b>  No    A little    A lot   	<b>Felt Worried</b>  No    A little    A lot   	<b>Felt Embarrassed</b>  No    A little    A lot   	<b>Felt Happy</b>  No    A little    A lot   
<b>Thought of Arguing</b>  No    A little    A lot   	<b>Thought of Running Away</b>  No    A little    A lot   	<b>Thought of Drugs/Alcohol</b>  No    A little    A lot   	<b>Thought of Hurting Others</b>  No    A little    A lot   	<b>Thought of Avoiding Work</b>  No    A little    A lot   
<b>Argued</b>  Yes      No	<b>Tried to Run Away</b>  Yes      No	<b>Used Drugs or Alcohol</b>  Yes      No	<b>Tried to Hurt Others</b>  Yes      No	<b>Tried to Avoid Work</b>  Yes      No

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Table 1: Results: Outcome When Leaving Program  
Results: Outcomes

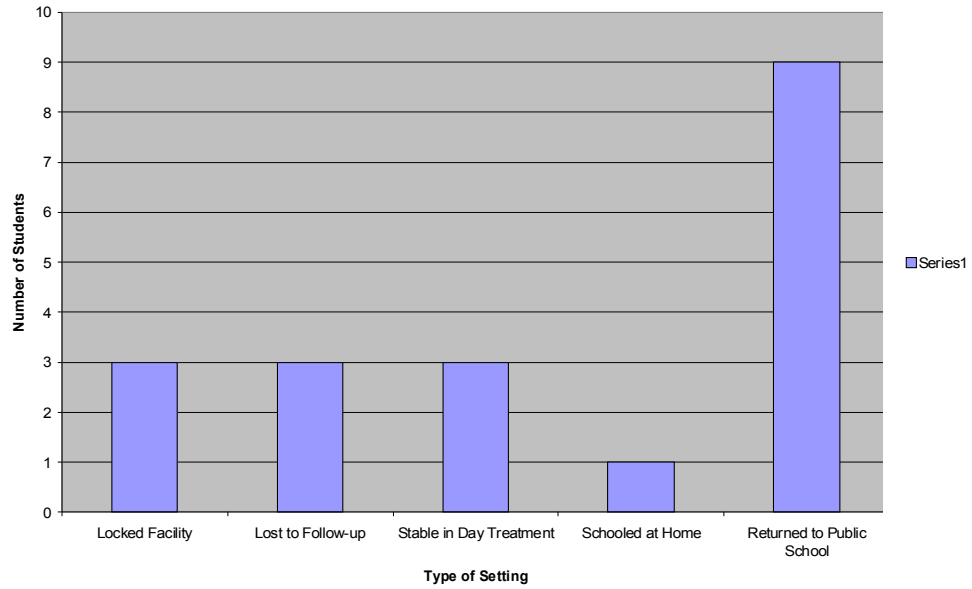


Table 2: Results: Daily Diary Cards Action Items

Mean Number of Events by Month in Program  
Combined Action Items

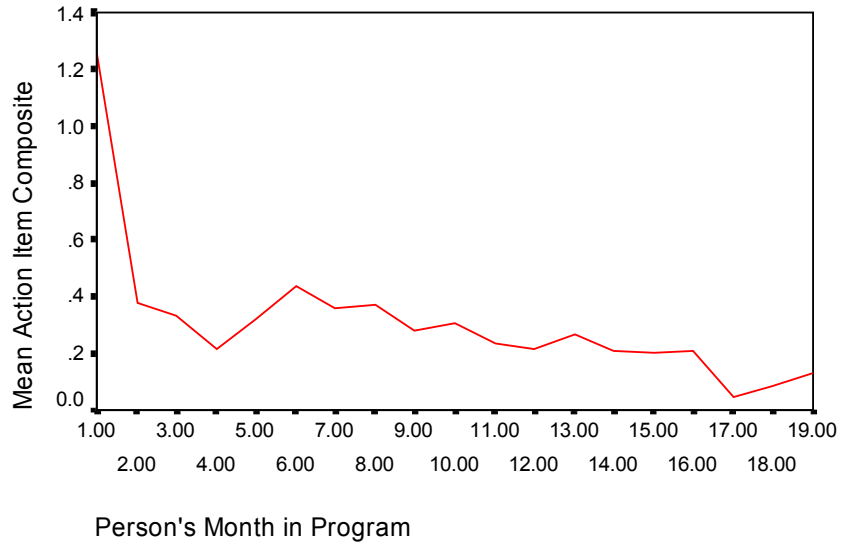


Table 3: Results Daily Diary Cards Thoughts

Mean Number of Events by Month in Program  
 Combined Thought Items

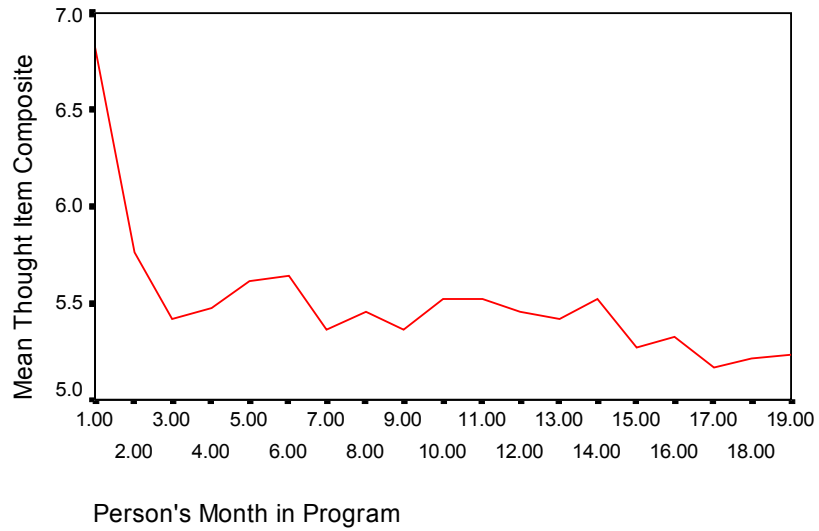


Table 4: Results Daily Diary Card Feelings Items

Mean Number of Events by Month in Program  
 Combined Feeling Items

