




London Family  
Court Clinic

Est. 1974

Skills and Supports for Better Futures:  
DBT for High-Risk Youth

# OVERVIEW OF TODAY'S TALK

1. Welcome and Land Acknowledgement
  2. Skills and Supports For Better Futures - Project Purpose
  3. DBT Skills Training - A Brief Overview
  4. Modifications to the DBT Skills Group for High-Risk Youth
  5. The Evaluation Data
  6. Questions and Answers
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# SKILLS AND SUPPORTS FOR BETTER FUTURES: DBT FOR HIGH-RISK YOUTH

Gain skills to live with your emotions  
Join us for 10 weeks of DBT skills

Learn to:

Improve relationships

Cope with stress

Communicate better

Learn about yourself

Gain confidence

Be in the moment

# CHALLENGES OF THE YOUTH

## Emotional Dysregulation

- self harm
- aggressive

## Impulsivity

- runaway
- threats

## Interpersonal Problems

- friendship and home life breakdown

## Hard to Engage



# DIFFICULT TO ENGAGE YOUTH

- Unstable Living Situation
- Living independently at a young age
- Frequent crises

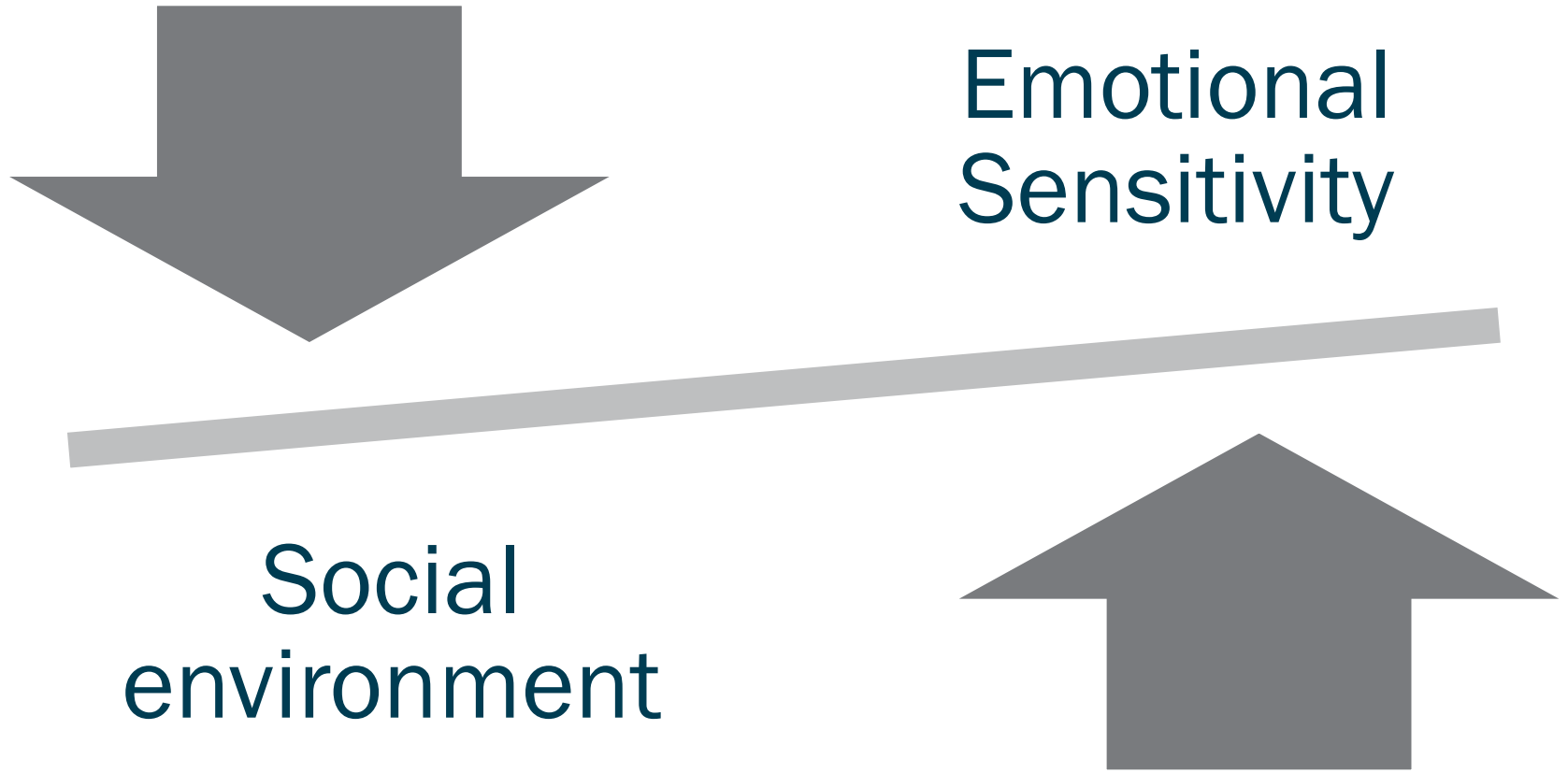
# GOALS OF THE PROJECT

- Reduce Poverty Factors in the Lives of High-Risk Youth:
- Improve their overall adjustment to daily life:
  - relationship satisfaction,
  - coping skills,
  - future outlook/ self-efficacy
- Develop and Deliver a Trauma Informed Intervention for High-Risk Youth

# WHY DIALECTICAL BEHAVIOUR THERAPY?

- **\* DBT is a treatment for emotional dysregulation\***
- **Skills based therapy**  
to learn strategies to regulate emotions and manage relationships

# BIOSOCIAL THEORY BEHIND DBT

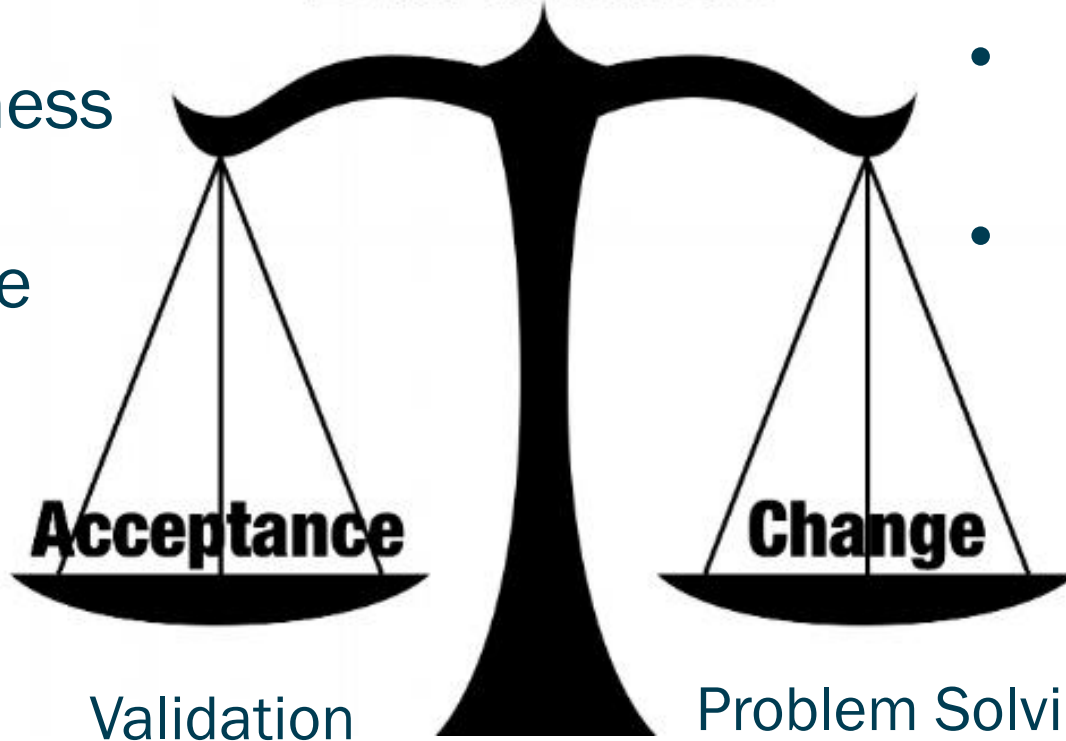




# Foundation of DBT

## Dialectics

- Mindfulness
- Distress Tolerance



- Emotional Regulation
- Interpersonal Effectiveness

# Goals of DBT Skills Training:

## Problems to Decrease:

Reduced Awareness of Self

Emotional Dysregulation

Impulsivity

Interpersonal Problems

## Behaviours to Increase:

Mindfulness Skills

Emotion Regulation Skills


Distress Tolerance Skills

Interpersonal Effectiveness




**LONDON FAMILY COURT CLINIC  
MODIFIED DBT GROUP**

# A TRADITIONAL ADOLESCENT DBT PROGRAM

- 6 month- 1 year program
  - Skills group
  - Individual DBT counselling
  - Parental Involvement
  - Homework component
  - In the moment coaching
  - Consultation group for clinicians
- 

# LFCC'S MODIFIED ADOLESCENT DBT PROGRAM

- 9-10 week program
  - Skills group
  - 10 weeks of Individual counselling, if required
  - No parental Involvement
  - Homework component
  - Weekly skills coaching
  - Consultation group for clinicians
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# LFCC DBT PROJECT

DBT Group	Skills Coaching	Individual Therapy	Consult Group
<ul style="list-style-type: none"><li>• 9-10 weeks</li><li>• 1.5 hours in duration</li><li>• Closed group (6-8 participants)</li><li>• Youth 12-18</li><li>• Mixed gender</li></ul>			

# STRUCTURE OF GROUP SESSIONS

- Check-in/ Ice-breaker
- Mindfulness Exercise
- Previous week's skill check-in / review
- Current week material and skills
- Homework





Mindfulness



Emotion  
Regulation



Distress  
Tolerance

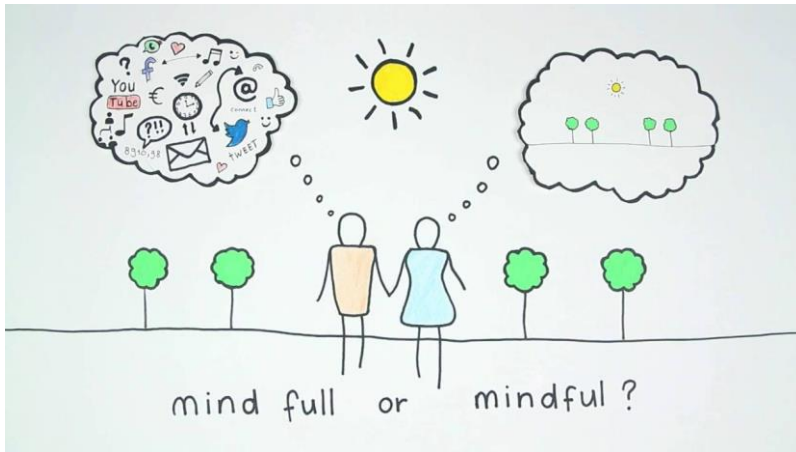


Interpersonal  
Effectiveness





# MINDFULNESS



## Present moment awareness of

- **Internal experiences**
  - Thoughts, emotions, urges, sensations
- **External experiences**
  - Things seen and heard



# MINDFULNESS ACTIVITIES





# EMOTION REGULATION



- ✓ Understand Emotions
- ✓ Reduce Emotional Vulnerability
- ✓ Decrease the Frequency of Unwanted Emotions
- ✓ Decrease Emotional Suffering



# EMOTION REGULATION

A

Accumulate  
Positive  
Experiences

B

Build Mastery

C

Go Ahead



## DISTRESS TOLERANCE

### Reality Acceptance

Accept reality as  
it is and stop  
fighting against it

Reduces the  
suffering  
associated with  
fighting against  
reality

### Crisis Survival

Tolerating painful  
events and  
emotions without  
making things  
worse

Reduces  
suffering  
associated with  
harmful coping



# DISTRESS TOLERANCE

T

emperature

I

ntense  
Exercise

P

aced  
Breathing

P

rogressive  
Muscle  
Relaxation



# DISTRESS TOLERANCE KIT





## INTERPERSONAL EFFECTIVENESS

*Dear Man,*

DESCRIBE

EXPRESS

ASSERT

REINFORCE

MINDFUL

APPEAR CONFIDENT

NEGOTIATE

How to get  
what you want



# SATISFACTION/HELPFULNESS WITH MODULES

Mindfulness

- 98%, n=52

Emotion  
Regulation

- 94%, n=50

Distress  
Tolerance

- 91%, n=48

Interpersonal  
Effectiveness

- 79%, n=42

# LFCC DBT PROJECT

DBT Group

Skills  
Coaching

Individual  
Therapy

Consult  
Group

- Weekly skills coaching
- Focus on skill taught that week in group
- Help clients complete homework
- Individualize skills to client's life

# LFCC DBT PROJECT

DBT Group	Skills Coaching	Individual Therapy	Consult Group
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- Weekly individual therapy for duration of group
- Target treatment goals
- Assess risk

# LFCC DBT PROJECT

DBT Group	Skills Coaching	Individual Therapy	Consult Group
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- Bi-weekly meeting for one hour
- Group consultation aimed at addressing perceived ineffectiveness and burnout in professionals treating high-risk clients
- Reinforce professionals' skills use and knowledge

# PIVOT TO VIRTUAL GROUP: CHALLENGES AND UPSIDES

- Group facilitated on-line via Zoom
- 1hr, 9-10 sessions
- Individual Counselling and Skills Coaching sessions were offered virtually
- Out of town participants



# EVALUATION OF THE DBT PROGRAM



# OBJECTIVES OF THE EVALUATION



- Examine the effects of the DBT program on youths' mental health, trauma symptoms, self-efficacy, coping, and other poverty-related indicators
- Successes and barriers to DBT implementation
- Virtual implementation
- Lessons Learned: Guide future implementation efforts

# Evaluation Design


- Mixed methods:
  - **Process:** Benefits, successes and barriers
  - **Outcome:** Mental health, trauma, self-efficacy, education and substance use
  - Quantitative and qualitative sources
  - Youth and Facilitators
  - Youth Compensation
- Assessment Points: Pre-Post-Follow-Up



# Evaluation Measures

- Depression & Anxiety: Symptom Checklist (SCL-90R)
  - Emotional Regulation: Difficulties in Emotion Regulation Scale (DERS)
  - Self- Efficacy: General Self-Efficacy Scale (GES)
  - Trauma Symptom Checklist (TSCC)
- 
- Demographic Questions
  - Educational outcomes: school enrollment, barriers to attendance, school experience
  - Self-harm and suicidal ideation
  - Substance Use
  - Copings strategies

# Evaluation Questions

1. Who Are the Participants of the DBT Program?
  2. What are the Impacts of the DBT Program on Youth's Mental Health, Trauma, Substance Use, Self-Harm, and Education?
  3. What are the Benefits of the DBT Program for Youth? For facilitators?
  4. Barriers to the Implementation of the DBT Program
  5. Benefits and Challenges with Virtual DBT Programming
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# DBT PARTICIPANTS & EVALUATION SAMPLE

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## **85 youth participated in the DBT program**

- 58 of these youth completed all group sessions over the course of the three- year project.

**For the evaluation, 71 pre-surveys, 54 post-surveys, and 33 follow up interviews were completed with youth.**

EVALUATION QUESTION 1:

WHO ARE THE PARTICIPANTS OF THE DBT PROGRAM?

# DEMOGRAPHIC CHARACTERISTICS OF DBT PARTICIPANTS

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Age: 13- 19 years (M=16 years)

Gender Identity: 54% females, 36% males, 10% Other

Ethnicity: 68% White, 4% Indigenous, 1% Black, 16% Other

Place of Residence: 57% house, 16%, group home, 7% custody, 5% foster home, 4% friend, 4% sibling

Residence Disruptions: <5 moves: 47%, 5-10 moves: 36%, 10+ moves: 18%

Reasons for displacement: removed from home, relationship conflict, family changes, poor housing, social service transfers, evicted, gang

## EVALUATION QUESTION 2:

WHAT ARE THE EFFECTS OF THE DBT PROGRAM ON YOUTH'S MENTAL HEALTH, TRAUMA, AND OTHER POVERTY-RELATED INDICATORS?

AT POST ASSESSMENT, WE FOUND STATISTICALLY  
SIGNIFICANT IMPROVEMENTS IN YOUTHS' SELF-REPORTED  
SYMPTOMS OF **TRAUMA**:

## Trauma

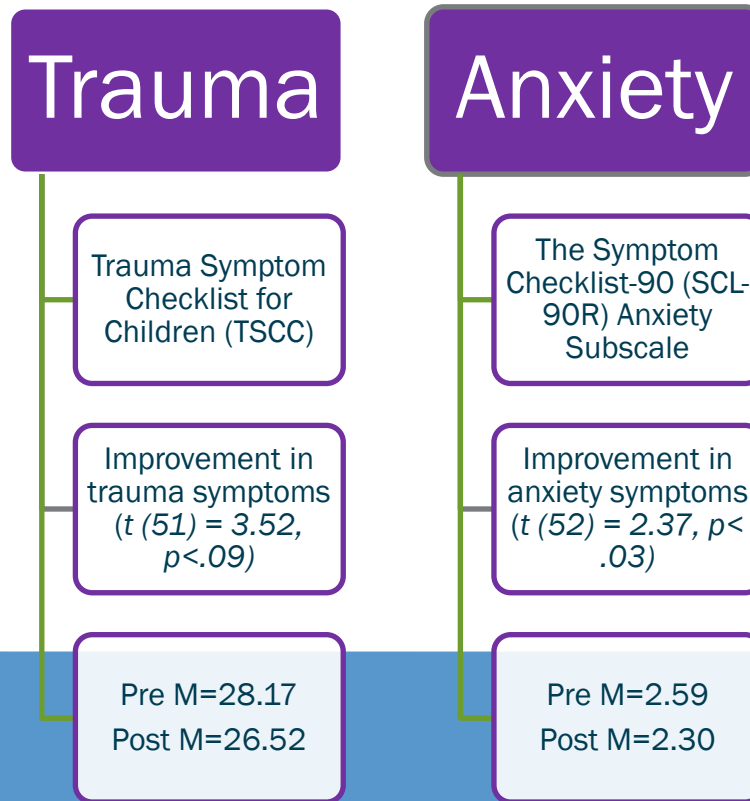
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graph TD; A[Trauma] --- B[Trauma Symptom Checklist for Children (TSCC)]; B --- C[Improvement in trauma symptoms (t (51) = 3.52, p < .09)]; C --- D[Pre M=28.17  
Post M=26.52];
```

Trauma  
Symptom  
Checklist for  
Children (TSCC)

Improvement in  
trauma  
symptoms ( $t(51)$   
 $= 3.52, p < .09$ )

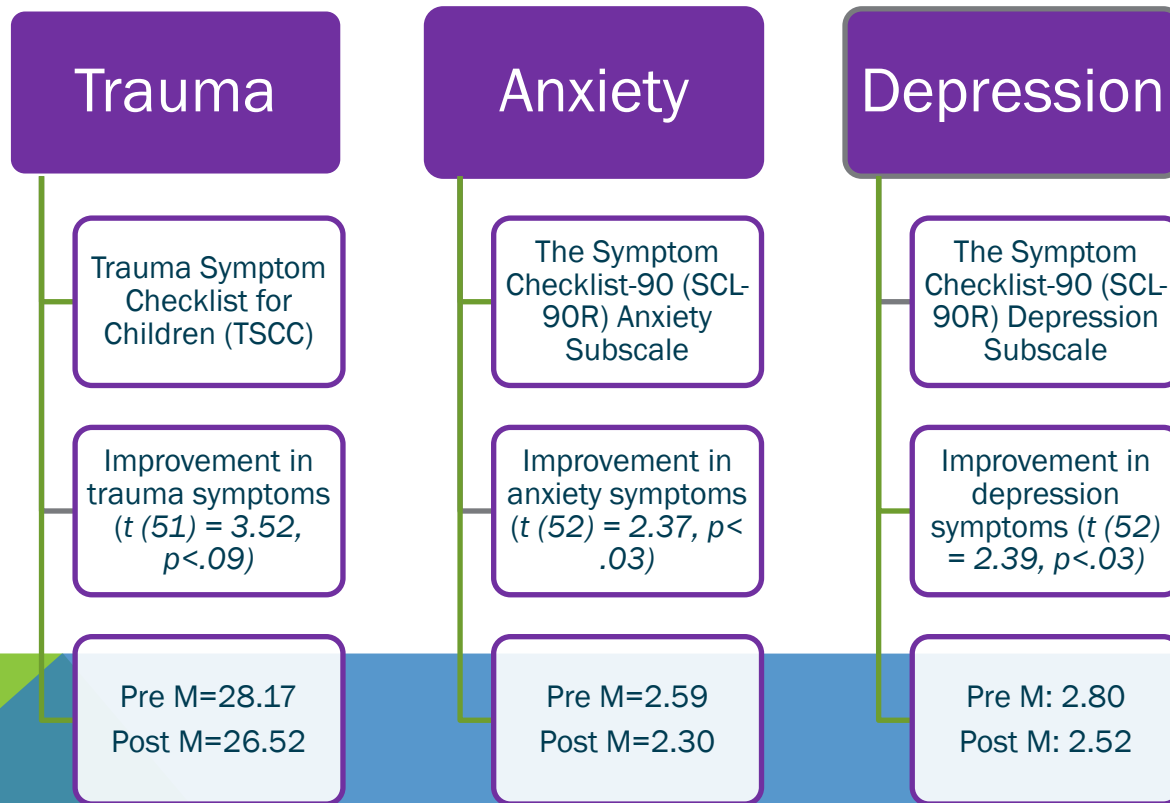
Pre M=28.17  
Post M=26.52

# AT POST ASSESSMENT, WE FOUND STATISTICALLY SIGNIFICANT IMPROVEMENTS IN YOUTH'S SELF-REPORTED SYMPTOMS OF ANXIETY:

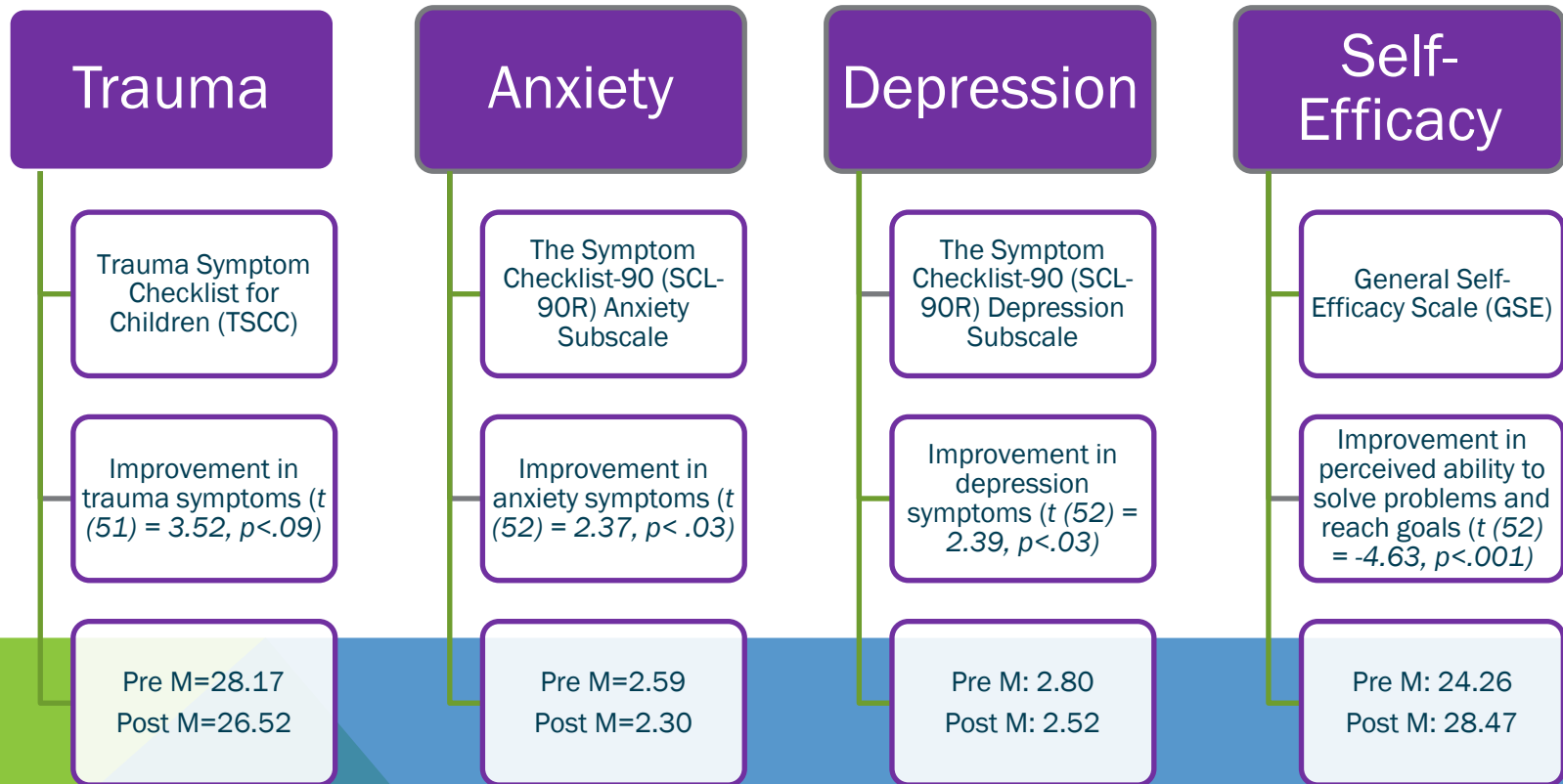




# AT POST ASSESSMENT, WE FOUND STATISTICALLY SIGNIFICANT IMPROVEMENTS IN YOUTHS' SELF-REPORTED SYMPTOMS OF **DEPRESSION**

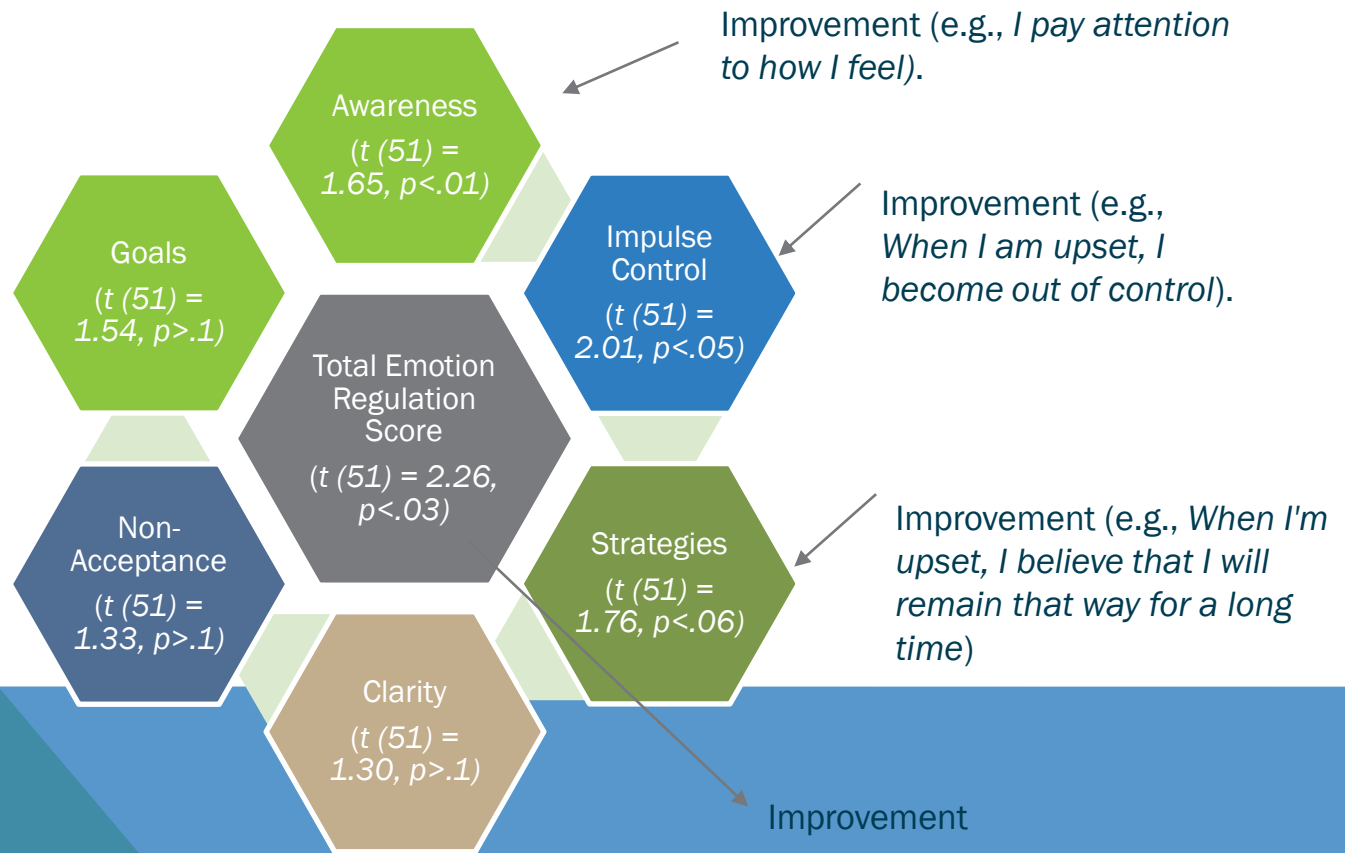


# AT POST ASSESSMENT, WE FOUND STATISTICALLY SIGNIFICANT IMPROVEMENTS IN YOUTHS' SELF-REPORTED SELF-EFFICACY

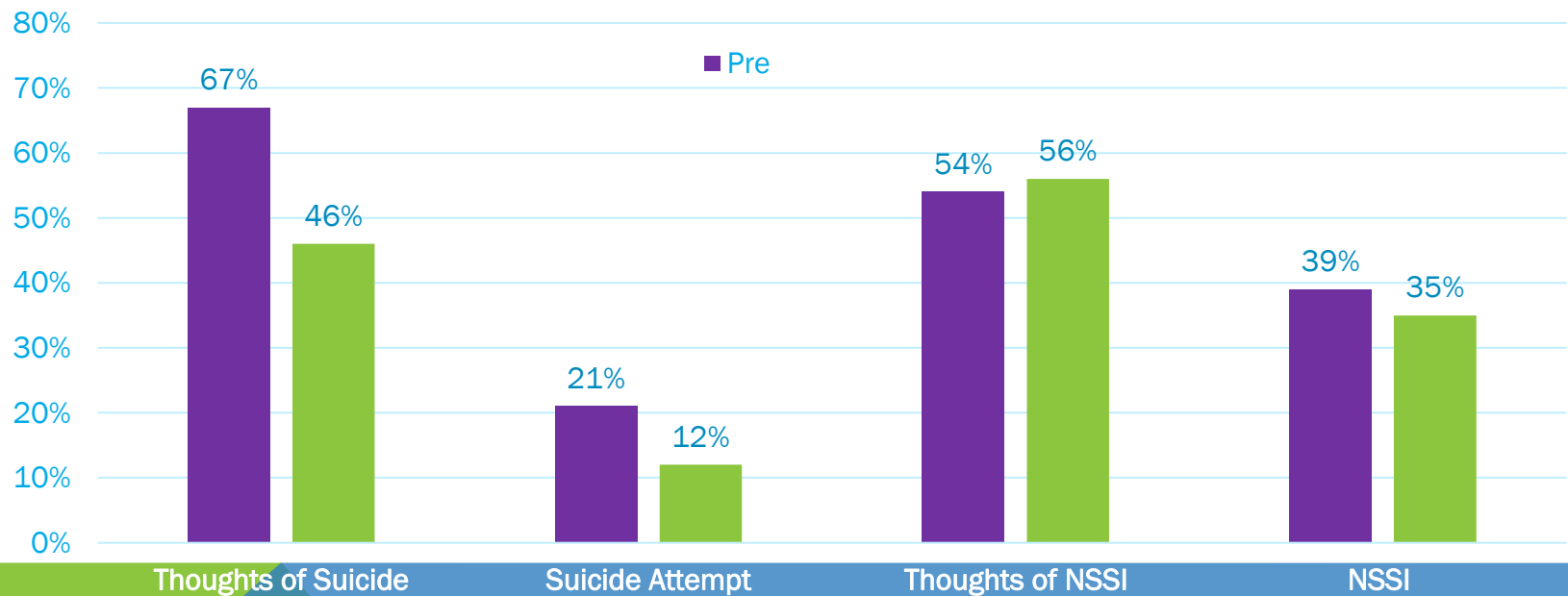


# EMOTIONAL REGULATION

# DIFFICULTIES WITH EMOTION REGULATION SCALE



# PRE AND POST DIFFERENCES IN FREQUENCY OF THOUGHTS AND BEHAVIOURS OF SUICIDE AND NON-SUICIDAL SELF-INJURY (NSSI)



Thoughts of Suicide

How often have you thought of suicide?

Suicide Attempt

How often have you made a suicide attempt?

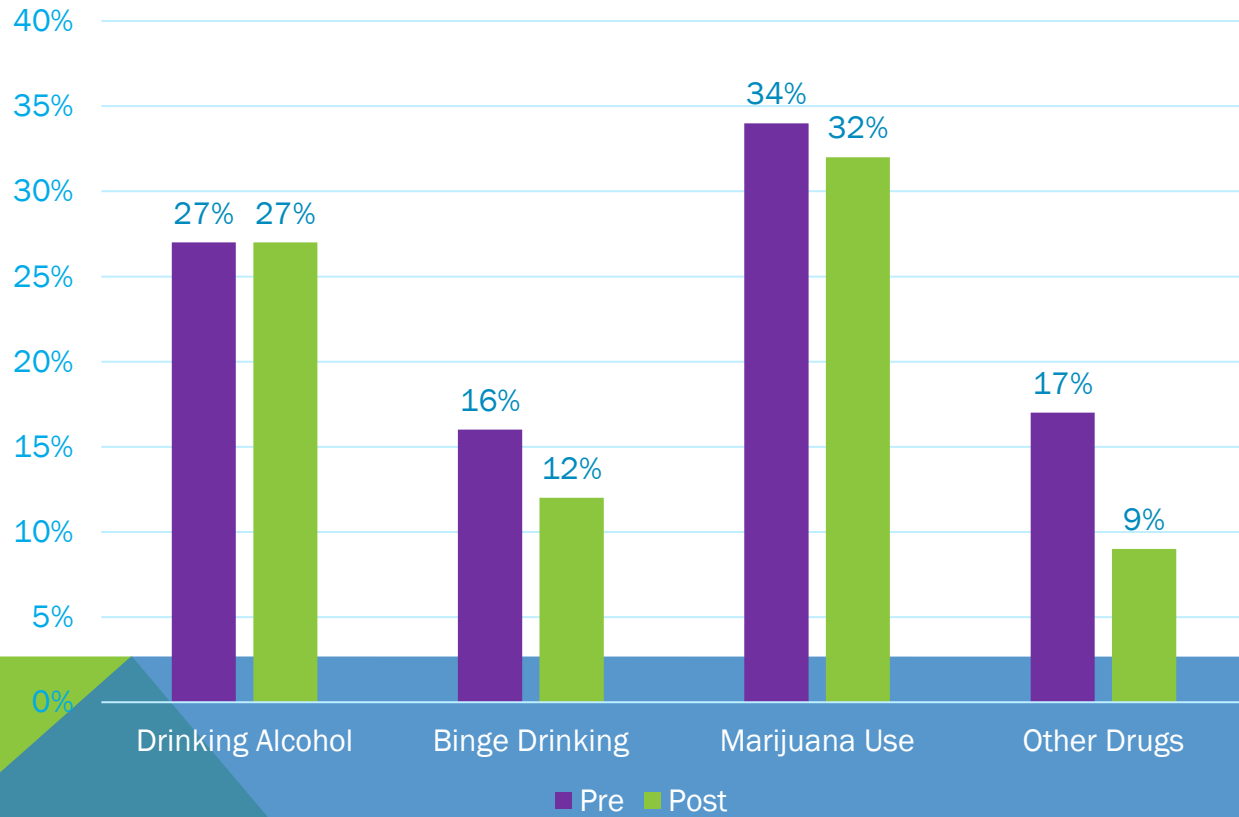
Thoughts of NSSI

How often have you had self-injurious thoughts?

NSSI

How often have you self-injured?

# SUBSTANCE USE




# EDUCATION: *SCHOOL ENROLLMENT*

**PRE: 90% of youth were registered in school (n=46).**

- 71% were attending regularly (n=37),
- 21% were sometimes attending regularly (n=11)
- 8% were not attending regularly (n=4).

**POST: 84% of youth were registered in school (n=43).**

- 69% were attending regularly (n=36),
  - 21% were sometimes attending regularly (n=11),
  - 10% were not attending regularly (n=5).
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## EVALUATION QUESTION 3:

WHAT ARE THE BENEFITS OF THE DBT  
PROGRAM FOR YOUTH?

POST-ASSESSMENT

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# HOW WILL YOU USE THE SKILLS YOU LEARNED IN DBT IN YOUR LIFE MOVING FORWARD?

## Emotion Regulation

- “Coping strategies for when angry, mindfulness if in argument will think about it, DEARMAN before seeing CAS”
- “I will use the TIPP skill when in crisis, use ACCEPTS to cope, and use mindfulness to stay focused”
- “Maybe DEARMAN for asking for things, radical acceptance for like things I don't necessarily change, instead of getting worked up.

## Interpersonal skills

- “To help cope with my dad”
- “Strengthening family life and relationships”

## With Work/School

- “I can take breathers, splash my face in cold water, etc. when I get angry in school.”
- “I was able to use techniques during class to calm down or relieve some stress”
- “DBT has improved me as a person in which I mean, my approach with people and on life is a lot more positive and subtle”

## Improving Sleep, Coping with Stress, and at Work

- “To sleep quicker”
- “To focus more and cope with stress”
- “I used the half smile at work to not seem upset”

# BENEFITS OF USING DBT SKILLS IN EVERYDAY LIFE

2-month follow-up

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## **ALMOST 70% OF YOUTH INDICATED THAT THEY HAD SITUATIONS WHERE THEY NEEDED TO APPLY DBT SKILLS**

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**“I learned to negotiate better. And then the regulating skills. I'm trying to do breathing. I used to do it before bed but now if I'm getting worked up I'll do it to calm down.**

**“Honestly, I use all of them. All the interpersonal and emotion regulation skills. They have been so helpful. Before this second group, I find I would use them but it was a matter of remembering and getting into the habit of using them. Since the second round of group, it has been so much easier to remember to use them and to use them effectively, if that makes sense”.**

# USING DBT SKILLS IN EVERYDAY LIFE

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“I use the candy - I concentrate on the flavour instead of what's going on. Ice cube in my hand to help me calm down. The fidget toys mostly, when I'm home and doing work.

“TIPP is the skill that I use most often. Using temperature - now that it's cooler I just step out on my balcony and it's so relaxing. Box breathing and paced breathing is so helpful. Recently I've been using parts of ACCEPTS as well - the imagery of going on vacation component - I will sit out on my balcony and imagine I'm at a nice hotel”.

# CHALLENGES TO USING DBT SKILLS IN EVERYDAY LIFE

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## Applying and remembering the skills in the moment

**“The thing is, when the situation is too big you're not gonna use them. You need to start with smaller situations and I never stuck with any of the skills. I had low motivation or will power to use them”.**

**“I honestly don't think I remember any of the skills to be honest. I think that my skills may even be worse right now because I feel I'm having worse anger issues and with controlling it. I also had lots of things going on in the background while in group - I was under extreme stress”.**

**“It's hard in a situation to think to use the skills”.**

# BENEFITS OF THE DBT PROGRAM FOR FACILITATORS

- 
- Increased knowledge about the impact of trauma
  - Better understanding of how to support high-risk youth
  - Use of DBT skills in other programs
  - Use of DBT Skills in own life and teaching to family/friends

# BENEFIT OF THE DBT PROGRAM FOR FACILITATORS

“It is a good way to increase my knowledge and provide the best possible care to my clients”

“Great way to improve knowledge and keep skills fresh”

“I'm really passionate about the DBT work being done at LFCC. It's one of my favourite projects and professional achievements. I'd love to help keep it alive and strong at the agency in any way that I can.”

“I find it a challenging and equally rewarding population to work with and I am a strong proponent for DBT. It's rewarding to see youth begin to integrate the vocabulary and skills in their life. The added support for clinical staff members is invaluable. I have felt supported and valued during my time with the program and I would jump at an opportunity to be involved in the future. ”



RESEARCH QUESTION 4:  
BARRIERS TO THE  
IMPLEMENTATION OF THE DBT  
PROGRAM



# DBT IMPLEMENTATION CHALLENGES EXPERIENCED BY FACILITATORS

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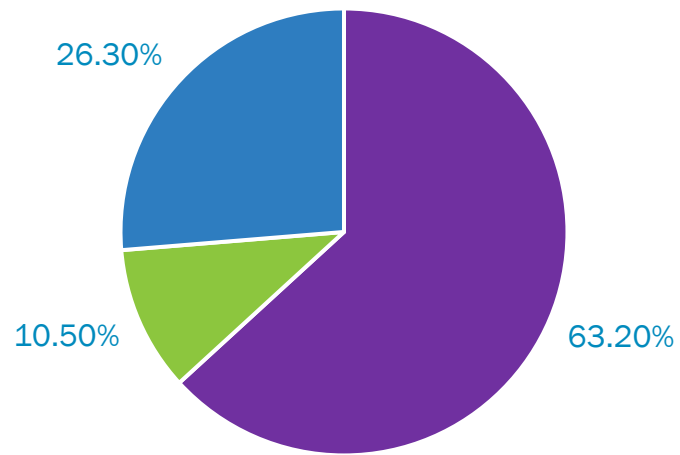
- Transportation
- Youth attendance and engagement
- Frequency and duration of the program and individual sessions
- Staff turnover
- Clinician training
- Significant time investment for clinicians

RESEARCH QUESTION 5:  
BENEFITS AND CHALLENGES WITH  
VIRTUAL DBT PROGRAMMING



# VIRTUAL GROUP FINDINGS

Preference for In-Person or Online group



■ In-Person Group ■ Online Group ■ Unsure

# REASONS FOR PREFERRING IN-PERSON GROUP

I found it difficult to pay attention to discussion

I would like to leave my house for appointments

I didn't feel connected to the group

I don't like being on camera

I don't have the privacy at home

There were too many technical issues

I don't like using technology

It would have been easier for someone to understand my emotional and physical cues when not on camera. They would have gotten to know me more than just to see me on camera

It would stick with me more if it was in-person

# SUGGESTIONS TO IMPROVE VIRTUAL PROGRAMING

Making the group longer  
– hour and a half vs. an  
hour long

Try Google meet or have  
it to where if somebody  
is talking everybody  
mutes the mic and shuts  
their camera off?

It was fine to me. The  
only issue was the  
internet connection and  
that can't be helped.

Take a longer time on  
each skill.

Just trying to get us more  
involved if possible.

Reduce the group length.

Extend the weeks.

# CHALLENGES WITH VIRTUAL PROGRAMING FROM THE DBT TEAM'S PERSPECTIVE

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**Video camera and youth engagement**


**Distraction**

**Reduced reassurance and nurturance to participants**

**Managing the neurodiverse and mental health needs of group participants**



**WHAT WERE SOME KEY  
LESSONS LEARNED FROM  
THE IMPLEMENTATION AND  
EVALUATION OF THE DBT  
PROGRAM?**





# LESSONS LEARNED: PROVIDING DBT PROGRAMMING TO YOUTH

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- **It is challenging for high-risk youth to commit to a ten-week DBT program**
- **Access to transportation is a significant barrier for high-risk youth.**
- **There appears to be an increased benefit to youth who attend multiple rounds of DBT.**
- **Providing an honorarium for youth in the DBT group has improved their attendance.**
- **Displaying posters advertising the program in community settings has resulted in increased and varied referrals.**
- **The data is still preliminary but a short-term DBT program appears to have a significant impact on high-risk populations when used in this way.**


# LESSONS LEARNED: PROVIDING VIRTUAL DBT PROGRAMMING TO YOUTH

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- **More interactive components are necessary to engage youth in a virtual group.**
- **Youth must have access to their own devices for group.**
- **A conversation about logistics and joining is necessary before youth are accepted into group – particularly camera requirements and where they will be situated during group**
- **A staged intake process is effective when offered in person, however, this becomes cumbersome when done virtually and all intake tasks, including research, should be completed at the first meeting.**
- **Running a virtual DBT group with trauma informed youth requires a minimum of three facilitators, with one facilitator devoted specifically to monitoring for safety, intervening when youth become distressed, and providing technical support.**

# LESSONS LEARNED: EVALUATION OF DBT PROGRAMMING

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- **Evaluation sample sizes with vulnerable populations are typically smaller than the general population**
  - **Evaluation with vulnerable populations youth may be biased**
  - **The richness of the experiences of vulnerable youth is captured through youth voice**
  - **Implementing standardized psychological outcome measures strengthens the evaluation design and the findings derived from the evaluation**
  - **It would have been useful to include standardized measures at follow up to assess whether statistically significant findings were maintained over time.**
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# Limitations of the Evaluation

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- No control group; not causal
- Self-report measures
- Short follow-up period
- Not a big enough sample for stratification analyses (e.g., gender)

# CREATING OUR NEW VIRTUAL DBT PROGRAM

