DBT Adolescent Group Therapy Manual

Maryville University – NURS 661

**DBT Adolescent Group Therapy Manual**

 There is growing evidence supporting dialectical behavior therapy (DBT) for adolescents, which is a promising therapeutic technique and often forgotten advancement (Freeman et al., 2016). DBT for adolescents is a reliable and well-developed therapeutic technique for emotional regulation, interpersonal effectiveness, distress tolerance, and mindfulness, all of which are crucial for children of that age group (Freeman et al., 2016). The use of DBT with the adolescent population is an evidence-based therapeutic skill that has shown to significantly improve multiple mental health symptoms, including self-harm and trauma (Freeman et al., 2016). DBT has demonstrated numerous successful research endeavors that showcases significant improvements when DBT is used to help adolescents manage their emotions more effectively, understand their thoughts and thought processes, and aides in appropriate behavior techniques (Child Mind Institute, 2020). Applying DBT to group work for adolescents is especially helpful for teens who regularly rely on peers for guidance in everyday life situations, and offers a unique step toward discussion and support from peers (Child Mind Institute, 2020).

**Pregroup Issues**

**Type of Group, Target Population, Age, Dates, and Times**

 The adolescent DBT group that will begin is a heterogeneous, open group that plans to meet on school grounds for easier student access. An adolescent in this group will be defined as students ages 12 to 18 years (Child Mind Institute, 2020). Most adolescent students do not drive and may not have an available parent to escort them around to appointments, which makes having the group on a school campus more practical for student access. Generally, DBT therapies run about 90 minutes per therapeutic session, and this group will occur once per week, on Wednesdays, which coincides with early release day, and often, student boredom (Child Mind Institute, 2020). The goal for this DBT group is to run for the first semester of the school year on the following days, October 7th, 14th, 21st, and 28th, November 4th, 11th, and 18th, and the last session being held on December 2nd. The maximum students allowed is currently 10 students. After this initial eight weeks is assessed for success, the longevity will be reassessed base upon need and interest, and a new block of sessions can begin in the new year. The general theme of the DBT group therapy for adolescents will have a multi-focus, which will include, anger, coping skills, family and peer conflicts, depression and anxiety, self-injurious behaviors, and drug/alcohol use (Child Mind Institute, 2020). DBT is an evidence-based treatment modality that has had considerable research on its efficacy in adolescents (Child Mind Institute, 2020).

**Topic or Theme and Relevance**

DBT is an evidence-based therapeutic strategy that uses multi-faceted cognitive and behavioral skills training, which has proved successful for use in the adolescent population (Hunnicutt Hollenbaug, 2013). Due to the small nature of the town, there are fewer resources for children's mental health; however, there are many adolescents in need of education, cognitive skills training, and instruction on conflicts and coping. There is growing evidence that there are more and more self-injurious teen behaviors, which have several faceted causes including broken families, poor coping skills, drug and alcohol abuse, peer conflicts, and plenty others (Child Mind Institute, 2020). Having this available at the school allows for a break in barriers because the therapy is coming to the students and provides for them to have a choice. Students at the local school have a history of self-harm behaviors, lack coping skills, and have a more considerable amount of depression and anxiety than ever seen previously, which makes this therapy technique an excellent opportunity for these students.

**Leader Qualifications**

 Generally, psychotherapy is led by a master’s level therapist or nurse, or a licensed clinical social worker with the appropriate training in DBT techniques (Selva, 2020). In the state of Oregon, therapists must possess a post-graduate degree, and should be working toward their licensed professional counselor degree that takes at least three years of supervised clinical counseling experience (State of Oregon Board of Licensed Professional Counselors and Therapists, 2020). Certification for DBT therapy is not required per Oregon State regulations, but a certificate is preferred, and can be achieved in an in-person setting or virtual classroom experience. Personal certification in DBT techniques provides a well-rounded leader with professional advancement and the ability to provide exceptional DBT leader skills (Selva, 2020).

**Group Advertisement**

 There are many ways to advertise this day and age of social media. Social media is also the best and fastest way to reach adolescents in the digital age (@dolescent, 2020). Parents are locally connected in the community with a group on Facebook that reaches out to parents of school-aged kids via the school's Facebook page. It is also common locally, to use flyers around school grounds and sent home with children, as another way to advertise for group participation. See the DBT Adolescent Group Therapy flyer in Appendix A. Many kids tend to engage in risky behaviors either alone or with a group, and it is feasible to adopt a DBT group therapy program within the school to help reduce such behaviors as impulsivity, self-harm, and promotion behavioral regulation (Zapolski and Smith, 2017). Evidence in research suggests that advertising and utilizing this therapeutic technique within the schools to help engage students can be done through referrals, student interest, parent interest, and use of flyers or social media (Zapolski and Smith, 2017).

**Selection and Screening**

 To be considered a candidate for participation in DBT group therapy the student should have the following characteristics including, parental permission, the group should be no larger than ten kids total, have a referral or interest, and between the ages of 12 and 18 years (Zapolski and Smith, 2017). Two separate screenings would be appropriate for this group, including the UPPS-P-C and the PHQ-9, which should be completed before entry into the group so they can be identified as the right fit (Zapolski and Smith, 2017). A copy of this screening exists at the end of this document, labeled Appendix B.

**Informed Consent**

When dealing with children in the school atmosphere, it is often considered appropriate to obtain parental consent (Corey, 2012). In the state of Oregon, however, it is admissible for a child to consent to his or her mental health treatment at the age of 14 years and older (Oregon Health Authority, 2016). A minor consenting for his or her therapy may be considered a "gray area" of consent because the therapy takes place in a school setting, which often requires parental consent, and per Corey (2012), it is usually best practice to obtain written parental consent. The informed consent is listed in Appendix C.

**Ground Rules**

 Ground rules should be expected and created to allow for a safe, non-judgmental, and culturally appropriate standards within the group. Out of respect for the other members of the group, promptness will be enforced, confidentiality will be expected by all, and general respect for all those who share and join the group (Corey, 2012). The goal is to create a safe place for adolescents to share stories, situations, and emotions, where they will not be judged and bullied by others. During the group orientation, it will be essential to establish that this group is entirely voluntary, and the participants will only get out what they decide to put into the group or active participation (Corey, 2012). Following the rules is a requirement of attendance, and the students will be required to sign an agreement stating this promise. The copy of this promise exists at the end of this document, labeled Appendix D.

**Initial Stage**

**Session Structure**

***Session 1***

Once the group has been established and the first day arrives, the initial session will open up for groundwork to be achieved, which includes such things as, group screenings, identification of potential issues, getting acquainted, preparation for a group experience, aligning group structures, and last, defining tasks (Corey, 2012). The first day will allow an introduction of each member, an introduction of the leader, and a small summary about the importance of the individual’s reason for being there. The initial session of the group also allows for establishing expectations of the leader and of each member, which is also a time for identifying the meaning of confidentiality and trust, and participation and goals (Live Rehab, 2020). It is fitting to introduce everyone during the initial stage of the group to discover faces and orientation, which helps to establish cultural congruence and encourage familiarity (Corey, 2012). When trust is being developed during the beginning stage, it begins to be identified as the level of comfort among individuals, and the group leader increases (Live Rehab, 2020). It is usual for group members to be initially hesitant to share information with group members because the initial stage is about opening to one's vulnerabilities, which is easier for some than others (Corey, 2012). Systematic preparation is vital for group initiation to examine the group members' level of commitment, discuss what content they would like to cover, develop goals and objectives, and determine what establishing trust means to everyone (Corey, 2012).

***Session 2***

During the second session, the familiarity of the group is growing, and so is confidence and respect. Further identification of issues that brought them to therapy will be addressed, and further trust develops. The leader’s role will also continue to develop. Instituting a leader’s authenticity helps to prove that group members are safe quickly; they can easily engage and are more satisfied (Fusco, O’Riordan, & Palmer, 2016). There are several ways that a leader can demonstrate behavior appropriateness, which begins with consistency, active listening, leading with confidence, exhibiting humor, and displaying empathy (Center for Substance Abuse Treatment. Substance Abuse Treatment: Group Therapy, 2005). This session will be further defining the reasons for the adolescent’s behaviors, self-harm, and how these feelings are reflected both emotionally and physically (Freeman et al., 2016). An initial assessment/evaluation of group effectiveness will be given out during this session to assess for learning and development, as well as changes, which is included in Appendix E.

**Transition Stage**

**Session Structure**

***Session 3***

 The transitional stage of group therapy can best be defined as a stage of higher anxiety, increased conflict, and an increase in defensiveness (Corey, 2012). As session three begins to take place, higher levels of anxiety result from the beginning stages of establishing trust among group members, which is a process that comes from learning to work together and clarifying fears (Corey, 2012). As a group leader, it is essential to recognize and address conflict within the group to ensure the group remains on task and remains successful. Conflict within the group can also be expressed upon the group leader and should be dealt with to establish trust, socialization, and open communication (Corey, 2012). One of the main goals as a leader is to remain empathetic in one's characteristics, regardless of when conflict arises and when one finds it difficult (Schumann, Zaki, & Dweck, 2014). When conflict rears its face in a group session, it can genuinely be hard to remain empathetic; however, the more time spent listening and being reflective, can improve one's empathy and enhance understanding among group members (Schumann, Zaki, & Dweck, 2014). It is natural for adolescents to engage in conflict and disagreements, but being active listeners allows us to reflect on their psychological story, challenging how they exhibit their emotional mind (Schumann, Zaki, & Dweck, 2014). Adolescents during this session may be starting to feel more comfortable opening up about their problems, but this also comes with defense mechanisms, which protect their character (Corey, 2012). Many adolescents are not comfortable with sharing feelings of self, especially self-hate, because it makes them feel uncomfortable; which is a challenge for adolescents in this stage of growth and development (Corey, 2012). Dealing constructively with conflict can develop trust and resilience within the group and lead to productivity (Corey, 2012).

***Session 4***

 As session four begins, development of the group is still transitioning, but beginning to approach the working phase, as the adolescents are ready to practice behavioral management and skills training to make changes in themselves (Corey, 2012). One element that may be beneficial when dealing with adolescents is first identifying the behavior seen, then describing the behavior without judging or placing blame (Corey, 2012). Many children or adolescents grow up in broken homes and find the adjustment within their adolescent years challenging, often over-reacting behaviorally, therefore, causing resistance (Lovallo, 2013). As a leader, it is important to recognize those behaviors without judging and discuss how they may affect group dynamics, again without being judgmental (Lovallo, 2013). In adolescents, it is essential to be sensitive to psychosocial stressors that have grown with them throughout life and be empathetic in changing this behavior cognitively (Lovallo, 2013). Being empathetic also allows trust to build even further within the group, allowing for greater cohesion and successful outcomes (Corey, 2012). Behavioral impulsivity is not easily changed, but over time, the person can be modified through cognitive restructuring, trust-building, and active listening (Corey, 2012). One example of this behavior is an adolescent who tends to "smart-off" when asked a question instead of giving an actual answer, to create a “shock-like" reaction among group members. Conflict and resistance are common reactions in adolescents, who are uncomfortable with their feelings and feel anxious, especially during the transitional phase of group therapy (Lovallo, 2013). During session four, building strong, compassionate relationships with clients, and giving respect and empathy causes reluctance barriers to break down, resolve the issue and provide further group structure (Ucar, 2017).

**Working Stage**

**Session Structure**

***Session 5***

 The working phase is the most productive phase of the group, where group members have developed a greater sense of autonomy and cohesion (Corey, 2012). The members are continually developing their relationships by identifying goals, working cohesively to discover changes, and are using meaningful interactions to explore situations further (Corey, 2012). In session five, the group members have already shared their stories, and are beginning to develop skills and behavioral strategies to utilize in everyday life (Corey, 2012). As the group progresses into the working stage, the things to look for are members working together with both in and outside the group, an increase in intimacy described as an increase in sharing emotions outwardly, and also an increase in comfortable experimentation among group members (Corey, 2012). Students or adolescents in stage five, will start working outside the group, potentially in school, to be more self-aware and progressive with their skill practice (Arias-Pujol & Anguera, 2017). Watching adolescents’ practice or experiment with different communication styles and behaviors, inside and outside of group, will enable them to become more relaxed with making more permanent changes, which can be extensively supportive of change (Corey, 2012). With the support of group members at the tender age of adolescence, success can be achieved within the group setting using the freedom to experiment (MacPherson et al., 2013).

***Session 6***

The working stage of group endeavors allows for a higher sense of pride in oneself and trust in members that elicit changes and improvements in emotions and behaviors (MacPherson et al., 2013). As the leader begins to see changes within the group, as evidence by a more profound definition of goals, a sense of belongingness, and trust, the leader will start to see individuals develop a higher sense of hope and commitment (Corey, 2012). This commitment of group members extends constructively over time, allowing individuals the chance to self-disclose deeper feelings, process issues, and eventually, begin the change process (Corey, 2012). As session six is conforming, there are many feelings, changes, and progresses taking place which allow these changes to become visible to other group members (Corey, 2012). This evolvement of change in members of the group becomes apparent enough that members of the group begin to recognize each other’s successes and offer congratulations and a deeper sense of self-pride (MacPherson et al., 2013). The skills that are being developed and learned by session six include maintaining satisfying relationships, understanding and regulating emotions, distress tolerance, problem-solving, and increasing self-awareness (Child Mind Institute, 2020). In appendix F, are worksheets that are shared in the working phase to help develop these skills.

**Final Stage**

**Session Structure**

***Session 7***

 As the final step is approaching, group members rely on what they have learned and developed to apply in their outside environments and be successful (Corey, 2012). The final stage is also a stage of reflection of learning the new skills and reflecting on sadness, knowing the relationship is coming to an end (Pass the OT, 2020). As a leader, the final stage enables members to simplify experiences, and an opportunity to deal with unfinished business, before moving on (Pass the OT, 2020). As session seven begins, the leader will push members to face future challenges by describing the transforming relationships which have developed (Corey, 2012). The group will use interventions such as reflection, feedback, and summarization to help address cessation averseness (Corey, 2012). Using discussion sessions to examine the group's effects and evaluate learning is a great way to help facilitate closure with happiness and accomplishment (Alle-Corliss & Alle-Corliss, 2009). Reflecting on group work through discussion can help the members work toward being more effective and efficient after the group has ended, enhancing the successes they might achieve (Bulman & Schutz, 2013). Conferring about successes in group work helps the clients feel more aligned with their feelings and the sense of change the group is bringing (Bulman & Schutz, 2013). It is an entirely natural process to encounter feelings, which members may see as an obstacle to finishing group work; however, when a leader facilitates closure through group discussion, the leader helps clean up unfinished business, and allow for regular feedback (Corey, 2012). Dealing with the uncertainties together as a group with the leader, will allow for a healthier closure, and assist all members in dealing with the feelings of abandonment and separation (Corey, 2012). Allowing each person in the group and the leader, sharing their positive experiences, goals for the future, needs, and feelings, will assist with the successful closure or final stage of group therapy (Corey, 2012).

***Session 8***

 Evaluation of group work is an essential step for reflection on technique and future successes (Corey, 2012). Evaluations of group work can define change, outcomes, future needs, and prosperity, when used as a tool for progress (Dietz et al., 2012). Generally, evaluating the process and the outcome is an essential step in providing future successful groups (Dietz et al., 2012). It allows group members to elaborate on effective strategies used, issues they may have encountered, follow-up needed, and assessment of success (Dietz et al., 2012). To view the final evaluation tool, see Appendix G. Another important step that is covered in session eight is follow-up. The group members will each be allowed an individual follow-up and/or a group follow-up to discuss progress or needs. Each group member will be able to list the wishes for follow-up on the evaluation which is located in Appendix H.

There are a lot of changes that each member will undergo when beginning to take action post group experience, which requires follow-up to address identified barriers, gage members victories, recall valuable lessons, and also to reconnect (Alle-Corliss & Alle-Corliss, 2009). Leaders can use both group and individual follow-ups to address member progress and adjustment after adjournment (Corey, 2012). Closure is a time for members to reflect on their troubles and triumphs experienced, now that they have the tools for success, and question the group leader if there are further questions or comments (Corey, 2012). Generally, some group members will need continued support to help achieve change, and that can continue to occur in individual sessions after the group has ended (Piper et al., 2009). Follow-up also allows for each of the members and the team leader's accountability, which can further assess personal adjustments, beliefs, values, attitudes, and levels of commitment after group work (Corey, 2012). Some members need additional pep talks to continue their successes, and others need more exclusive individual work, which expresses the importance of follow-up sessions (Piper et al., 2009).

**Conclusion**

Adolescents working in group DBT therapy has a definitive process that works through stages and ends with follow-up and feedback (Corey, 2012). Many feelings are brought to the surface when a group reaches its final stages, as friendships and close relationships have been established, which further sharpens the importance of appropriate closure and follow-up (Corey, 2012). As a successful leader, one must finalize, evaluate, and follow-up with members to enhance closure, credibility, and group work (Corey, 2012). As groups evolve, each member will learn valuable lessons and move toward more meaningful adventures within their lives (Corey, 2012).

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**Appendix A**



**Appendix B**

Screening Questionnaire for Adolescent DBT Group

|  |  |  |
| --- | --- | --- |
| **Name:** | **Date of Birth:****Age:** | **Grade:** |
| **How did you find out about this group?** | **-Referral -Student Interest -Parent Interest****-Flyer/Social Media -Other *(list)***- |
| **What do you hope to gain in this group?** |  |
| **Answer the following questions with the following answers:**1. Strongly Agree 2- Agree Some

3- Disagree Some 4- Disagree Strongly | **Answer the following questions with the following answers:**1. Not at all 1- Several Days

2- More than half the days3- Nearly every day |
| **UPPS – P *(short version)***1. I generally like to see things through to the end.

 **1 2 3 4**2. My thinking is usually careful and purposeful. **1 2 3 4**3. When I am in a great mood, I tend to get into situations that could cause me problems. **1 2 3 4**4. Unfinished tasks really bother me. **1 2 3 4**5. I like to stop and think things over before I do them. **1 2 3 4**6. When I feel bad, I will often do things I later regret in order to make myself feel better now. **1 2 3 4**7. Once I get going on something, I hate to stop. **1 2 3 4**8. Sometimes when I feel bad, I can’t seem to stop what I am doing even though it is making me feel worse. **1 2 3 4**9. I quite enjoy taking risks? **1 2 3 4**10. I tend to lose control when I am in a great mood. **1 2 3 4**11. I finish what I start. **1 2 3 4**12. I tend to value and follow a rationale, “sensible” approach to things. **1 2 3 4**13. When I am upset, I often act out without thinking. **1 2 3 4**14. I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional. **1 2 3 4**15. When I feel rejected, I will often say things that I later regret. **1 2 3 4**16. I would like to learn to fly an airplane. **1 2 3 4**17. Others are shocked or worried about the things I do when I am feeling very excited. **1 2 3 4**18. I would enjoy the sensation of skiing very fast down a high mountain slope. **1 2 3 4**19. I usually think carefully before doing anything. **1 2 3 4**20. I tend to act out without thinking when I am really excited. **1 2 3 4****Add up total of circled items: \_\_\_\_\_\_\_\_\_\_\_**(International Society for Research on Impulsivity, 2014) | **PHQ-9 for adolescents*****How often have you been bothered by the following in the past 2 weeks?***1. Feeling down, depressed, irritable, or hopeless?

 **0 1 2 3**2. Little interest or pleasure in doing things? **0 1 2 3**3. Trouble falling asleep, staying asleep, or sleeping too much? **0 1 2 3**4. Poor appetite, weight loss, or overeating? **0 1 2 3**5. Feeling tired or having little energy? **0 1 2 3** 6. Feeling bad about yourself, or feeling that you are a failure, or that you have let yourself or your family down?  **0 1 2 3** 7. Trouble concentrating on things like schoolwork, reading, or watching TV? **0 1 2 3** 8. Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you were moving around a lot more than usual? **0 1 2 3**  9. Thoughts that you would be better off dead, or of hurting yourself in some way? **0 1 2 3** 10. In the ***past year***, have you felt depressed or sad most days, even if you felt okay sometimes? **YES NO**  11. If you are experiencing any of the following problems in this form, how difficult have these problems made it for you to do your work, take care of things at home or get along without other people?**- Not difficult at all****- Somewhat difficult****-Very difficult****- Extremely difficult** 12. Has there been a time in the past month when you have had serious thoughts about ending your life? **YES NO** 13. Have you ***ever***, in your ***whole life***, tried to kill yourself or made a suicide attempt? **YES NO****Add up total of circled items: \_\_\_\_\_\_\_\_\_\_\_**("Incorporating Mental Health Screening into Adolescent Office Visits | Phq-9", 2014). |

**Appendix C**

Informed Consent for Adolescent DBT Group

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have read, understand, and agree to the terms of the Adolescent DBT Group Therapy Program.

**Please check one:**

**\_\_\_\_\_** I give permission for my child to receive group DBT counseling therapy after school on the aforementioned days at Lakeview School.

 *I understand that I may withdraw my consent at any time by signing and dating a written note and requesting the termination of services.*

\_\_\_\_\_ I choose to decline school group DBT counseling therapy services for my child at this time.

 *I understand that I may request these services at a later date if needed.*

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Child’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix D**

**Agreeance of Ground Rules**

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

**Rules *– please initial next to each rule indicating that you understand.***

1. Respect the views of others ……………………………………………………. \_\_\_\_\_\_\_\_
2. Everyone’s opinion counts …………………………………………………...... \_\_\_\_\_\_\_\_
3. Be on time to every session ……………………………………………………. \_\_\_\_\_\_\_\_
4. Do not interrupt when others are speaking …………………………………….. \_\_\_\_\_\_\_\_
5. Think before speaking …………………………………………………………. \_\_\_\_\_\_\_\_
6. Contribute to group and individual goals ……………………………………… \_\_\_\_\_\_\_\_
7. Stay mentally and physically present ………………………………………….. \_\_\_\_\_\_\_\_
8. Remain on task ………………………………………………………………… \_\_\_\_\_\_\_\_
9. Participate ……………………………………………………………………… \_\_\_\_\_\_\_\_
10. Respect everyone’s confidentiality ……………………………………………. \_\_\_\_\_\_\_\_

*By initialing on the lines above, you are agreeing to each of the ten ground rules listed. To be successful in this group, everyone must be respectful and aware of others and yourself. Please also remember that everything shared during these sessions is completely confidential and should never be shared outside of this group.*

**Thank you!**

**Appendix E**

Initial Group Therapy Evaluation Tool

Name *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please rate and comment on your experience in this group session.*

***1*** *= Not at all* ***2*** *= Somewhat* ***3*** *= Always*

* The use of group therapy enhanced my healing process: **1 2 3**
* I felt safe sharing information with my group members: **1 2 3**
* My confidentiality was respected throughout therapy: **1 2 3**
* I learned something new about myself in group therapy: **1 2 3**
* The leader was respectful and helpful during group: **1 2 3**
* I felt motivated to create change within myself: **1 2 3**
* My leader was engaging in culturally respectful. **1 2 3**
* Please list the most helpful thing(s) you experienced thus far with this group experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is there anything that needs to be changed or that you do not like about group therapy:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix F**

DBT Worksheet 1 – Functions of Emotions

**Journaling Activity:**

1. Identify strong emotions during the week and write them below:
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. For each emotion listed above, what was the event that occurred before the emotion?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What was your interpretation of this emotion; how did you react?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. From 0-10, with 10 being the worst, how strong was this emotion?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Therapist Aid, 2015).

DBT Worksheet 2 – The Wise Mind

Your mind has different states, which are listed below: the emotional mind, the wise mind, and the reasonable mind. Each person experiences these states of mind differently and our goal is to identify which mind set your most common.



|  |  |  |
| --- | --- | --- |
| **Emotional Mind*** Using the emotional mind controls thoughts and behaviors. This may cause impulsiveness
 | **Wise Mind*** The wise mind is a balance between being reasonable and being emotional. It is the ability to recognize feelings and respond in a suitable manner.
 | **Reasonable Mind*** The reasonable mind is approaching a situation intellectually and with thought. You make a plan and make decisions based from facts.
 |

**Tell me about a time when you used each mind state**



(Positive Psychology, 2020).

**Appendix G**

Group Therapy Final Evaluation

|  |  |
| --- | --- |
| Name: | Today’s Date: |
| Grade: | Age: | Rate how you enjoyed your group experience, 0-10, 10 being it was terrible:0 1 2 3 4 5 6 7 8 9 10 |
| *Please rate and comment on your experience in this group therapy.****1 =*** *not at all* ***2 =*** *Somewhat* ***3 =*** *Always* |
| * The use of group therapy enhanced my healing process: **1 2 3**
* I felt safe sharing information with my group members: **1 2 3**
* My confidentiality was respected throughout therapy: **1 2 3**
* I learned something new about myself in group therapy: **1 2 3**
* The leader was respectful and helpful during group: **1 2 3**
* I felt motivated to create change within myself: **1 2 3**
* My leader was engaging in culturally respectful. **1 2 3**
* What has been the most helpful part of group therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What could be done differently to make group therapy better for you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What successful plan to change or goal did you reach during therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How will you ensure you continue to succeed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Would you do another group like this in the future if it was offered? *-circle one*

 Yes No* Is there anything else you would like to share about the group experience or yourself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Appendix H**

DBT Group Follow-up

* When would you like to follow-up with the leader/facilitator:
	+ 2 weeks
	+ 1 month
	+ 2 months
	+ Other, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Would you like to follow-up with the entire group, if so when:
	+ Yes No (c*ircle one)*
	+ 1 month 2 months 3 months (c*ircle one)*
* Please list days of the week and times that may work with your schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How can I contact you after group – *list times and dates, phone number and/or email*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your hard work and participation in DBT Group Therapy***