

**PSYCHOSOCIAL SKILLS TRAINING FOR ADOLESCENTS USING A DIALECTICAL BEHAVIOR
THERAPY FRAMEWORK:
CONSULTATION AND TRAINING SERVICES**

Dialectical Behavior Therapy (DBT) is evidence based for adult populations with Borderline Personality Disorder (BPD) symptoms. Because of the strong research supporting DBT, and the tendency for this population to be treatment resistant, complex, and high utilizers of services; funders, referral sources, and regulatory bodies are increasingly requesting the implementation of a DBT model by service providers who treat any individuals with high risk issues related to BPD (i.e. self injurious behaviors, suicidality, multiple hospitalizations). In response, more programs have been modifying DBT in an effort to treat adolescents presenting with these symptoms, and the research community is prioritizing the publication of randomized controlled trials to establish its evidence base with an adolescent population.

In 2004, Dr. Suzanne Robison, President of Psychological Service & Human Development Center (PSHDC) formed a weekly outpatient group for adolescents using a modified DBT model. That group continues to run today and since that time, has grown in status and attendance, with referrals from local schools, hospitals, partial hospital programs, and outpatient professionals who are in need of a structured program that offers DBT for this difficult and high risk population. In addition to facilitating groups, Dr. Robison has provided DBT training and consultation groups for residential facilities treating this population, and spearheaded a group charged with revising an existing adolescent residential program model to reflect DBT principles and interventions.

PSHDC is committed to assisting with the development of DBT programming within adolescent treatment facilities. We currently offer the following services to mental health and substance use providers:

- ✓ **DBT training for clinical staff:** Anticipating that this is likely to be most beneficial in stages, PSHDC offers 4 part training that can be delivered for 2 hours a week for one month, or in longer increments over a shorter period of time for clinicians. ***For residential facilities, it is recommended that this training be repeated for Direct Care Staff after consultation groups are up and running.***
- ✓ **Weekly or bi-monthly DBT consultation groups for clinicians:** The minimum suggested length and frequency of consultation groups within the original DBT model is 90 minutes twice per month, but can be held weekly or for shorter or longer durations if necessary. In these groups, case presentations, continued training for implementing skills, staff development, team building, communication, coordination of care, increased treatment fidelity, and practice of skills is accomplished.
 - The expectation is that this group will be self sustaining and led by the agency's internal staff after about 1-2 years, depending upon staffing patterns, turnover, etc. Groups can occur in addition to trainings, or begin after training is completed. Ongoing consultation groups beyond initial start-up can continue with consultation upon request.
- ✓ **Program model writing and implementation:** Concurrently with staff training and consultation, a written program model should be developed that is consistent with DBT philosophies and interventions. Dr. Robison is available to assist with on or off-site program model revision and implementation planning.

If you are interested in arranging a free consultation to discuss implementing DBT at your facility, please contact Dr. Robison to schedule a meeting. We are confident that DBT is a promising intervention for adolescents in any level of care, and would be happy to discuss any questions/concerns you may have regarding consultation, fees, or in general.