

Frequently Asked Questions

Family DBT-Child and Adolescent Program

What you need to know:

Q: What is Dialectical Behavior Therapy?

A: DBT was developed by Marsha Linehan, Ph.D. for treatment of people struggling with suicidal ideation, self-injurious behaviors and Borderline Personality Disorder symptoms, which may include a pattern of unstable mood, self-image, relationships and behavior. DBT is known to help with numerous other mental health disorders including but not limited to Depression, Anxiety, and PTSD. Among the essential elements of DBT are skills training (group) which aims at helping people regulate their emotions; their reactions to stress, and develop coping strategies to deal with difficulties in living, including relationships with family and friends. DBT also includes individual therapy, group skills training, telephone coaching, and therapist team consultation.

DBT is an empirically based mode of treatment, meaning there is consistent research done; testing its efficacy. A most recent study has shown that “DBT is effective for reducing suicidal, self-harming adolescents, highlighting the value of DBT in suicide prevention initiatives (McCauley, 2018). Studies have also shown that it is more productive and effective in the long run to try to help the family system rather than only the individual (Vogelzang, 2017).

Q: What are the expectations of parents within the Family DBT programs and why?

A: Parents are expected to attend the 2 hour DBT group once a week along with their child, as well as attend their own individual therapy sessions with a trained DBT therapist at least 2 times per month. DBT has a specific “language” to it and in order for things to truly change for your child and perhaps within the household we have found it to be most effective when a parent is able to “speak this language” along with their child. Also, parents who have children that are struggling need effective support and may need help in aiding their child through a difficult time.

We follow an adherent DBT model and have found that the most effective treatment for children/adolescents is to have their parent/guardian participate within the program alongside of them. “It is important for caregivers to understand that their positive attitude toward and participation in treatment will likely result in better treatment outcomes.” (Halaby, 2004).

Q: So are parents then considered clients as well?

A: Yes. We consider each parent a client as well as their child. Insurance will be billed accordingly for individual sessions, of both the child and the parent. The child’s insurance is billed for group, the parent’s insurance IS NOT billed for group. When a parent is set up with an individual DBT therapist, they will participate in a Diagnostic Assessment at their initial session and be asked to fill out DBT paperwork just as they will for their child.

Q: How long will my family's commitment to DBT need to be?

A: The length of the family's involvement is a minimum of 20 weeks, (the adult program is one full year) with 4 weeks prior to DBT group for assessment, program orientation, commitment to the program and the necessary DBT paperwork.

Q: Can I/my child still see our other therapist if we have one?

A: Possibly. This can depend on insurance, and we often allow clients to see their original or outside therapist while in DBT, if it is therapeutic and appropriate for the client. Your DBT therapist will talk with you about the best way to proceed with other therapy while in the program.

Q: Can Parents/Guardians rotate their time for group and individual therapy?

A: We require that at least one parent/guardian is named the "primary" for the treatment and be present and involved every week to ensure they too are learning the skills and able to speak the "DBT language" as mentioned above. This also helps with consistency for the child. A spouse or significant other is welcome to join in addition for any/all groups.

Q: I go to work/school; are you able to accommodate school and work schedules?

A: We do our best to accommodate school and work schedules. Groups are scheduled in the late afternoon/early evening. Individual sessions are scheduled according to you and your therapist's availability. If scheduling requires that you or child miss work or school, we are happy to help you advocate with the school or employer. We can help with FMLA paperwork and/or write a letter to the school. DBT group and individual sessions have been able to fulfill school credits as well; something that can be discussed further with your individual therapist.

Q: If I have further questions, who can I talk to?

A: Hopefully, the majority of your questions will be answered on the phone with our knowledgeable support staff. If there are further questions, you will be referred to one of the program directors who will then respond to you in a timely manner.

References:

Halaby, K.S. (2004) Variables predicting noncompliance with short-term dialectical behavior therapy for suicidal and parasuicidal adolescents. *Dissertation abstracts International: Section B: The Sciences and Engineering*, 65 (6), 3160B.

McCauley, E. et al. (2018) Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: a randomized clinical trial. *JAMA Psychiatry*. 2018 June 20. doi: 10.1001/jamapsychiatry.2018.1109.

Vogelzang, E. (2017) DBT-A and parental inclusion in skills training groups. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/793

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