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Highlights...

Our page 1 stories look at how to use the therapeutic milieu for DBT assertiveness skills, and preparing transitional-age youth for being mentally healthy in college.



Keep your eye on... See page 2

- Brief parent training via telehealth to treat OCD symptoms
- The dangers of alprazolam use during pregnancy
- The small role of maltreatment in later mental health problems

What's new See page 7

- No big increases in high school substance use in 2022

Commentary See page 8

- Parenting opportunities: Apologizing



Free Parent Handout...

- Confidentiality revamping proposed for substance use disorder treatment records

DBT

Interpersonal effectiveness in action: The therapeutic milieu for DBT assertiveness skills practice

By Amy Egolf, M.D., and Andrea L. Gold, Ph.D.

Individuals with emotional dysregulation often struggle with assertiveness and interpersonal problem-solving for a variety of reasons. Adolescence reflects a developmental period with well-characterized changes in social processes that can be disrupted by affective psychopathology. In these situations, the expected challenges associated with typical adolescence can be amplified by inhibiting emotions, like anxiety and shame. Symptoms of common adolescent anxiety and mood disorders, such as social anxiety, generalized anxiety, obsessive-compulsive disorder (OCD), and major depressive disorder, frequently

exacerbate teens' experiences of these dysregulated emotions, which in turn increase anxiety and mood symptoms. Such emotional disturbances present barriers to many important developmental tasks of adolescence. These include skillfully navigating social relationships, developing a sense of autonomy, and learning how to express and assert one's independence, while simultaneously asking for help when needed. Dialectical behavior therapy for adolescents (DBT-A; Miller, Rathus, & Linehan, 2007; Linehan, 2015) is an empirically supported treatment developed for *See DBT, page 3...*

Transitional-age youth

Mental health prep for college

By Michael Wolfe, M.D., Micah Duggins-Warf, M.D., and Lisa Frappier, D.O.

The time leading up to the first day of university is a whirlwind of study, social activities, applications, due dates, rejections, acceptances, graduation, jobs, and time off. The excitement mixed with anticipation and anxiety can be a complicated time mixed with feelings of loss of "being a kid" and expectations of independence as "an adult." Transition can be hard and sometimes conflicts between parents and teens escalate as they prepare to separate from home. College is a rigorous time of rapid development and great change for students and their families. We are lucky that we are in an age where the world has started to recognize and speak about mental health and wellness, and the factors that can impact well-being (racism, structural racism, pandemics, and the need and lack of mental health services, e.g., National Emergency in Child and Adolescent Mental

Health 10/19/2021). With 50% of all lifetime mental illness beginning by the age of 14, and 75% by the age of 24, this is a very important phase of life to help our teens/young adults and their caregivers prepare for the transition to college. Working on a plan to transition to higher education will help reduce the stress of this transition as well as improve students' success for their chosen path, especially for teens who have identified a psychiatric illness.

According to the Centers for Disease Control and Prevention, in 2019 more than one in three high school students reported persistent feelings of sadness and hopelessness, a 40% increase since 2009. These numbers provide a window into what young people are already dealing with before they step foot on the "quad" at their university. The newfound independence, *See Transitional-age youth, page 5...*



DBT

From page 1

emotionally dysregulated youth with multiple, serious psychiatric problems, including suicidality. The treatment explicitly teaches skills to address these common challenges, while structuring the environment to support effective behaviors and ensure skills generalization across environments.

DBT teaches core interpersonal effectiveness skills for obtaining objectives effectively, providing ways to build and maintain positive relationships while applying specific assertiveness and interpersonal problem-solving skills to obtain one's goals and maintain self-respect. At the DBT-X Track within the Pediatric Anxiety Research Center (PARC) at Bradley Hospital, we integrate interpersonal effectiveness, among other DBT skills and principles, into an exposure-based intensive treatment program for the subpopulation of multi-problem, high-risk adolescents with emotional and interpersonal dysregulation co-occurring with OCD and related anxiety disorders. Within the intensive partial hospital program (PHP), teenagers and their families engage in DBT skills training, practice, and generalization activities. This occurs in group-based skills training sessions, individual and family therapy, home visits, peer coaching groups, and daily interactions with peers and providers (clinicians and exposure coaches) in the therapeutic milieu. To support the generalization of adolescents' skills to their natural environments and everyday lives, emphasis is placed on supporting clients' use of *in vivo* skills across these settings. Here, we illustrate the promise of the therapeutic milieu as a natural environment ripe with opportunities to encourage and reinforce interpersonal effectiveness. Specifically, we share an example from a 16-year-old client in the PHP environment who used the DEAR MAN skill for achieving objectives from others. This example is written with permission of the client and parent.

Relationships between two or more people exist in all areas of life. These can be limited interactions, like ordering a cappuccino from someone in a coffee shop; long-term interactions, like a parent and child; and everything in between. Three core DBT interpersonal effectiveness skills focus on distinct aspects of interpersonal interactions: DEAR MAN, GIVE, and FAST. Each is

an acronym that describes the parts of the skill. The first, DEAR MAN, involves asking for what one wants or saying no. The second, GIVE, helps with building and maintaining positive relationships with others, which are essential for adolescent development, increase positive emotions and one's ability to tolerate distress, and buffer against negative emotions and conflicts. The last, FAST, involves maintaining one's self-respect, which is often salient for adolescents with anxiety and mood disorders who fear social rejection and struggle with shame. In any interaction there is a balancing of these three skills and their associated goals. DBT teaches clients to identify and prioritize their goals for a given interpersonal interaction based on their values and long-term goals. This is in contrast to prioritizing interpersonal goals based on emotional urges aimed to alleviate immediate distress in the short term, at the cost of increasing long-term suffering and interfering with long-term goals. To this end, teens are taught ways to integrate core mindfulness and exposure therapy techniques with interpersonal effectiveness skills to effectively identify their goals and priorities in a given interpersonal interaction.

While DEAR MAN is the focus of this discussion, it is only one piece of these skills being used collectively. DEAR MAN is highlighted given the relevance of assertiveness and interpersonal problem-solving for social emotional development and the difficulties faced by youth with inhibiting anxiety and shame. The PHP environment provides numerous opportunities for clients to learn and build mastery with interpersonal effectiveness skills, motivated by natural reinforcers and personally meaningful rewards. Clients are in dyadic relationships with their peers, clinicians, exposure coaches, and other program staff, all of which present regular practice opportunities. The unique aspect in our program, however, is the environment grounded in DBT principles that provides supportive feedback and behaviorally reinforces skills throughout all aspects of treatment. Additionally, the intensive and multimodal nature of the therapeutic milieu and interdisciplinary treatment team affords clients opportunities to integrate exposure opportunities and multiple DBT skills, rather than limiting skills training to one skill in isolation.

Before applying an interpersonal effectiveness skill, one must identify the goal

of the skill. This reflects the premise of DBT that for any skill to function as a skill, one must practice it mindfully. That is, all DBT skills require the concurrent use of the core mindfulness skills to observe and experience reality as it is, letting go of judgments, and to live in the moment with effectiveness, using skillful means and doing what works. Knowing if one's skills use is effective requires knowing one's goal; you cannot know which way to go without knowing where you want to go. In this case, the client's goal was to ask their psychiatrist for a pet fish for the milieu. In asking for the fish, the client was fully aware that the answer could be no. Using the skill does not guarantee success in getting what one wants, although effectively asserting oneself increases the likelihood of an affirmative response.

The DEAR MAN acronym teaches concrete, skillful behaviors via two parts: the first four skills labeled as **DEAR** reflect *what* to do in order to obtain an objective, while the latter three skills labeled **MAN** elucidate *how* to do it. The first step is to **Describe the situation**. Clients are coached to utilize mindfulness skills to observe and describe just the objective facts of the situation, without any judgments or editorializing. This step is essential to orienting the other person and serves to get both parties on the same page. In this case, the client chose to describe that the milieu did not have a pet and many clients and staff are animal lovers. They also noted evidence that pets can have positive therapeutic effects for people with anxiety.

After describing the background facts of the situation, the next step is to **Express clearly** how one feels and thinks about the situation, which makes it easier for the other person to understand one's goal. In this case, the client shared that they predicted a pet in the milieu would bring up positive emotions of happiness and joy in themselves and others. The client shared their belief that an increase in positive emotions could help tolerate anxiety-provoking situations and improve clients' ability to do hard things, which they expressed is needed to stick with exposure therapy. Taking care of a fish could also build mastery, which they labeled as a DBT emotion regulation skill. They shared their belief that watching the fish swimming could also be a mindfulness practice and promote relaxation, which they labeled as a DBT distress tolerance skill.

Continued on next page...

Following these steps, the client is ready to **Assert** their wishes and ask a direct and to-the-point question or clearly say no. The client stated to their psychiatrist, “I would like to request a pet fish for the milieu.” Clearly stating the request makes it unambiguous what the person is asking; it is the opposite of beating around the bush. While a request may be straightforward, many people find it difficult to ask directly for something, no matter how small or big the request. For individuals with social anxiety, OCD, and related disorders, asserting can feel unbearable. Consequently, they tend to avoid asserting and often confuse **Expressing** with **Asserting**. Exposure coaches, clinicians, and peers support clients in exposure techniques needed to practice this direct ask, without undercutting oneself or asking for a lesser version of what one wants, and also provide direct feedback. Clients with emotional and interpersonal dysregulation often get stuck in the two opposite extremes of avoiding asserting on the one hand or demanding on the other. Adolescents in the program often express their beliefs that being assertive equals being aggressive, expressing their fears that asserting will lead them to be judged and rejected. Thus, teens discuss the differences between assertiveness and aggressiveness during skills training, while discussing and addressing common myths associated with assertiveness and interpersonal problem-solving. Clients receive coaching and support as they practice asserting (and asking) without demanding (or telling the other person what to do).

The likelihood of obtaining a desired outcome increases if there is something in it for the other person and there is a way to **Reinforce** having the request fulfilled. The client shared that if the fish improved skills use, increased pleasant emotions, and helped clients engage in exposures, as they Described and Expressed, it would improve the treatment outcomes of all clients in the milieu. Further, the fish could bring up positive emotions for not only the clients, but also the treatment team.

In addition to identifying *what* to do via the acronym **DEAR**, the skill continues with the acronym **MAN** to describe skillful means for *how* to ask for something or say no. First, staying **Mindful** encourages one to focus on the task at hand and not be distracted by other things that come up. For instance, if the client’s psychiatrist tried to steer the conversation towards the client’s

treatment goals instead of responding to the question of getting a fish, the client would mindfully guide the conversation back to their intended objective. Staying mindful may also include avoiding attacks and not responding to insults or criticism. While it can be hard to ignore these things, responding can easily lead someone off track from their objective. This might involve being a broken record and continuing to return to the objective if there are numerous distractions coming up. Second, even if one has a hard time asking for something or saying no, it is important to **Act Confident**. This includes making eye contact, speaking loud enough for others to hear, and not apologizing for simply asking for something. As anxiety can make it difficult to feel confident, opposite action may be involved, hence the focus on “acting” confident. Lastly, it may be necessary to **Negotiate** to obtain the objective. For example, the psychiatrist may have said they would only consider getting a fish for the milieu if the client completed 2 weeks of school visits. The client might choose to negotiate and ask for further consideration after completing only one week of school visits. Negotiation is a reminder that sometimes one must be willing to give something to get something in return, and offering a negotiation may help to have an objective met. Preparing ways to negotiate ahead of time can help clients feel empowered, particularly as social anxiety and shame often lead individuals to feel scared of being assertive.

After the client presented their DEAR MAN, the psychiatrist requested time to consider the request before giving an answer. While it can be frustrating to not get an immediate answer to a request and to tolerate uncertainty, it may be a necessary part of the process. In addition to the psychiatrist being unsure of whether a pet in the milieu would be a good idea, it was also unclear if a fish was permitted by hospital policy. The client skillfully practiced assertiveness by asking how long the psychiatrist would need before giving an answer. The psychiatrist asked for 2 days to consider the request, as well as the possibility of additional time to get information back from hospital administration. The psychiatrist agreed that if they did not approach the client within 2 days to continue the discussion, the client could remind the psychiatrist of their commitment.

The psychiatrist returned to the client with the good news that a pet fish could

be purchased for the milieu. On a community visit during which the client practiced social anxiety exposures with an exposure coach, they chose a fish for the milieu. All of the clients in the milieu collectively agreed on a name for the fish — Sushi Maria Potato Chip — in honor of the hospital’s head of infection control, who agreed to the client’s skillful DEAR MAN request by designing a fish safety policy and initiating a “milieu fish trial.”

This pet fish DEAR MAN is one of countless examples of the rich potential of the therapeutic milieu for *in vivo* skills practice and generalization. In addition to providing coaching and support, the clinicians, exposure coaches, and peers also model their own use of exposure and DBT skills. For example, teens and providers frequently are overheard sharing the hashtags “#exposure-lifestyle” and “#DBTlifestyle.” Every day, interpersonal interactions in the therapeutic milieu enrich clients’ learning as they “see one, do one, teach one” in an environment steeped in exposure and DBT skills. Since May 2022, Sushi Maria has graced the OCD program milieu as a daily reminder that putting skills into action pays off.

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