A DBT-Based Program Working with Adolescents with ID and ASD

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Youth with intellectual and developmental disabilities often have difficulties with emotional regulation and social relations (Shingler, 2004). Utilizing a DBT approach with these clients places a greater emphasis on improving the skills relating to improved intrapersonal and interpersonal skills (Brown, J. F., Brown, M. Z., & Dibiasio, P., 2013).

DBT offers a strengths-based approach that directly targets the major areas of concern that youth who display sexualized behaviours, such as: emotional regulation, lack of relationship skills and self-esteem. The addition of mindfulness training, as well as experiential learning, allows for a more complete whole-person treatment model to increase emotional regulation and competency (Singh, N. N., et al, 2011). Using experiential learning as a major tool within this model also addresses the language-based deficits that these youth display and helps the clients to generalize and maintain new skills.

The program is structured in seven components and is taught within group therapy, group for DBT-skill training, individual therapy, sexual education group and in the everyday life setting with behavioural therapy and by playing different learning games and doing mindfulness exercises. Everything is done in a close collaboration between behaviour-therapists in the everyday work and the CBT-therapists running individual and group therapy.

The young people will be taught about themselves, their bodies, feelings, thoughts and consequences. Their families will at the same time learn how to help the young people to generalize and practise the new knowledge. In those cases were the young person has difficulties or is unable to generalize, their family and network is taught how to keep working with the young person after completed treatment.

Learning Goals and Objectives:

- Using DBT when working with young people who have been diagnosed with Intellectual Disabilities/ Neurodevelopmental Disorder and have harmful sexual behaviours.
- Demonstrate our approach of working with young people and their families as well as their social network.
• The importance of learning how my brain, body and sexuality works to be able to stop myself – and how to do that with young people who have been diagnosed with Intellectual Disabilities/ Neurodevelopmental Disorder and have harmful sexual behaviours.

References:


