

## **BETTER TOGETHER**

2018 ATSA Conference | Thursday October 18 | 3:30 PM – 5:00 PM

**T-46**

### **Using a DBT Approach with Young People Who Experience Learning and Developmental Challenges**

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Youth with intellectual and developmental disabilities often have difficulties with emotional regulation and social relations (Shingler, 2004). Utilizing a Dialectical Behavior Therapy (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 strength-based approach that directly targets the major areas of concern that youths who display sexualized behaviors, 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 youths display and helps the youth to generalize and maintain new skills.

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

The youths will be taught about themselves, their bodies, feelings, thoughts, actions and consequences. Their families will also be taught how to help the youth to generalize and practice the new knowledge. In those cases, where the youth has difficulties or is unable to generalize, their family and network is taught how to keep working with the youth after completed treatment.

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### **Learning Goals:**

- 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 work to be able to stop myself – and how to do that with young people who have been diagnosed with Intellectual Disabilities/ Neurodevelopmental Disorder and display harmful sexual behaviours.

### **Anette Birgersson Therapist/ Bachelor in Social Science/ Master in CBT psychotherapy**

*Anette Birgersson Thell* has been a clinical therapist/case worker for 18 years, specialized in the field of child sexual abuse. She has been working for the Council/Social Services and in private practice. Anette has extended training in Cognitive Behavioral Therapy, Trauma-Focused CBT and in Dialectical Behavioral Therapy. Anette has been working both with in- and outpatient services.

### **Marie Wassberg Therapist/Bachelor in Social Science/Diploma in CBT psychotherapy**

*Marie Wassberg* has been a clinical therapist/case worker for 22 years, specialised in the field of child sexual abuse since 2004. She has been working for the Council/Social Services and in private practices. Marie has extended training in Cognitive Behavioural Therapy, Trauma-Focused CBT, Prolonged exposure, and in Dialectical Behavioural Therapy. Marie has been working both with in- and outpatient services, including treatment community centre, acute, forensic and mental health inpatient wards.

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### **Abstract References**

Courtois, C. and Ford, J. (2009). *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide*. New York: Guilford.

Doucette, P. (2004). Walk and talk: An intervention for behaviorally challenged youths. *Adolescence*, 39 (154), 373-388.

Lisak, D. and Ivan, C. (1995). Deficits in intimacy and empathy in sexually aggressive men. *Journal of Interpersonal Violence*. 10(3), 296-308.

Marshall, W.L. and Marshall, L.E. (2000). The origins of sexual offending. *Trauma, Violence, and Abuse: A Review Journal*, 1, 250-263.

Streeck-Fischer, A. and van derKolk, B. (2000). Down will come baby cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, 34, 903-918.

Teicher, M., Andersen, S., Polcari, A., Andersen, C., Navalta, C. (2002). Developmental neurobiology of childhood stress and trauma. *Psychiatric Clinics of North America*, 25: 397-426.

Brown, J. F., Brown, M. Z., & Dibiasio, P. (2013). Treating Individuals With Intellectual Disabilities and Challenging Behaviors With Adapted Dialectical Behavior Therapy. *Journal Of Mental Health Research In Intellectual Disabilities*, 6(4), 280-303.  
doi:10.1080/19315864.2012.700684

Kjellgren, C. A., Abellsson, J. A., Svedin, C. A., Linköpings universitet, I. O., & Linköpings universitet, H. O. (2012). Intervjuer med personer som tidigare fått samtalsbehandling vid FAST: Delrapport 7 ur Prostitution i Sverige – Kartläggning och utvärdering av prostitutionsgruppernas insatser samt erfarenheter och attityder i befolkningen.

Levenson, J., & Prescott, D. S. (2014). Déjà vu: from Furby to Långström and the evaluation of sex offender treatment effectiveness. *Journal Of Sexual Aggression*, 20(3), 257-266.  
doi:10.1080/13552600.2013.867078

Shingler, J. (2004). A process of cross-fertilization: What sex offender treatment can learn from dialectical behaviour therapy. *Journal Of Sexual Aggression*, 10(2), 171-181.  
doi:10.1080/13552600412331289050

Singh, N. N., Lancioni, G. E., Winton, A. W., Singh, A. N., Adkins, A. D., & Singh, J. (2011). Can adult offenders with intellectual disabilities use mindfulness-based procedures to control their deviant sexual arousal?. *Psychology, Crime & Law*, 17(2), 165-179.  
doi:10.1080/10683160903392731

Sakdalan, J. A., & Gupta, R. (2014). Wise mind—risky mind: A reconceptualisation of dialectical behaviour therapy concepts and its application to sexual offender treatment. *Journal Of Sexual Aggression*, 20(1), 110-120. doi:10.1080/13552600.2012.724457