


# Supersensors, Superparents, and Superpowers: How Applying DBT- C Can Promote Familial Change

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# Objectives for today

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1. Be able to describe what a “supersenser” is and how this relates to a new view on the Biosocial Model ;
2. Be able to identify how to engage parents in the Behavior Change Model, to encourage them to be the most integral part of their child’s behavior change by creating a validating and change-ready environment ;
3. Be able to identify the main treatment targets of DBT-C and how they can be addressed with the Behavior Change Model through use of validation, prompting, reinforcement, shaping, restructuring, skills training, point charts, etc.

# “Function Over Form”

I PROBABLY SHOULDN'T  
HAVE GONE TO A  
VETERINARIAN FOR  
MY NOSE JOB.



Dilbert.com DilbertCartoonist@gmail.com

BUT AS AN ENGINEER,  
I VALUE FUNCTION  
OVER FORM, AND THE  
AIRFLOW IS ACTUALLY  
QUITE GOOD.



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YOU  
MIGHT BE  
RATION-  
ALIZING  
A LITTLE.

I PITY YOU  
WITH YOUR  
INEFFICIENT  
NOSTRILS.



# What is DBT-C?

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- Designed by Dr. Francheska Perepletchikova
- Evidence-based for children ages 7-12 with diagnosis of DMDD
- Based on standard DBT, with some variations/edits
- Important to be well-versed in DBT to begin to apply DBT-C





# DMDD Diagnostic Criteria

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- Severe/recurrent verbal/behavior outbursts “grossly out of proportion”
- Outbursts inconsistent w/ developmental level
- Outbursts occur approx. 3+ times per week
- Primary mood is irritable/angry
- Criteria present for 12+ months
- Present in at least two settings, severe in at least one
- Between ages 6-18, with onset before age 10
- No mania/MDD episode correlation

# Introducing...the Supersenser!

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- Frequent avoidance of effort (due to consistently feeling emotionally overwhelmed)
- Hyper-reactive (panic attacks, self-harm, physical/verbal outbursts)
- Dislike change
- Easily bored and have difficulty with focus/concentration
- Very low tolerance for delayed gratification
- Extra physical energy - overexcitable
- Impulsive behaviors
- Sensory sensitivity
- Severe interpersonal difficulties
- Extreme cognitive distortions
- Difficulty with personal hygiene

# Original Biosocial Model

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## Biological Sensitivity

Individuals born with:

- High emotional sensitivity
- High emotional reactivity
- Slow return to baseline



## Invalidating Environment

Caregiver does not have ability to meet individuals' needs

- Can be, though not necessarily, traumatic



## Pervasive Emotional Dysregulation

Borderline Personality Disorder

OR

Other emotion regulation disorders



# Biosocial Model Reframed

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- Uses DBT's original Biosocial Model (no-blame)
- Adds in the “superpowers” of a supersenser:
  - Creativity
  - Compassion/empathy
  - Ability to read others' emotions
  - Experiencing high levels of “positive” emotions
  - Pick up on small details that others may miss
  - “Experience a world where there are more dots and more opportunities for connection”

## **Pervasive Emotional Dysregulation**

- Emotional/verbal outbursts
- Interpersonal difficulties
- Impulsivity
- Cognitive distortions
- Low tolerance for delayed gratification
- Easily bored/difficulty with focus

## **Superpowers**

- High levels of “positive” emotions
- Ability to read others’ emotions
- Creativity
- Compassion/empathy
- “Experience a world where there are more details and more opportunities for connection”
- Pick up on small details

# DBT-C Treatment Format

## Parent Training

- First 6-8 weeks
- Focused on creating change-ready and validating environment
- Child remains in TAU (or, no treatment)
- Pauquette does parent group

## Skills Training

- Takes place during individual therapy
- Parent sessions separate (or with child)
- Pauquette does parent skills group
- Four main skill categories

## Individual Therapy

- Takes place with child
- Add in parent as necessary

## Treatment Ends When...

- Parent understands child
- Parents know relevant techniques
- Parents implement strategies habitually
- Can sustain progress with booster sessions if needed

# Parent Training

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# Manipulation ???

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Components of manipulation:

- Formulation of a specific goal
- Knowledge of means to attain the goal
- Ability to skillfully apply means to achieve the goal

**\*\*\*Planned action, executed in full awareness\*\*\***



# Reality ...

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- Supersensers aren't thinking "If I throw a tantrum, my emotional arousal is likely to decrease while the likelihood of my parents giving me what I want is likely to increase"
- The function of most undesirable behaviors is to reduce the intensity of emotional arousal
- Environment reinforces undesirable behaviors

# In other words...

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What is typically seen as manipulation is actually a learned behavior in response to stress...the behavior usually functions as a coping mechanism and maintained by reinforcement from the environment

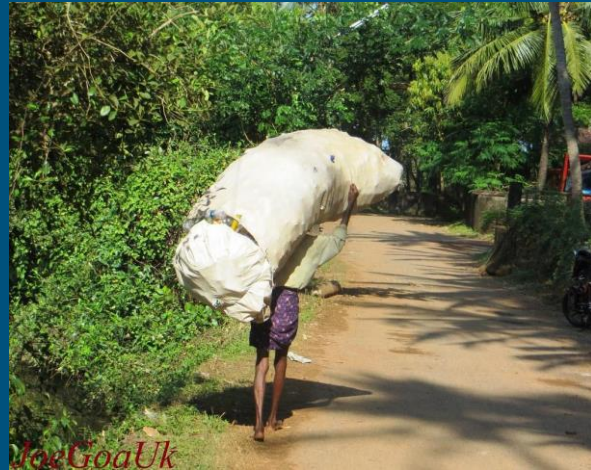
“Child’s behavior is IRRELEVANT until environment is able to effectively support progress”



# Double Gravity

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Supersensers (and/or all those with emotional sensitivity) deal not only with the gravity of the distressing event, but also the gravity of their extreme emotions related to the distressing event



# Behavior Change Model: Creation of a Validating and Change Ready Environment

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- 6-8 weeks of therapist/parent meetings
- Goal of DBT-C overall: to make parent(s) into therapist for their child
- Letting go of “should” - child as an ‘space alien’
- Levels of validation
- Planned ignoring for everything EXCEPT:
  - Harm to self
  - Harm to others
  - Property damage

# Superparents: Parent of the Validating/Change Ready Environment

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Superparents are like firefighters:

- Do not start fires
- Do not back away or shy away from fires (no accommodating)
- When fires occur, put them out calmly and skillfully



# Treatment Targets

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- I. Reduce risk of future psychopathology (child)
  - A. Life-threatening behaviors (child)
  - B. Therapy **destroying** behaviors (child)
  - C. Therapy interfering behaviors (caregivers)
  - D. Emotion regulation (caregivers)
  - E. Effective skills (caregivers)
- II. Caregiver-child relationship
  - A. Improve relationship (caregiver-child)
- III. Target current symptoms (child)
  - A. Risky/unsafe behaviors (child)
  - B. Quality of life interfering behaviors (child)
  - C. Effective skills (child)
  - D. Therapy-interfering behaviors (child)

# Behavior Change Model: Change Skills for Parents

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- A-VCR: Attend, Validate, Coach skill usage, Reinforcement
- Prompting
- Reinforcement
- Point charts
- Shaping

# A-VCR

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- Attend to/assess the situation
- Validate
- Coach skill usage
- Reinforce

# Prompting

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- Function of teaching prompting to parents is to help them recognize that skills are not inherent, even when learned
- Prompting assists in building of healthy and effective neural pathways until child can independently access and carry out skills
- Prompting is specific, delivered with an even tone, “short and sweet”
  - “You need to do some paced breathing. You can do it now for five points, or later for two points”

# Reinforcement and Point Charts

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- Teach parents the value of reinforcement (“Would you go to work if you didn’t get paid?”)
- Teach parents that all learned behaviors are reinforced in some way
- Don’t get caught up in number of points
- Points themselves can be reinforcing
- Have a “bank” of child-specific rewards
  - Encourage child to help create this!



# Shaping

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- Teach parents the basics of shaping (reinforcing small steps to behavior change)
- Shaping used when:
  - Desired behavior NEVER occurs (and we need to build up to it)
  - Behaviors are too complex (has many steps, like getting ready for school or cleaning your room)
  - Severe and/or frequent undesirable behaviors

# Validation

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- Lays foundation for change
- Teaches accurate labeling and expression of emotions
- Increases ability to trust experiences as valid
- Decreases shame and encourages self-validation
- Strengthens relationships



# Skills Training/Individual Therapy



# DBT-C Skills

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- Nearly the same as standard DBT, with a few differences
  - DEAR FRIEND
  - LAUGH
  - Three headed dragon chain analysis (use a photo)

# DBT C Skills: DEAR FRIEND

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Describe

Express

Ask

Reward

Fair

Respect

Interested

Easy Manner

Negotiate

Direct

# DBT C Skills: LAUGH

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Let Go of Worries

Apply Yourself

Use Coping Skills Ahead of Time

Goals

Have Fun

# DBT C Skills: 3 Headed Dragon Chain Analysis

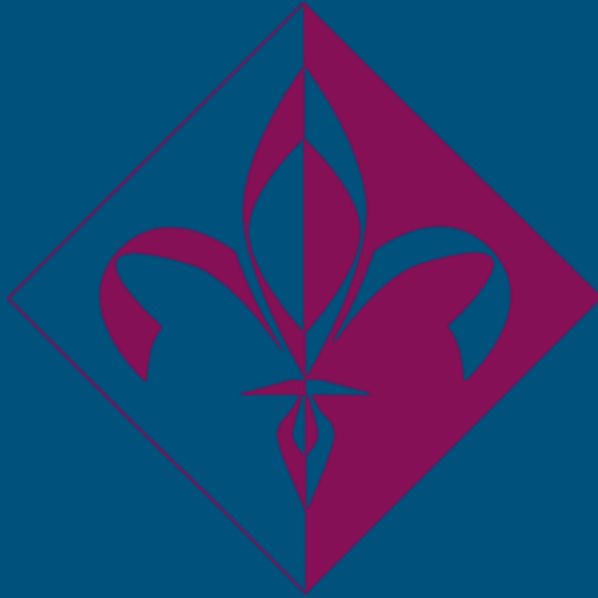




# Resources/References

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- DBT C work of Dr. Francheska Perepletchikova
- DBT For Pre-Adolescent Children by Dr. Francheska Perepletchikova (youtube)
- *Parent Management Training* by Alan Kazdin
- Parenting a Child Who Has Intense Emotions: Dialectical Behavior Therapy Skills to Help Your Child Regulate Emotional Outbursts & Aggressive Behaviors. Pat Harvey, LCSW-C and Jeanine A. Penzo, LICSW. New Harbinger Publications, Inc. 2009.
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