



COUNSELING CENTER
GROUP

<https://counselingcentergroup.com/>



About Me

Brooke Shafer, LPC, LCPC

Grad of Bannockburn, Pyle, and Whitman

Undergrad at Indiana University and
master's at Boston University

New parent as of December

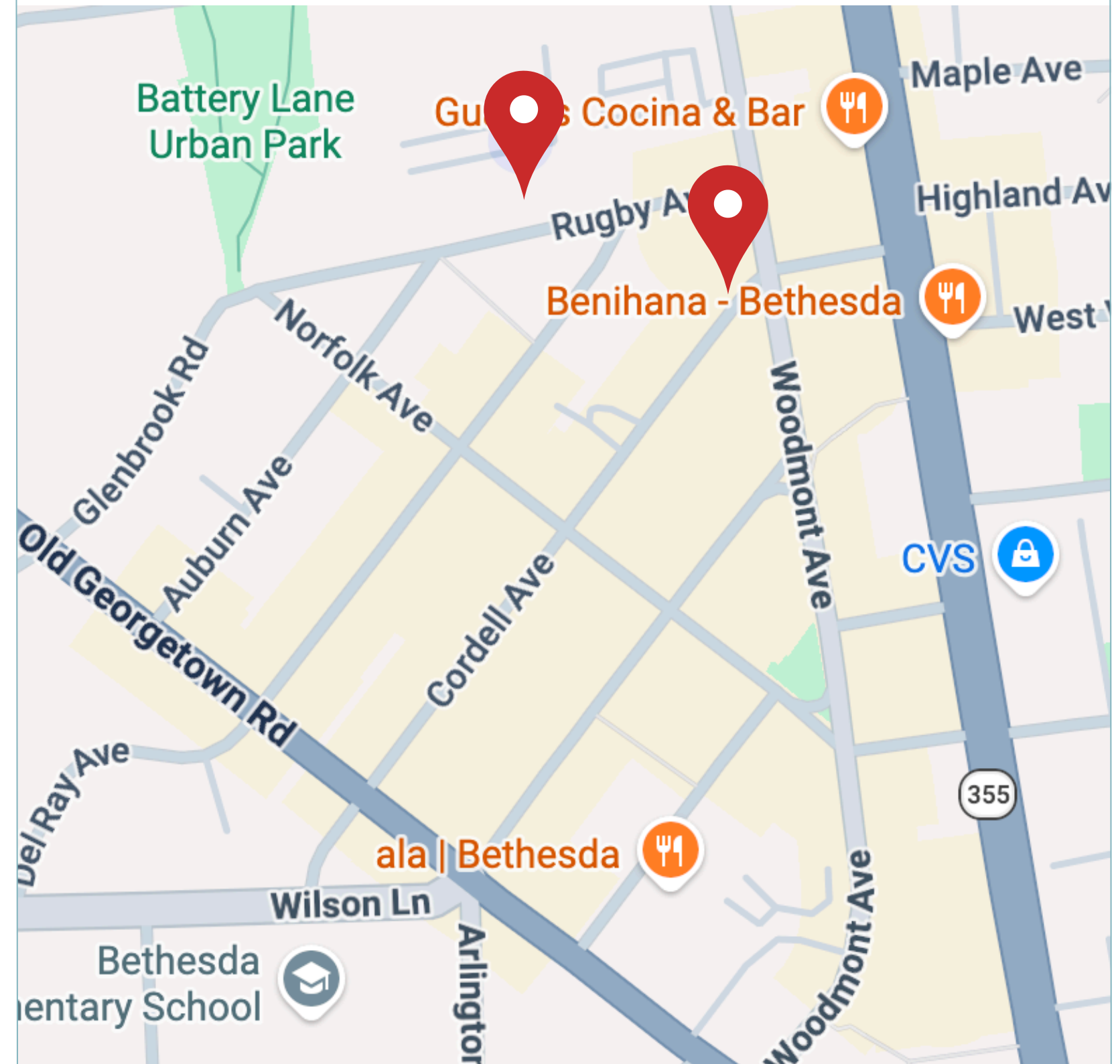
Licensed counselor in Maryland and DC

Been working professionally in the field for
10 years



About CCCG

- We provide individual adult and child, family, parent coaching, groups, couples, and discernment therapies
- Our concierge matching service will help you find the right type of therapy and the right therapist for you
- We have licensed therapists in person in Bethesda, Annapolis, Columbia Heights, L St/Farragut, Arlington, Loudon, and NY, NJ, and FL
- Specialized services in EMDR, ART, SPACE, PEERS, Imago, Gottman, CBT, and DBT
- Wraparound services- often see multiple members of the family



Community Trends

Increased anxiety across environments

General decreased tolerance for discomfort or boredom

Dysfunctional use of screens

General rise in suicidal and self-harming behaviors, gestures, and statements

Uncertainty about how to talk about hard issues within families

Increasing prevalence of neurodivergence



Teen Mental Health: **T or F?**

Talking about suicidal ideation and behaviors makes kids more likely to engage in those behaviors



Teen Mental Health: T or F?

Talking about suicidal ideation and behaviors makes kids more likely to engage in those behaviors

FALSE!

Studies have shown that if teens are thinking about suicide or self-harm, the safest thing to do is talk about it! If they haven't been thinking about it, bringing it up **will not increase the likelihood** it will come up.



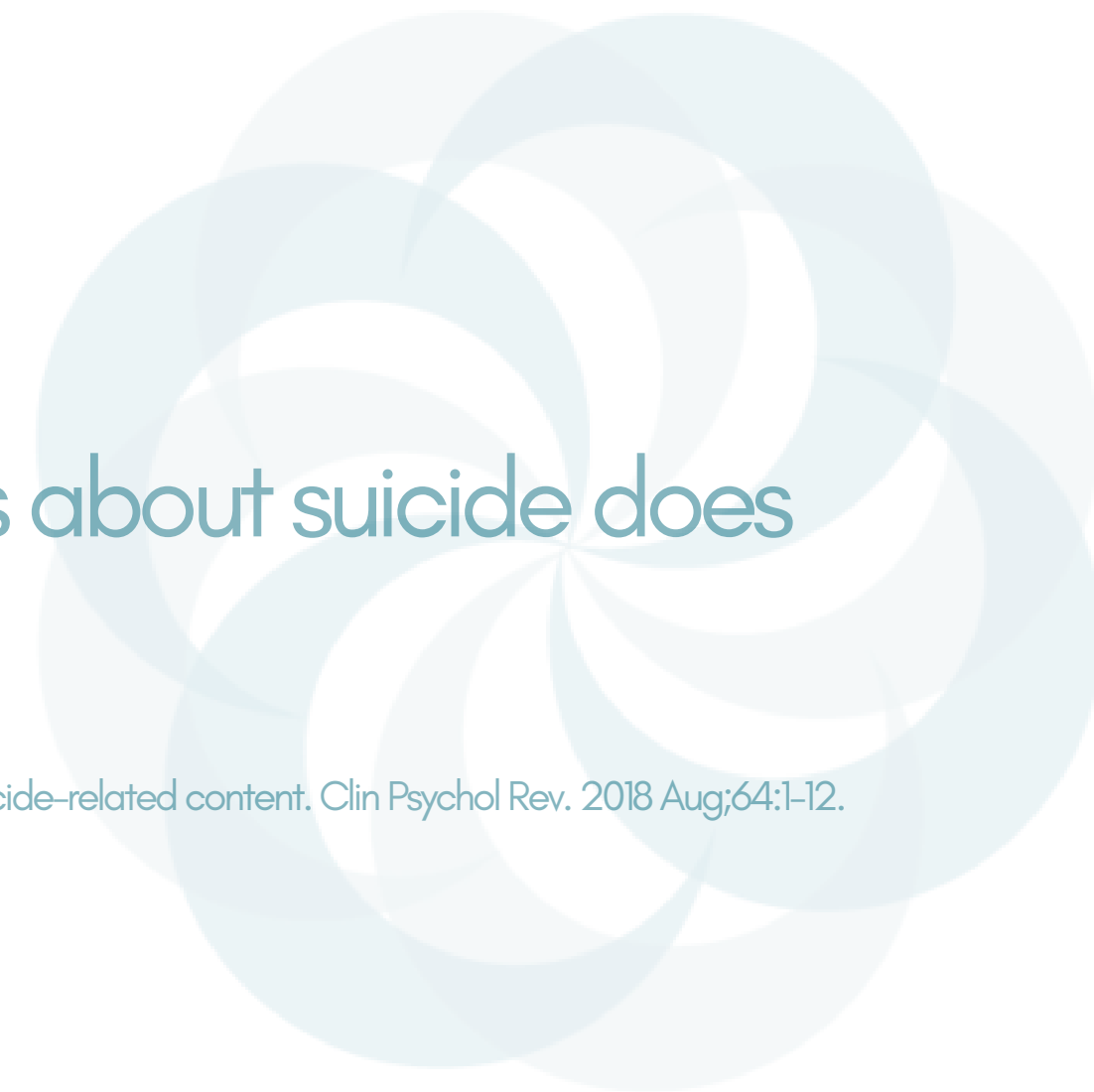
Teen Mental Health: T or F?

Talking about suicidal ideation and behaviors makes kids more likely to engage in those behaviors

FALSE!

“...evidence to date suggests that asking research participants about suicide does not increase risk, and may be associated with small benefits”

Blades CA, Stritzke WGK, Page AC, Brown JD. The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide-related content. Clin Psychol Rev. 2018 Aug;64:1-12. doi: 10.1016/j.cpr.2018.07.001. Epub 2018 Jul 5. PMID: 30014862.



Teen Mental Health: **T or F?**

My kid doesn't want to talk to me about their mental health because they hate me



Teen Mental Health: **T or F?**

My kid doesn't want to talk to me about their mental health because they hate me

FALSE!

Some common reasons kids bring up as to why they don't want to talk to their parents:

- *"They'll freak out"*
- *"They won't understand"*
- *"They'll make it all about them"*
- *"They'll lock me up in a psych ward"*



Teen Mental Health: **T or F?**

My kid would feel better if they would just *talk*



Teen Mental Health: **T or F?**

My kid would feel better if they would just *talk*

TRUE! Volcano metaphor:



Teen Mental Health: **T or F?**

Things would be so much better if I were a little more involved in their life



Teen Mental Health: **T or F?**

Things would be so much better if I were a little more involved in their life

TRUE! ...the right way

With developmentally appropriate needs for growing independence, parents do not necessarily need to be privy to every fact about their kids' lives. What they should know is how their kid feels helped and validated, where they feel invalidated and triggered, and how to find a middle path about what this all looks like.

Parent involvement is one of the biggest indicators in success of DBT for adolescents.

Teen Mental Health: **T or F?**

Things would be so much better if I were a little more involved in their life

TRUE! ...the right way

“...parents described applying DBT skills across contexts, strengthening emotional bonds, increased self-awareness, and improved emotion regulation. They also reported enhanced relationships beyond the family through mindfulness and validation, suggesting parent involvement supports relational functioning and potentially intergenerational benefits of parent involvement.”

Our Specialty: **DBT**

(Dialectical Behavior Therapy)

What does dialectical behavior therapy mean?

Skills-based: tangible actions you can do, feel, or see

Skills don't always solve problems, but they get you to a place where you can solve them

Modules build skills in awareness, distress tolerance, interpersonal effectiveness, and emotion regulation

Focuses on emotional validation and acceptance vs change

This is the way it is and it can't be changed- how do we deal?

Parent component

CCG commits to practicing DBT with fidelity in order to have the best possible treatment outcomes



Why
DBT?

Targeted Behaviors

Self-harming and suicidal behaviors, gestures,
thoughts, or statements

Yelling, cursing, screaming

Aggression towards property or people

Screen addiction

Impulse control

High conflict relationships with friends and
families



Why
DBT?

**Who is a
good fit?**

Diagnosed disorders- GAD, MDD, OCD

Neurodivergence- ADHD, ASD, and both

Families with high conflict

Teens who can't seem to keep friends due to
"drama"

Teens without diagnosed disorders who have
emotional volatility

→ *"Meltdowns", "tantrums", "hot and cold"*



Why
DBT?

Parent Involvement

In comprehensive DBT programs, parents are either part of a multifamily group (MS), parent group (HS), or individual parent coaching (if neither group works for you)

CCG also provides parent coaching without child involvement in therapy

Helps parents identify ways they may be part of a dysregulatory cycle

Gives parents their own skills to stay calm

Increase in validation and decrease in invalidation

Parents coach skills

Reduces unintentional reinforcement of unwanted behaviors



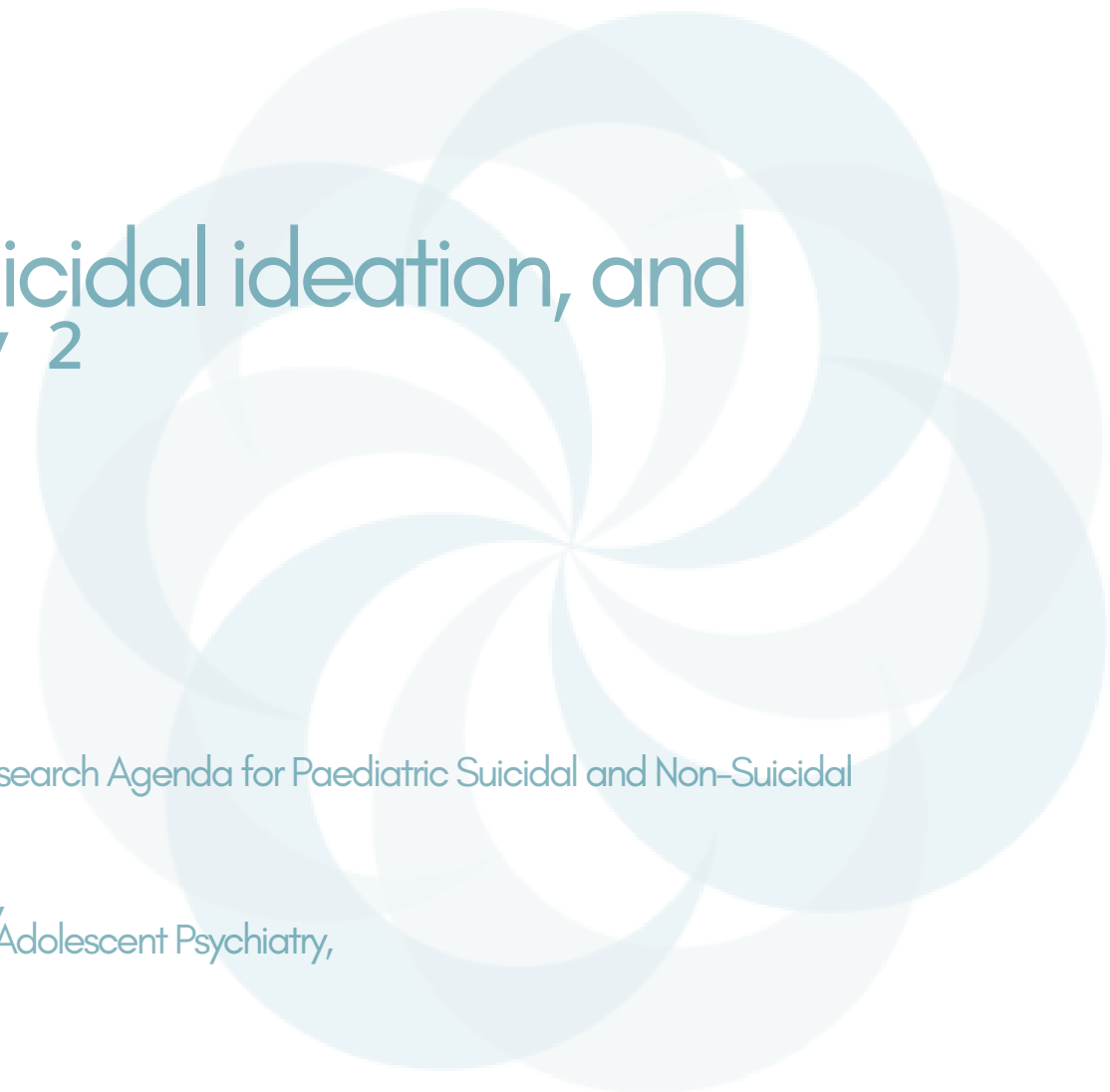
Data Findings

“Children reported a significant increase in adaptive coping skills and significant decreases in depressive symptoms, suicidal ideation and problematic internalising behaviours...preliminary results suggest that continued development of DBT for children with more severe clinical impairment is warranted”¹

“DBT-A may be an effective intervention to reduce self-harm, suicidal ideation, and depression in adolescents with repetitive self-harming behavior”²

1. Perepletchikova F, Axelrod SR, Kaufman J, Rounsaville BJ, Douglas-Palumberi H, Miller AL. Adapting Dialectical Behaviour Therapy for Children: Towards a New Research Agenda for Paediatric Suicidal and Non-Suicidal Self-Injurious Behaviours. *Child Adolesc Ment Health*. 2011 May 1;16(2):116-121. doi: 10.1111/j.1475-3588.2010.00583.x. PMID: 21643467; PMCID: PMC3105788.

2. Lars Mehlum, Anita J. Tørmoen, Maria Ramberg, Egil Haga, Lien M. Diep, Stine Laberg, Bo S. Larsson, Barbara H. Stanley, Alec L. Miller, Anne M. Sund, Berit Grøholt, Dialectical Behavior Therapy for Adolescents With Repeated Suicidal and Self-harming Behavior: A Randomized Trial, *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 53, Issue 10, 2014, Pages 1082-1091, ISSN 0890-8567, <https://doi.org/10.1016/j.jaac.2014.07.003>.



“

PRO TIP:
IDK may be a valid answer!

”

DBT Theory: Validation

Helps recognize that feelings make sense to the person feeling them, even if they are not shared by someone else

Highlights the difference between valid *feelings* and *behaviors*

Often, kids don't want problems to be solved- they just want validation that what they are feeling is accepted and real

“

PRO TIP:
IDK may be a valid answer!

”

DBT Theory: Validation

“I hear you”

“Thanks for telling me how you feel”

“I didn’t know you felt like that...it makes sense”

“I can see why you feel that way in your situation”

NOT- “You’re overreacting”, “Sorry for trying to help”,
“Just change your attitude”, “Don’t worry about it”

“

Pro tip:

The calmer you are when a child discloses self-harm, the more likely they will be to agree to treatment

”

DBT Module: Emotional Regulation

Teaches skills to maintain control of emotions instead of emotions controlling us

If we can react calmly to a situation, we may not be able to make it better right away- but we hopefully won't make it worse

Includes multiple parties

Skill Demonstration:

TIPP

TIP THE TEMPERATURE

INTENSE EXERCISE

PACED BREATHING

PROGRESSIVE MUSCLE RELAXATION



Skill Demonstration:

TIPP

Use in moments of extreme behavioral or emotional dysregulation- panic attacks, verbal aggression, “hamster wheel” of emotions

Helpful because it relies on nervous system- not just reframing mind

Ties to emotional regulation- if we take a deep breath before reacting, we can react in a more effective way





Skill Demonstration: Check the Facts

Is the threat that I'm interpreting real?

Are there other interpretations I may be missing?

If this threat is real, is it as bad as I think it is?



Skill Demonstration: Check the Facts

Use in times of anxiety- it helps to determine which things are worth worrying about and helps focus on the true issue at hand

le: instead of worrying that everyone hates me, we are worried that one social interaction was problematic- that is still a valid concern!

Note: make sure that you or your child is ready to problem solve before checking the facts!

How do I know if my child **needs therapy?**

They seem unhappy, down, depressed, anxious, etc, but don't want to talk to you about it

They disclose suicidal ideation or self-harming behaviors WITHOUT a plan

They mention that you never understand what they are going through or always make things worse

They ask for it



My child disclosed SI...

What do I do?

Stay calm! Respond with validation, support, and gratefulness for their disclosure

If they have an immediate plan, call 911 or go to the nearest emergency room

Note: self-harming behaviors don't necessarily require hospitalization!

If they feel generally down but have no plan or intent, give us a call- we can get them scheduled with a therapist

If you are unsure, you can always call Montgomery County Crisis Center at (240) 777-4000. They can help you determine what level of care you need.



How to get in touch with CCCG

Visit us online at counselingcentergroup.com

Call our intake team at 301-742-2282

If you are unsure what type of services you are looking for or don't know where to start, our intake team can walk you through several options

Our therapists offer free 15-minute consultations to ensure that you are matched with the right fit and treatment

