



The Evolution of a DBT-Informed Parenting Skills Group for Caregivers of Youth

June 20, 11:00 am to 12:15 pm

- **Helen Stolte, JD**
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Program Co-creators: Camilla Colter MSW, RSW, Emma Ross, MSW, RSW

DBT-Informed Parenting Skills Program

- The innovative DBT-Informed parenting skills program is an evidence-based and research-informed resource for caregivers and services providers that affects positive impacts on a myriad of levels.
- The targeted program equips parents/guardians with the necessary skills to support and manage their youth's mental health needs.
- It is currently available as a Group for parents/guardians of youth in In-Treatment services and as Intensive Workshops open to the public.
- Format and Approach:
 - The psychoeducational format incorporates the DBT-model, a trauma lens, and attachment theory to support improve communication, manage challenging moments, and build resiliency.
 - The supportive and therapeutic components improve communication, collaboration, and treatment outcomes for the whole family.
 - Adopts a strength-based approach to foster engagement and a sense of efficacy from participants.
 - Uses culturally sensitive mindfulness as an effective means for caregivers and services providers to promote mental health wellness beyond youth treatment programs, which fosters improved youth-family engagement and family resiliency.
- Prioritizing a family's role as primary supports in youth's mental health journey and cultivating effective communication / collaboration between therapist, youth, and their family promotes care that is mindful and respectful of how beliefs, culture, values and language affect how people receive care and perceive and experience mental health conditions.

Learning Objectives

By participating in this workshop, the audience will learn:

- How the unique lenses and knowledge offered by our interprofessional team and robust family engagement enriched the curriculum and ensured that it is respectful and appropriate
- How the program enhances communication and collaboration between the therapist- facilitator, youth & parents, and promotes mental health outcomes for youth & their families
- Practical skills and ways to deliver course content through active participation in sample activities endorsed by program-participants

Workshop Overview

- Welcome and Introductions
- Overview of Program Conception & Implementation
- Course Contents and Demonstration of the Delivery of the Curriculum
 - *Presentation incorporates multimedia and interactive components as an experiential process for participants*
- Program Curriculum Highlights - Introducing Skills & Tools Through Activities
- Where We Are & Where We are Headed
 - Research & Program Evaluation
 - Growth, Expansion, and Adaption of the Program
 - Opportunities for Collaboration and Scaling Up
- Resources



Overview: Program Conception and Implementation

- Exploration and Preparation
- Planning and Resourcing
- Implementing and Operationalizing
- Full Implementation

Program Objective

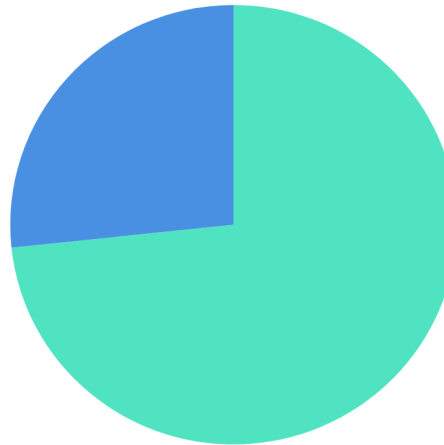
- Fill gap in services – innovative programming
- Coordinating treatment – internally and externally
- Address parent/teen conflict – most consistent presenting concern
- Reintegration, sustaining gains – early prevention/intervention
- Parents to regain compassion for their youth (and themselves)
- Parents to look at their youth's behavior with a benign interpretation
- Foster positive family relationships through strength-based approach
- Influencing factors: parental feedback; case management needs; program and agency support; Family Connections
- Enablers: colleagues; parents; program redesign objectives
- Barriers: funding questions, clinical time, clinical staff availability, building capacity, conflict of needs and interests for scarce resources
- Readiness: DBT training needs, clinical transformation
- Design: looking at Family Connections; DBT-Informed model; trauma and attachment lenses; curriculum/format
- Monitoring the program through evaluations, feedback systems

Planning and Resourcing

- Fit into residential and adolescent intensive services
- Needs assessment (survey monkey), Inviting Participants (inclusion/exclusion; at assessments, at admission, as aftercare)
- DBT framework – supported by research to be effective with at risk adolescents (Linehan, Miller, Rathus)
- Stakeholders engagement and pathways to arriving at desired results – suited program redesign and looking towards reduced length of stays; less frequent hospitalizations; managing crisis (decrease in S.O.'s)
- Program costs – financial and staffing

Parent Skills Group: Survey Results (N=15)

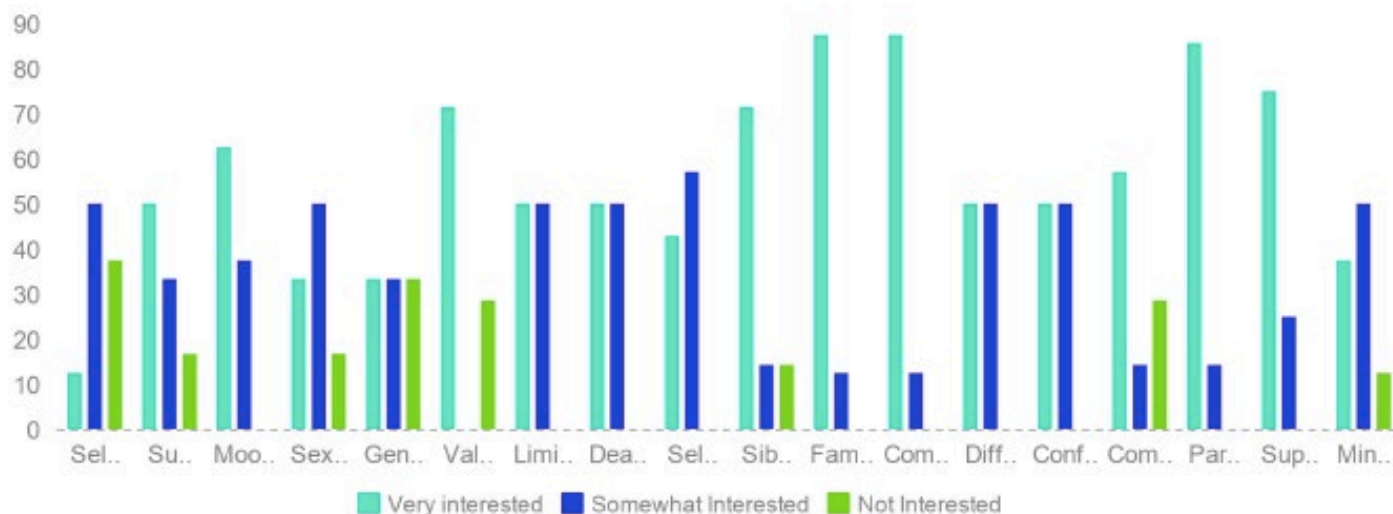
"Would you be interested in attending a caregiver skills group where you would have the opportunity to learn and practice a variety of skills and interventions to address problematic behaviors? This includes addressing blame, criticism, emotional distress and skills where possible to build on your current strengths and competencies."



Yes (73.33%) No (0%) I will Consider It (26.67%)

Course Content

I Would Like To Further Develop Skills To Manage...



Self Harm
Substance Abuse
Mood Challenges
Sexual Orientation
Gender Identity
Validation

Limit Setting
Dealing with Blame
Sibling Rivalry & Relationships
Family Dynamics
Communication with Your Adolescent
Difficult Feelings

Conflict
Communication with Your Family
Parenting as a Team
Supporting Your Child's
Independence
Mindfulness



Curriculum and Format Considerations

Servicing Families with High Risk Youth

DBT Components – Within a Milieu Setting with Adolescents

Attachment/Trauma Lens

Psychoeducation – Support Group

Timeframe – Frequency and Duration

Foster and Maintain Participant Engagement – Agency Commitment

Why DBT / DBT-Informed

- Focuses on skills acquisitions to deal with problematic behaviors
- Promotes self care, self validation, and holistic approach
- Residential treatment supports the bio/social theory
- Invites integrated and collaborative care – transition from hospital settings to parental to less intrusive care – caregivers learning the same language
- Humility – addresses power imbalances, the other and ‘them against us’
- Enables us to take the problem away from youth and ask: why is this behavior occurring?
- Addresses parents acquiring transferable skills – acceptance and change: what new skills can I (parent) learn and what skills can my youth can learn?

Group Format Overview

- Understanding the Adolescent Brain – what's behind the behavior
- Validation – how to effectively communicate and generate conversations
- Emotion Regulation and Mood – distress tolerance
- Setting Limits and Communication – interpersonal effectiveness
- Family Relationships – why we do what we do as parents
- The Middle Path to Parenting as a Team – managing conflict
- Guilt, Shame & Blame; Judgments – letting go of judgment
- Celebrating and Letting Go – practicing skills



The Groups

Check ins

Multi media

Videos

Role plays

Mindfulness

Activities

Homework

Resources

Documentation

Costs and supplies

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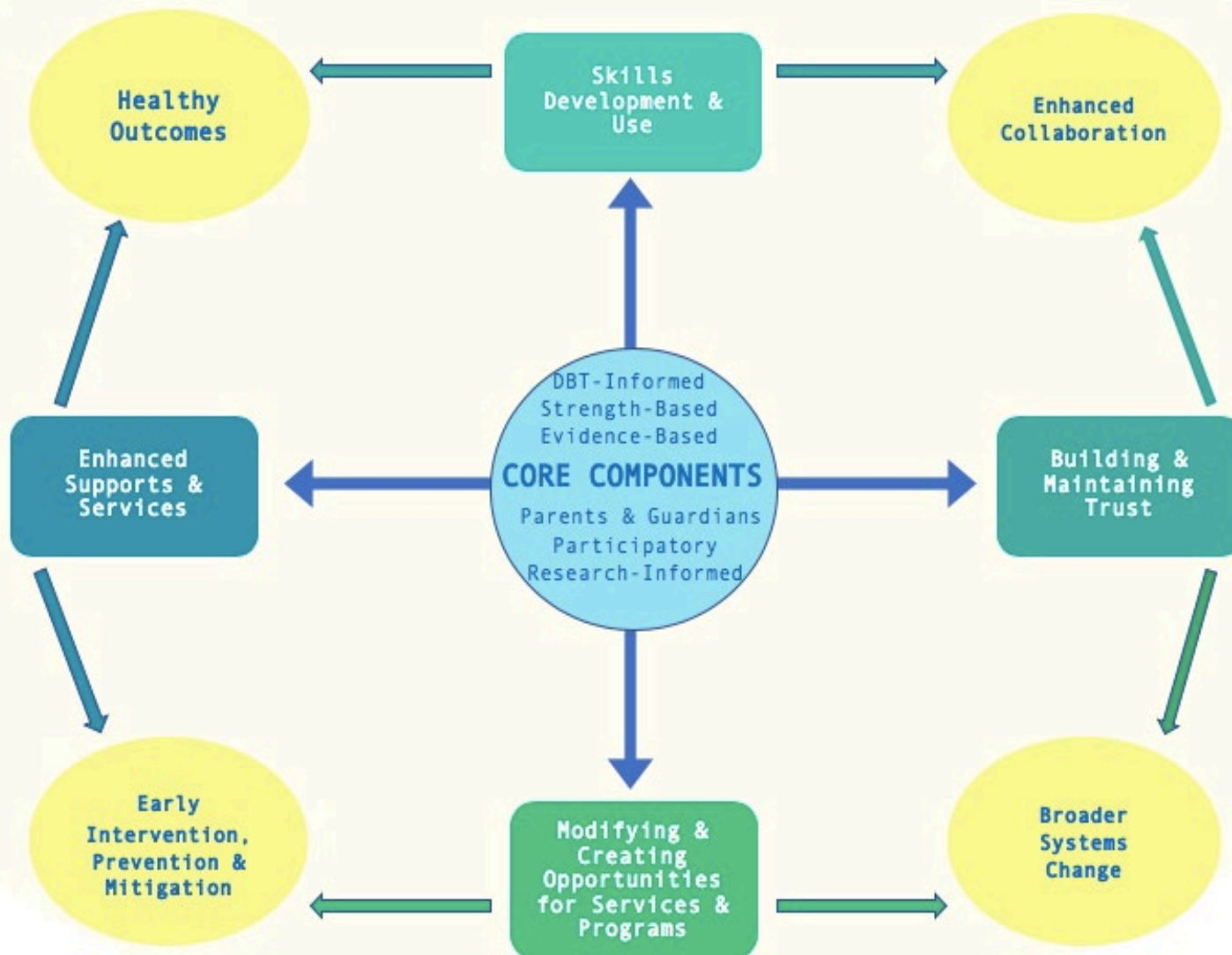
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Capacity-Building



Dialectical Behavior Therapy (DBT)

- DBT developed by Marsha Linehan in 1990's as a treatment model for severe and chronically suicidal adult patients with a borderline personality disorder diagnosis
- Using Biosocial model, CBT, ZEN (Mindfulness)
- Considers dialectics – both perspectives can be true
- Assumptions about clients
- Skills-based – addressing skills deficits not a deficit in the person
- Problem solving – it's natural for people to be drawn into problem solving mode
- Collaboration between health care professionals and patients

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Emotions Regulation: Lack skills to regulate emotions and ability to self soothe

Distress Tolerance: Lack skills to manage stressful emotions and they often may make it worse

Interpersonal Effectiveness: Communicating styles are not effective; thereby not meeting their needs/wants

Mindfulness: Anxiety, depression, worries are taking over

Walking the Middle Path: Seeing in the world in black and white

Skills Training



Acceptance reality

Solve	Solve the problem
Stay	Stay miserable
Make	Make it worse
Accept	Radically accept the problem
Change	Change how you feel about the problem

Assumptions

- Clients/caregivers/service providers are doing the best they can
- They don't like the way they are behaving, it's the only way they know how to behave
- And clients/caregivers/service providers can do better
- People want to improve
- They may not have caused their problems, but they need to learn to solve them anyway
- They/we need to learn new behaviors and or skills

Introducing Mindfulness

- Accessible
- Cross-culturally
- Nonjudgmentally
- Benefits
- Application
- Not prescriptive/non directive



Mind Full, or Mindful?

Introducing Dialectics

More than one approach or one way to look at any situation

- Multiple viewpoints are valid, and naturally dialectical dilemmas arise
- Finding yourself leaning more towards one side/point or the other, or you may have indecision between the two sides
- Recognizing when your “emotion mind” and your “rational mind” are in control, and working towards being in “wise mind” – the balance of the two

I love you! and **I HATE YOU!**
all at the SAME time

DIALECTICS

What is a dialectic?

What does dialectical mean?



After the big reveal, the Program participant's reaction:
“Yes! Same kid, different to each of us at the same time”

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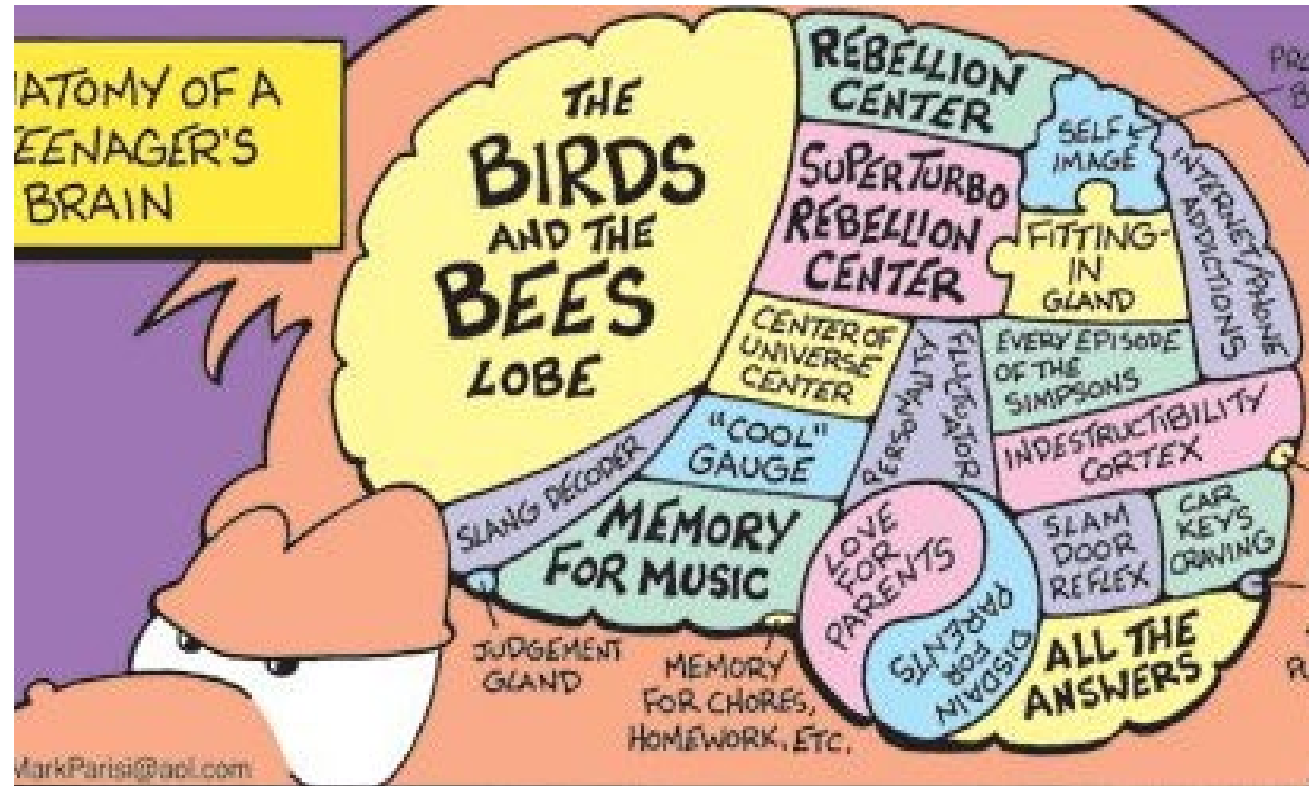
Invite Parents To See Influences on Behavior Differently

- Genetics/Environment; nature vs. nurture
- Developmental stages - What is reasonable to expect of the youth
- Temperament differences
- Neuro plasticity / Resiliency
- Influences of attachment and trauma on behavior
- Functions of behavior
- External influences on behavior?
- What changes can 'I' do; what can I do differently

Adolescent Brain Development

Structurally the teen brain is different

- Cognitive Changes
- Emotional Changes
- Risk-Taking
- World of Contradictions
- Risk Factors
- Stress, Sleep
- Technology Usage

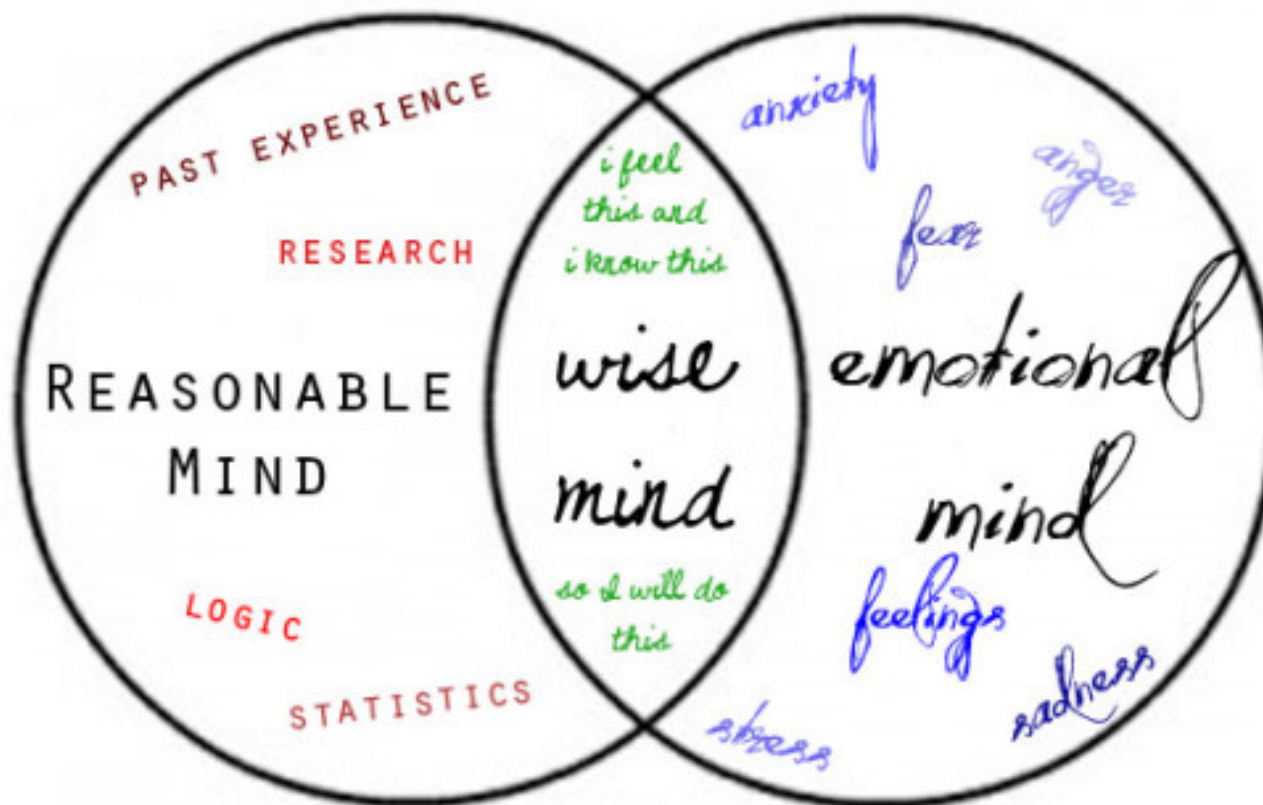


Cognitive Changes

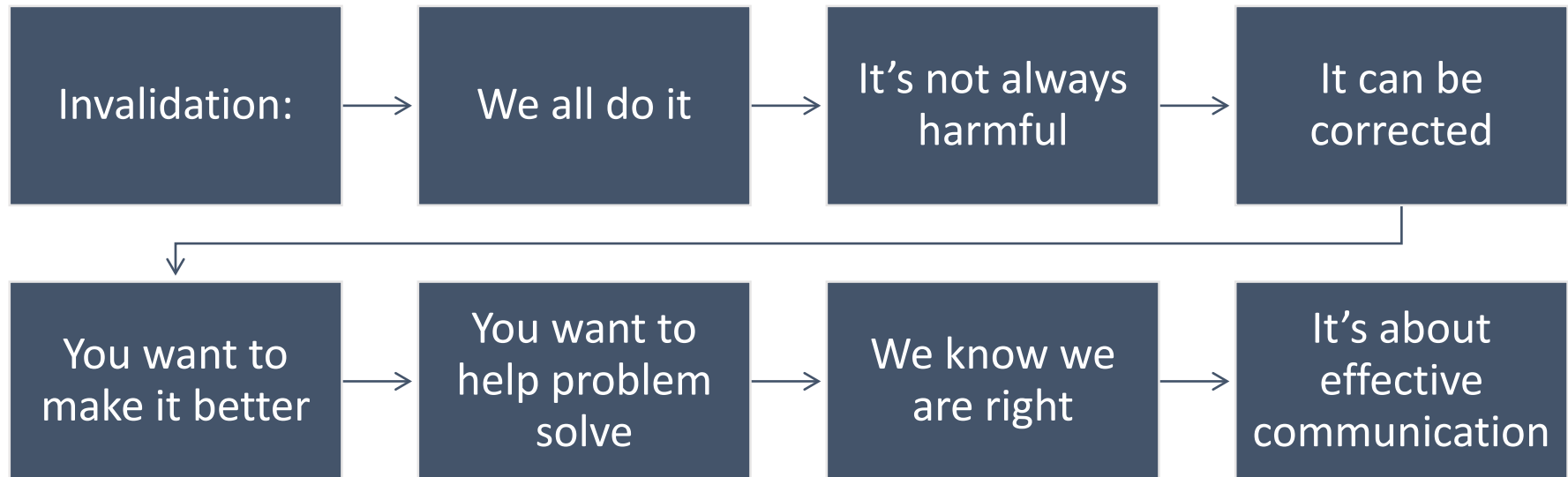
- Increased ability to learn and apply skills - **fast learning curve**
- Forming abstract thinking (pre frontal lobe) - reverts to concrete thinking when stressed - **emotion dysregulation**
- Limited ability to infer motive or reason hypothetically but *can answer who what where and when* - **struggle with why**
- Beginning to see the world outside of self, and seeing the grey - **idealism**
- Dopamine: sense of invincibility – **risk-taking**
- Increased impulsiveness: going with the impulse rather than pausing and avoid delays in gratification - **partying**
- Difficulty setting limits - **cant seem to stop**
- Teenage brain can see danger, and the fear of getting into trouble shapes their response (their pros and cons are not like ours) - **seems irrational**
- Negative information (responding to negative consequences) comes from the frontal lobe - **don't respond to consequences**



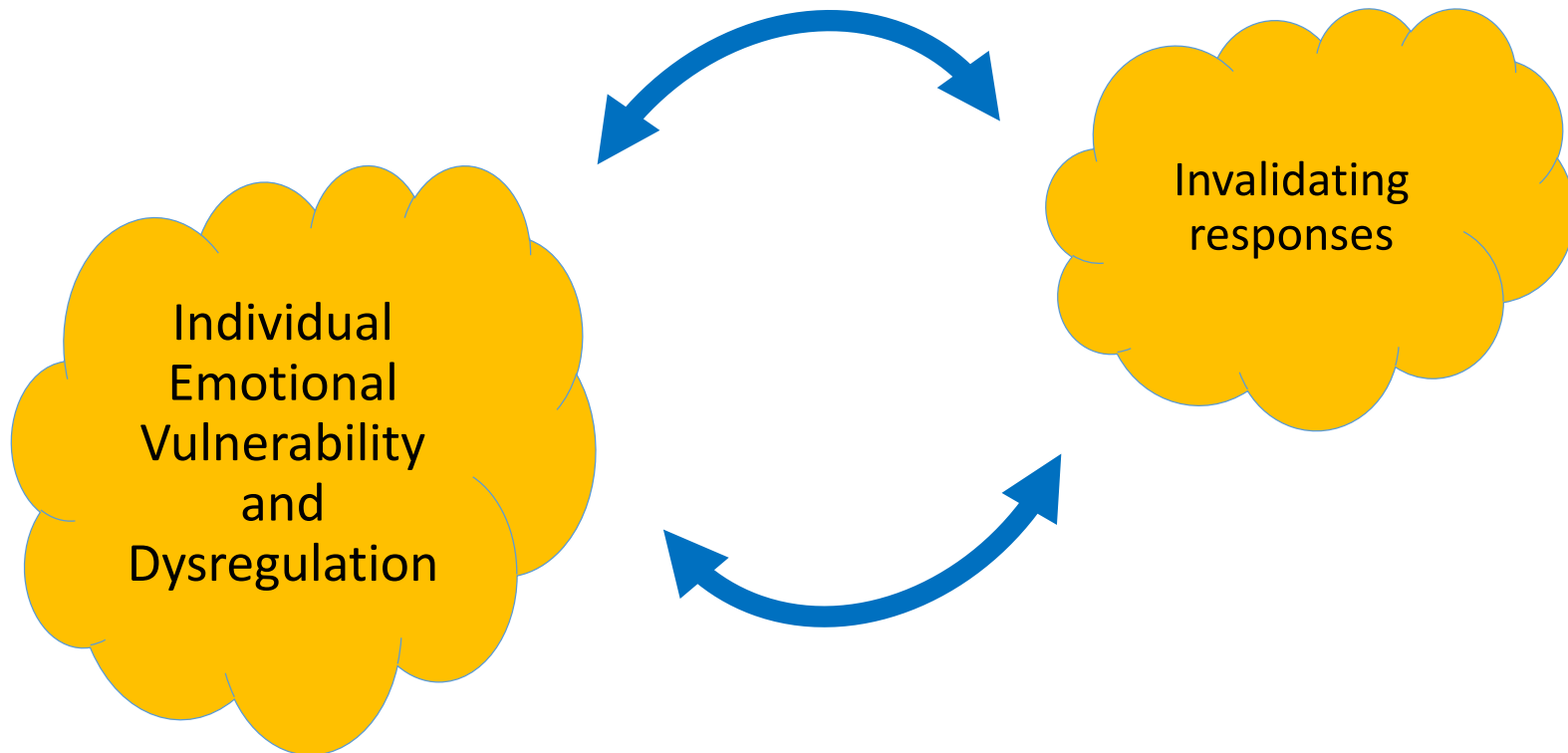
Rational, Emotional & Wise Mind



Introducing Validation:



You'll be fine, its easy, just get over it, you are so smart, its not so hard



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Different temperaments



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Steps to Validation

- NOT PROBLEM SOLVING
- It doesn't mean agreement
- Don't validate the Invalid
- And don't look to your teens for validation
- Letting go of being right
- Looking for the kernel of truth

Look to validate:

- Feelings or emotions
- Beliefs or opinions
- Reasonable expression of wanting something
- Recognizing someone's effort
- The person's views from their perspective





How To Validate

Program

Participant: "He's doing the best he can' I'm realizing this more and more"

TIMING

Eye Contact: It offsets feelings of shame; it honors emotions

Take a nonjudgmental stance: it's not good or bad, it just is; focus on just the FACTS - accepting dialectics

People are doing the best they can

Silence: sit with the emotion

Attend to vulnerabilities: provide nourishment, space, time

Change vocabulary

Avoiding BUT and SHOULD, practice using AND

Getting Ready to Validate – Self Validate

- How are you at the moment in time
- Your connections between breath and heart rate, tone and language, patience and responses, and mood
- What are your thoughts and feelings at the time
- Its about:
 - Me \longleftrightarrow You
 - My needs/wishes \longleftrightarrow Your needs/wishes
 - What are my vulnerabilities \longleftrightarrow What are your vulnerabilities
- Check for conflicting needs

Program Participant: “The changes I have seen in myself is validating [my youth], and learning how to validate myself”

Validation Steps

1. Be Present: *Tell me what happened....*
2. Reflect Back: *Let me see if I got this right....*
3. Mind Reading – Articulate the un-verbalized *emotions, thoughts, urges, behavior patterns: I am wondering if is this correct?*
4. It Makes Sense Given Past Experiences; Validating the current rationality or attachment to the idea, not the wisdom of it: *I get why you might be feeling this or saying this given....*
5. Normalize – it makes sense given the circumstances: *its ok to feel this because you, like everyone else, share these feelings and thoughts about... stressful events make the best of us go into emotional mind...*
6. Be Radically Genuine - You Care! Not treating them as fragile or incompetent; show empathy; imperfections and all: *I care about you, and I want to know and I want to understand...*

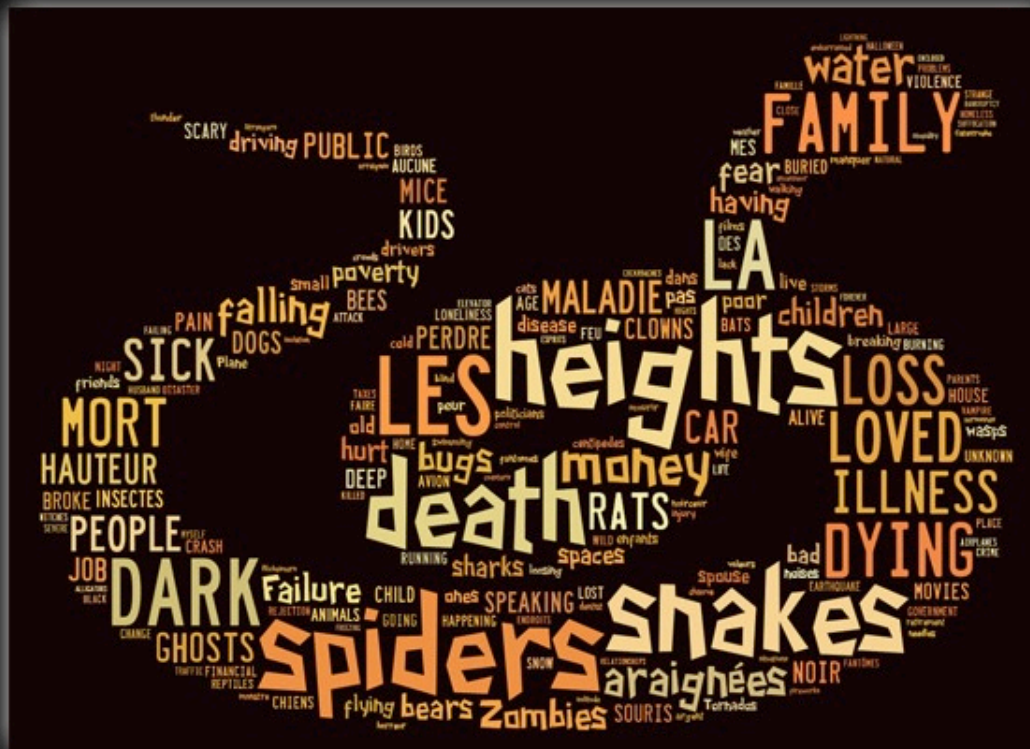
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MY BIGGEST FEARS ARE...



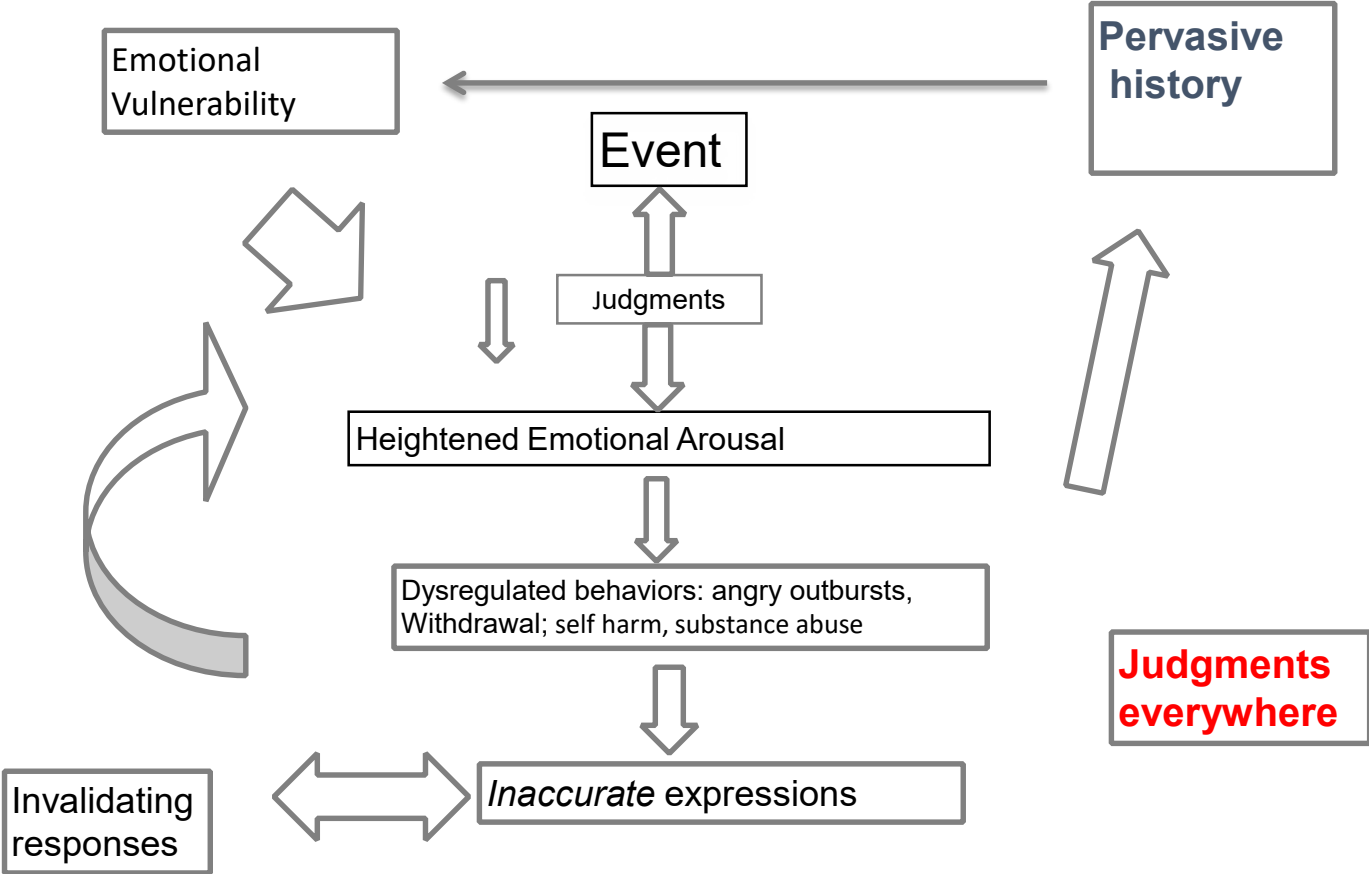
VISIONCRITICAL

From October 28th to October 29th 2013, an online survey was conducted among 1,510 randomly selected Canadian adults who are Angus Reid Forum panelists. This word cloud shows some of the most common responses to the following question: "Everyone is afraid of something. And some people are afraid of everything. What are 5 things you fear the most?"

Our Emotional Selves

- Primary emotions – amygdala – FFF response – brains first response
- Emotions have purpose – they are adaptive – communicate about us and to others
- Emotions motivate and organize actions – they have action urges
- Ranges and power of emotions
- You feel more than one
- They come and go and only last a few seconds
- They are not the same as thoughts
- Myths about emotions
- Awareness of our own emotions and impact on children

Transactional Model: How emotions can make it worse

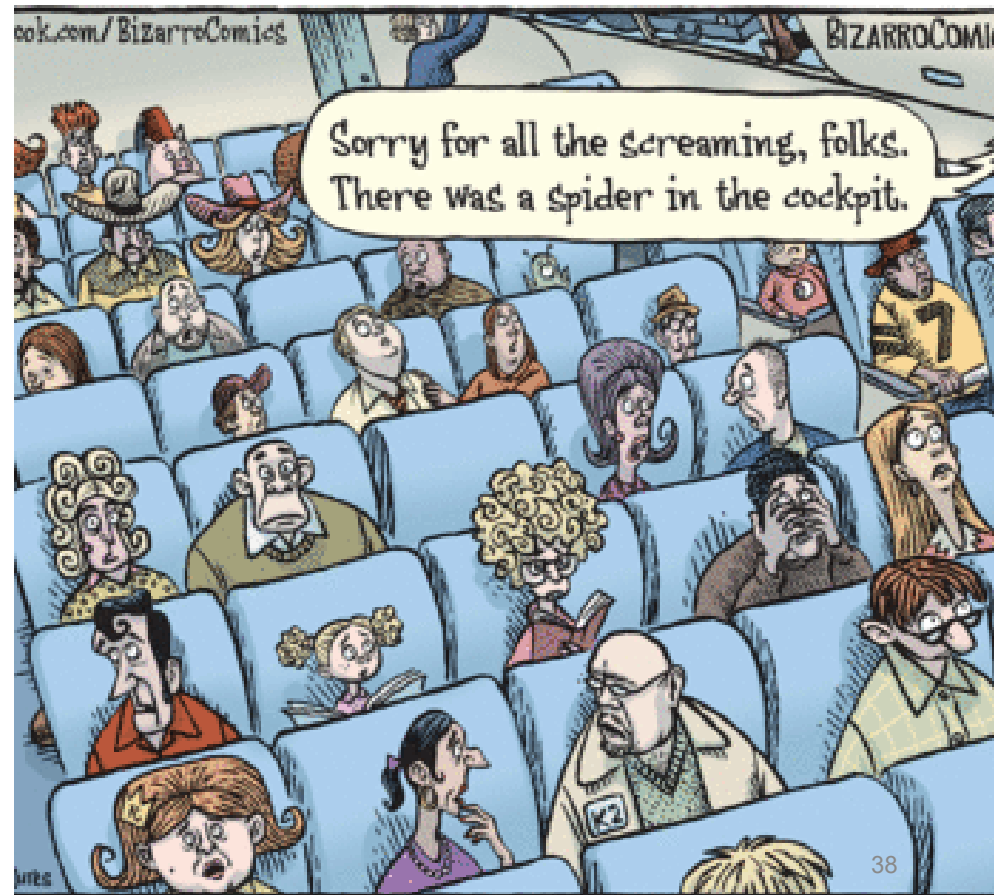


Managing Intense Emotions

- Teach emotion regulation - over signaling may make it worse and won't actually get needs met
- Interpreting environment and checking the facts
- Gain control over emotions
- Decrease emotional reactivity: using skills
- Helps to remember goals
- Knowing your state of mind, you know your vulnerabilities: take a deep breath, take time, accept this is happening – nonjudgmentally
- Notice urges to control the situation by threatening, fixing it, or dismissing it
- Naming emotions: using emotion words
- Not all sensations are emotions: help youth differentiate them (stomach ache might be a stomach ache)

Attunement and Co-regulations

- Emotionally responding to another
- Role modeling
- Relating to each other's emotional selves specifically the primary emotions: feel felt
- Non-verbal and verbal attunement
- Rupture and repair
- Joining



Emotional Regulations Skills

Reduce

Reduce emotional reactivity/sensitivity

- PLEASE
- ABC

Reduce

Reduce intensity of emotion episodes

- Heavy focus on distraction early on, rather than avoidance
- ACCEPTS; IMPROVE
- TIPP

Increase

Increase emotional tolerance

- Mindfulness
- Observe your emotion
- Block avoidance - Experience emotions as a wave coming and going

Increase

Increase effectiveness despite emotional arousal

- You are not your emotion: DO not necessarily ACT on emotion.
- Opposite action



Reduce Emotional Intensity - TIPP



Temperature - Alter your body temperature
Dive response



Intense Exercise – Run in place, weights, jump, dance



Paced Breathing – Slow down your breath (*in for 4, out for 5-8*)



Progressive Muscle Relaxation – one muscle group at a time

Setting Limits

*Program Participant:
“As they’re starting to
grow, we raise the bar
on their limits we set, so
the expectations are
growing on them slowly.
Their abilities aren’t
there for them to have
less limits right now”*

- Asserting your wants onto someone else
- Setting limits can be uncomfortable. It’s natural to want to avoid this discomfort
- Meaningful change requires some level of discomfort
- Weigh the pros and cons between changing your strategy, or maintaining it; pick your battles
- Has benefits
- Be aware of your own thoughts and feelings in the moment
- Identify what your limits are
- Accept that it is okay to say “no”

Introducing Interpersonal Effectiveness Skills

- How to ask for what you want
- How to say NO to what you don't want in your life
- How to manage interpersonal conflict

*These skills increase the probability that things will go your way, but it isn't a guarantee.

***Program Participant:** "I couldn't get to DEAR, let alone MAN and [our youth had assumed a 'no' but I was open to engaging in a DEARMAN. I can't chase to engage in it. I wanted to say "Yes come back!" of course, I won't do that though... I find it really hard not to get sucked in and keep going with them in that pattern: keeping the fight going."*

***2 Sessions (1 month) later, same Program Participant:** "Our [youth] went from high emotions to then fetal position, and I knew I can do DEARMAN. I know I can make her angry and/or get her moving. It worked and was brief and quick and was repairing and successful. This was opposite action. It activated."*

What gets in the way of effectiveness:

Lack of skills; Focusing on worry thoughts; Strong emotions; Indecision
Environmental factors

Interpersonal Effectiveness Skills: DEAR MAN

Program Participant: "I like the defusing in DEARMAN bypasses the need for it altogether."

Program Participant: "It's as though I am using DBT against her. She's not able to respond the way she usual can. I am catching her off guard"

Describe: Describe the facts in a non-judgmental way

Express: Express feelings or opinions about the situation.

Assert: Ask for what you want in a clear, concise, and assertive manner.

Reinforce: Reinforcing by telling others about the positive effects of getting what you want or need.

Mindful: Stay mindful, can help you maintain your focus.

Appear confident: Make eye contact; avoid whispering/staring at the floor.

Negotiate: Be willing to give, to get.

Relationships & Priorities

Guidelines to keeping a relationship
(GIVE)

Be GENTLE
Act INTERESTED
VALIDATE
EASY manner

Guidelines for maintaining your self respect
(FAST)

Be FAIR
No APOLOGIES
STICK to values
Be TRUTHFUL

Program Participant: "I realized when I was using GIVE/FAST that ended with [my youth] freaking out, I was using "no" too much, and maybe moving too fast through FAST to get it over with"

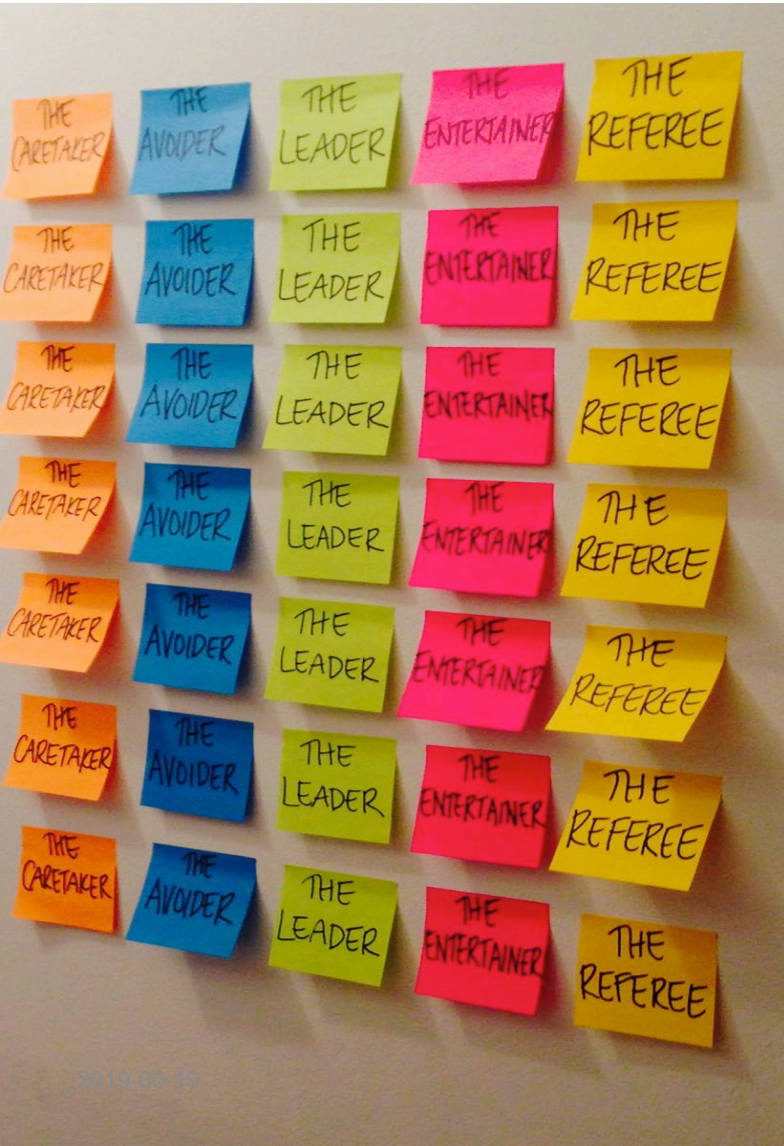
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Where We Are & Where We're Headed



Academic Research and Ongoing Program Evaluation



Growth, Expansion, and Improvement



Adaptation

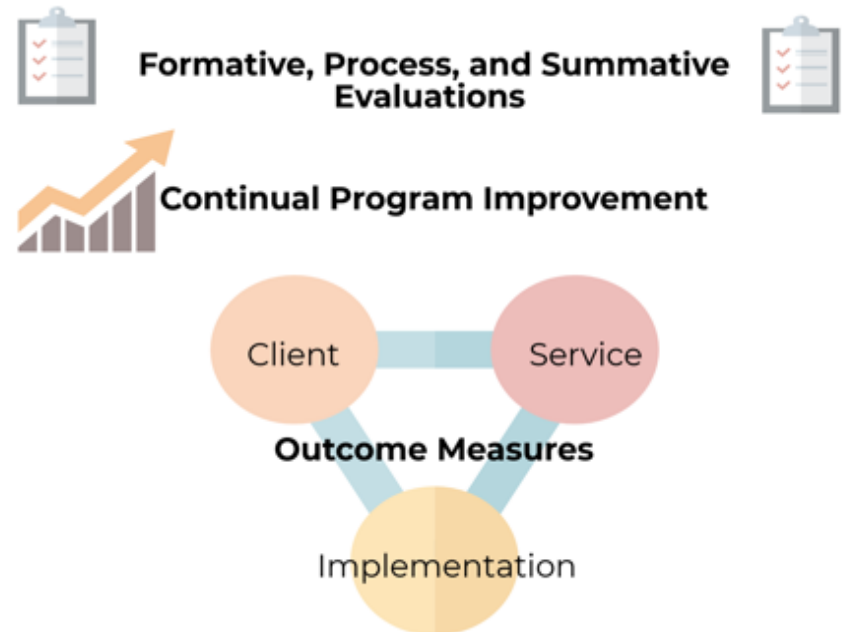


Opportunities for Collaboration and Scaling Up

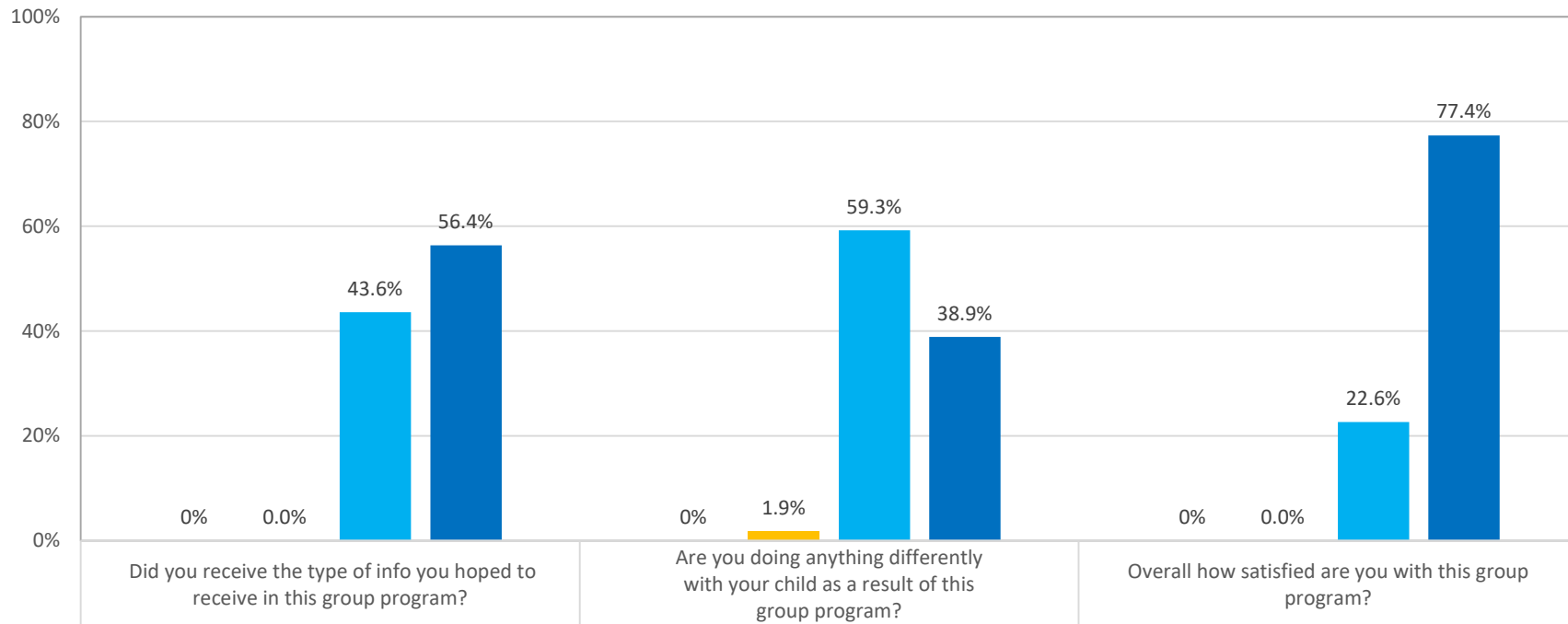
Research & Program Evaluation:

Collecting Research and Data, Documenting Progress, Using Feedback, and Making Outcomes Matter

- Academic Research
 - Overview
 - Goals
- Program Monitoring and Evaluation
 - Overview
 - Participant Engagement and Involvement
 - Highlights
 - Barriers and Setbacks



Caregiver Responses to Rating Scale Questions DBT Groups - 2014-2018 (n=55)



■ No, definitely not	0%	0%	0%
■ No, I don't think so	0.0%	1.9%	0.0%
■ Yes, I think so	43.6%	59.3%	22.6%
■ Yes, definitely	56.4%	38.9%	77.4%

■ No, definitely not ■ No, I don't think so ■ Yes, I think so ■ Yes, definitely

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Open-Ended Questions



Teenage Brain

What aspects of this group did you find the most helpful?
What aspects of this group program did you find the least helpful?
What 3 things have you learned in this group program?
What are you doing differently?
What changes have you noticed in your child as a result of this group program, if any?
What changes have you noticed in yourself as a result of this group, if any?
Please make any additional comments and/or suggestions to help improve this program.

Chain Analysis /
Practicing Skills



Communication &
Interpersonal Effectiveness



Emotion Regulation
Distress Tolerance



Mindfulness



The Middle Path
Dialectics



Validation



Family Relations &
Attachment

Blame
Shame
& Guilt

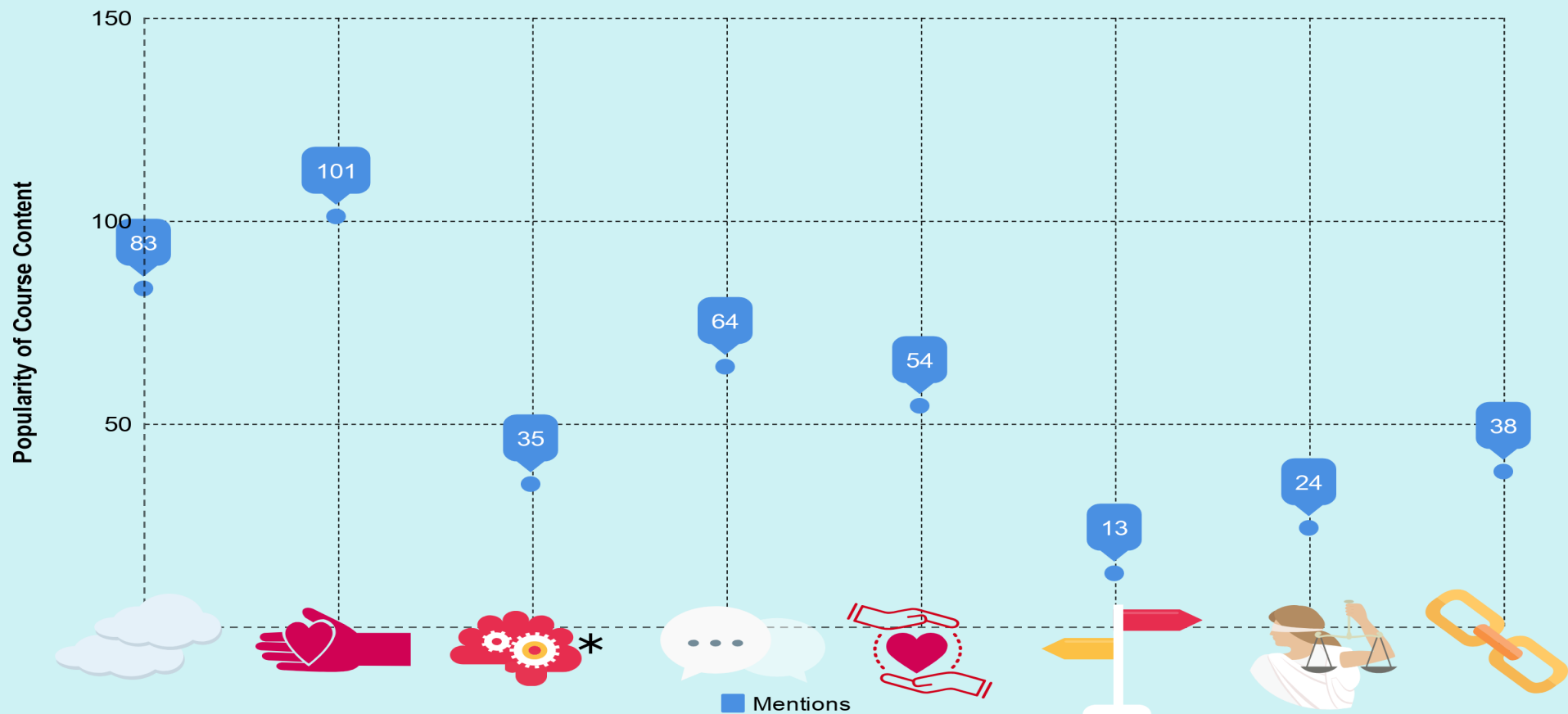


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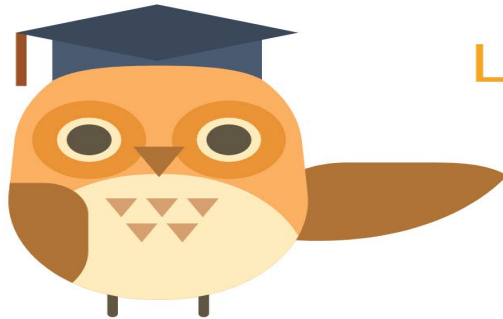
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Participant Feedback - Program Exit Survey (2014-2018 n=55)



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* Includes: DBT (overview) and Family Relations / Attachment



Learning and Using Skills

- “What do I do? I’ve shifted my value system so low to “don’t die,” so what do I do when I’m challenged in a situation?”
- “It’s hard”
- “Safety – that’s all we’re left with. That’s our motto”
- “Struggling”

- “But, others are like us and I don’t have to feel alone here”
- “It’s so good to learn. I feel so isolated in the community so that plays a part in feeling good about being here too”
- “I realized I couldn’t do it all by myself the other morning to get them to school, and I got my husband to stay and help, and he did. I used resources.”

- “We’re going to get it wrong lots, but we’re doing the best we can”
- “We have these resources through this program”
- “I’m coping better, less reactive, trying new approaches. I have a better understanding of [my youth’s] problems and I feel less guilty”
- “My kids are pointing out “mom’s changed””

Improved Outcomes
and Positive Impacts

Feedback: Content, Format and Experience

“I liked the mix of videos, slides and discussions”
“Variety, breakdown of information, group discussions”
“Videos were often very effective in illustrating topics”
“Role play and class discussions were very helpful”
“Videos and images were perfect for the materials”

“we are not alone and neither are our children”

“I liked the practical examples, handouts”
“Practical examples, explanation of DBT so that I can understand children’s therapy”
“Technical knowledge, specific skills and techniques”
“Having the change to set aside the time to come together and learn and share real approaches and techniques”

“I am not alone in dealing with serious child mental health issues”

“The presenters were knowledgeable and able to present in a way that was easy to follow”
“Presenters were knowledgeable and able to guide us while answering our queries with helpful suggestions. Support of a great team”
“Therapists provided examples on how to solve issues with more information”
“Well trained and well-prepared staff”

“Meeting weekly w parents, we didn't feel alone”

“Interparent discussion and chats were fantastic”
“Meeting and interacting with the other parents and practitioners”
“Safe place, respectful, inclusive, valued”

“learning from other families helped me feel included and understood”

“found it helpful knowing I am not alone in struggles of parenting”

“it is good to know we are not alone”

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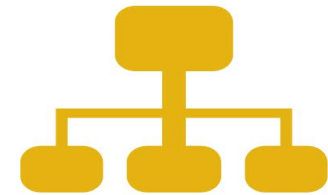
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Effective Use of Resources



Implementation Fidelity



Continual Program Improvement



Reaching Target Population

"Amazing group keep it going keep developing it adapting it through feedback, awesome to have this support"

"The program gave me strength by teaching me language / coping skills"

"The topics themselves were very helpful, I liked the mix of videos, slides, and discussions"

"my son feels more understood. Respected and supported"

"[I found it most helpful] having the chance to set aside the time to come together and learn and share real approaches and techniques"

"I am doing the best I can and so is my child" Validation! Validation! Validation!

"I don't feel so alone and I am more hopeful about things eventually working out"

"the way I communicate with my [youth] has improved as I am able to listen to him and repeat how he feels and I give him examples of what may work. I am better able to absorb his feelings"

"this program has helped me with my daily communication with my [youth]. Reading all the handout has helped with my emotional stress and don't judge my [youth's] behaviour"

"I learned the importance of love as a human being. I am applying everything to be a better mom! [I am] more conscious about parenting"

"I am more accepting of myself an my mistakes and I am more forgiving towards myself - hearing from other families helped me feel included and understood"

"This is what I like out of this group: how do I regulate myself? prepare myself? Then do"

"I learned validation and its importance, patience and listening working with and appreciating differences"

"I am less reactive, trying to relate more, ask them how they are feeling"

"We as parents felt validated and encouraged to express our concerns and are not judged. Such a place of safety and hope"

Where We Are and Where We're Headed

- Growth and Expansion of the DBT-Informed Parent Skills Group
- Going Beyond the Agency Context: the Intensive Workshop Format
- Coming Up: the Community-Based Workshop

A SKILLS BUILDING PROGRAM FOR PARENTS WITH ADOLESCENTS

Understand the motivation behind the behaviours of adolescents, learn tools to help manage your teens emotions, and improve communication in your family.

Date TBA
9 AM – 5 PM EST

Location TBA

Elizabeth Lovrics MSW RSW
Social Worker

Lisa Azzopardi CYC MSW RSW
Social Worker, Psychotherapist

TO REGISTER AND LEARN MORE VISIT: [BIT.LY/2TQYHIE](https://bit.ly/2TQYHIE)



Future Opportunities & Scaling Up:

- Opportunities for Collaboration
- Contexts
- Target Populations
- Implementation Components
- Feedback and Discussion

Select Feedback - Adaptability to Other Contexts & Populations:

“We do [parenting programs] for prenatal, but then we forget, or feel guilty.” Parent, Program Participant (2018).

“I use [the levels of] validation with employees. An employee came into my office crying, stressed, and it worked right away.” Parent, Program Participant (2019).

“This course should be taught in business schools.” Parent, Program Participant (2019).

“This is a university-level course.” M.D, FRCP(C), Child & Adolescent Psychiatry Resident; experientially audited 2018-2019 Program.

“This program can be taught in many contexts. Absolutely every parent could take this program and they would benefit from it. [The program] should be more available.” Child and Youth Counsellor, Facilitator of ‘Youth DBT Skills Group;’ Co-Facilitated a Parent Skills Program session (2019).



Thank you and Q & A

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- Yvette Esprey, *Attachment Based Treatment for Borderline Personality Disorder*, Smith College lecture series, 201



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