# Piloting a Dialectical Behavioural Therapy-based skills with New Zealand youth in care using three case studies.

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**Abstract**

Children in care are a complicated and vulnerable population. Youth who live in the care of the State often present with behaviours that are challenging to manage and which leave those around them struggling, whether they are caregivers or peers. Behaviour such as shown by these youth, is commonly thought to be an expression of emotional dysregulation or an attempt to regulate emotions. Dialectical Behavioural Therapy (DBT) is a therapy designed to support clients with extreme emotional dysregulation whose behaviour can be similar to what is observed in youth in care. DBT skills groups as a standalone intervention have been shown to support youth with emotional dysregulation and the resulting behavioural difficulties. The aim of the current research is to understand the experiences of New Zealand youth in care participating in a DBT based skills group. The research uses three case studies to explore each participant's engagement with the activities and skills individually throughout the eight sessions. This will be done using in-group observations, what they thought and felt about the group and whether staff working with the young people identified any behavioural changes. Preliminary results demonstrated positive engagement with the skills, noted positive change from those working with the young people, as well as positive reports of behavioural change and increased understanding from the participants themselves.

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## Chapter One: Introduction

Children in care are children or young people currently living in the care of the New Zealand State. There are currently thousands of youths in care in New Zealand and they are the target population of this study. This population is known for being challenging as individuals present with difficult behaviours, often causing a level of unsafety for those around them who are trying to provide support. Youth in care are a diverse and complicated population; little is known and understood about their difficulties, let alone how the young people can be supported to achieve positive outcomes. There is a large gap in New Zealand research on the topic of interventions for youth in care. Dialectical Behaviour Therapy (DBT) was chosen to trial as an evidence-based intervention due to the similarities in the population for whom it was developed and youth in care. DBT was originally developed to work with clients who have difficulties regulating their emotions, often resulting in behaviour which is dangerous to themselves and challenging for those around them. The purpose of the current study is to begin an investigation into how a DBT-based skills group may be used with New Zealand youth in care.

The current research utilised three case studies to pilot and gain insight into the use of a DBT-based skills group with this population in New Zealand. The case studies' data consisted of in-group observations, the Youth Outcome Questionnaire 30.2 and post-group interviews both completed with the youths and a significant adult in their daily lives. The case studies answered the research questions; how the young people participated and engaged with the skills, what their thoughts and learnings were from the programme and whether the adults in their lives identified any change in the way they coped with disappointing situations. Piloting this research was also a means to evaluating how this programme fared in the New Zealand context and what adaptations it required to make it acceptable.

This research is organised into five chapters. Chapter one includes the background, overview and purpose of the current study. Chapter two introduces the population of children in care through examining the current research and key theories which provide context to the challenges they face, followed by an overview of the current interventions being used with children and youth in care. The chapter concludes with a summary of who children in care in New Zealand are and some

interventions offered. Chapter three discusses the method used for the current project detailing the settings, participants, the facilitator role and the instrumentation used. Chapter four presents the findings for the research. The data is presented in a case study format, which introduce the participants history and referral reason. This section includes an overview of each session followed by in-group observations for each participant. The chapter continues with the interviews with students and adults and finally the results from the Youth Outcome Questionnaire 30.2. Chapter five consists of a discussion of the findings, the limitations, future research and summary of the study.

## Chapter Two: Children in care

This chapter firstly aims to provide a theoretical overview of child development through exploring three common theories which relate to children in care. The theories being examined are attachment, biopsychology theories and neurosequential model. The chapter continues with a description of the target population of children in care and then presents the concepts of Adverse Childhood Events and trauma with its long-term impact on brain and behaviour. Following this overview, the chapter then examines interventions used internationally and concludes by providing an overview of what's happening in the New Zealand context including interventions.

### Theoretical overview

Understanding the child and the impact their past has on their current and future lives is a necessary component to work effectively with children in care.(Ko et al., 2008). A part of understanding these young people and being able to support them is being able to put their behaviour into context. An avenue for comprehending context is by exploring theories about child development and the impact adversity may have had on it. This section provides an overview of three theories; Attachment, Biopsychology and Neurosequential theories. The theories were chosen due to their recurrence in the literature. This section does not intend to give a full exploration but rather an overview and some insight into these theories. The focus of the theoretical overview does not intend to discount theories obtaining to social learning theory, family systems, inter-generational trauma etc. However, the focus of this thesis is on young people in care, how they lack self-regulation skills and what can be done to help them develop those. Using a skills-group as a standalone intervention for these youths is far from the clinical ideal which would include ecology-wide and systems-based interventions. In the absence of those, building the skills of the youths affords them some resilience in that it modifies how they interact with the world which then has a positive impact on how the world responds to them.

**Attachment theory**

It was John Bowlby (1969) who coined the term “attachment” with reference to one of Freud’s theories suggesting relationships in later life are based on early life experiences; predominantly the relationship from six months to two years with the primary caregiver being critical. Bowlby initially proposed attachment to be a compelling need to seek proximity to and contact with a caregiver who has proven responsive to the child’s needs. Later Bowlby expanded the theory to incorporate the emotional availability of the caregiver at a time of emotional distress for the infant, also having an impact on attachment between the two (Bowlby, 1980).

Attachment theory was extended by Ainsworth and colleagues (1979) who conducted the “Strange Situation” experiment. The trial, carried out in a laboratory setting, recorded infants reacting differently to strangers entering their space with a caregiver, separation from the primary caregiver, being alone with a stranger and then being reunited with the caregiver. Three defined reactions were presented by the infants in the trial which were secure, insecure avoidant and insecure ambivalent which later became known as the three forms of attachment.

Secure attachment is observed in a child who feels sufficiently comfortable in the presence of the caregiver to explore the world around them, seek out the caregiver for reassurance then return to exploring or engaging with a stranger. A child with a secure attachment will become distressed when the caregiver leaves but is quickly calmed on their return; a noted reaction when an adult has responded consistently to the child's needs, both physically and emotionally. The result of this type of parenting and attachment enables a child to learn to depend on the outside world when needed and that it is safe, thus setting up for the child to regulate distress in the future.

Insecure attachment, avoidant and ambivalent, is a pattern of engaging with others to get their needs met based on experience from how their environment reacts to their needs previously. The avoidant pattern creates a child who has learned to self-soothe. Therefore, from an early age the child has learned to hide its distress from the caregiver since it has previously caused rejection or created conflict. The caregiver then leaves the infant with unmet needs. The child learns to

have some proximity, but not express their needs and will avoid the caregiver when the caregiver returns in the strange situation. The ambivalently attached child has learned its requirements are a source of frustration and that to obtain its needs being met, it needs to exaggerate its behaviour to ensure a reaction from the caregiver. This infant will become distressed when separated from the caregiver then is simultaneously angry and needy upon the caregiver's return, but will maintain proximity to the caregiver (Ainsworth, 1978).

These three defined reactions observed in the "Strange Situation" trial form a basis for understanding the impact of the early relationship, zero to three years of age, and how it may shape later life behaviour when coping with distress and help-seeking from others. Throughout the trial, it was observed that a child's emotions and behaviour varied depending on the type of attachment between child and caregiver. This may imply that attachment shapes emotional regulation, cognition and self-organisation. Furthermore, attachment theory suggests an infant's attachment to its caregiver is internalised with the infant forming some understanding of the world which then continues into later life (Ainsworth, 1978).

Attachment theory was further advanced by Greenberg, Cicchetti, and Cummings (1990) who observed a group of children who did not qualify as either secure or insecure. It was noted their reactions to their caregivers and strangers did not follow a pattern of engagement. The children displaying these behaviours would not move directly toward the caregivers which is assumed to be due to the unpredictability in the caregivers' reactions to the children. This form of attachment is frequent when caregivers are the source of both comfort and fear, protection and hurt, causing confusion in children. This pattern could, for example, be observed in infants with parents who use alcohol or drugs, causing periods of neglect and abuse. This attachment style was labelled "disorganised" and is substantially associated with future psychopathology. This link is hypothesised as children with disorganised attachment lack role-modelled behavioural and emotional responses and have not learned self-regulation skills (Greenberg et al., 1990).

It is essential that those working with children in care understand attachment as it potentially influences future abilities. It appears to play a role in internal representations of self and others, pro-social adjustment towards others and support

with emotional regulation which includes the ability to experience, recognise and tolerate distress. These processes are likely to be impaired in the presence of disorganised attachment which occurs frequently within the “looked after” population (Greenberg et al., 1990).

Attachment theory provides some insight into why a child with adversity in their past may struggle with later issues. Attachment theory suggests that those with a secure attachment learn to tolerate and express their emotions in a manner which does not require large behaviours. Attachment may also play a role in learning to cope with emotions and tolerate discomfort which would imply those without a secure attachment may miss out on that learning (McLean, Riggs, Kettler, & Delfabbro, 2013). It has also been noted that future placement breakdowns continues to have an impact on a child’s behaviour with a noted demise in behaviour coinciding with the increased number of placements. (Oosterman, Schuengel, Wim Slot, Bullens, & Doreleijers, 2007)

**Biopsychology theory**

Biopsychology theory provides a framework for understanding the interaction between the brain and behaviour, and for research linking common brain changes to behaviour, often using brain scans and hormone testing. Biopsychology allows for a more holistic framework for understanding how behaviour and trauma interact by taking into consideration long-term brain changes caused by environmental factors when attempting to understand behaviour and the common challenges faced by those with similar profiles. Therefore, biopsychology suggests there is a strong link between the brain and the environment influencing the brain, which then affects behaviour. It is through this model that some of the behaviour and difficulties seen in children with trauma histories is easily explained. As previously noted, tangible evidence supports this theory in that there are significant changes to the brain in those with early childhood adversity and then significant behavioural needs too. For example, there is a noteworthy difference in the amount of the stress hormone released in children with trauma which is probably linked to an ongoing sense of threat to safety (Carrion et al., 2010).

Building on the biopsychology theory is the neurosequential model for understanding brain development and timing of events. The model suggests that the brain develops in a sequential manner from the bottom of the brain to the top. When a child is born its brain is underdeveloped with the brainstem and diencephalon having evolved only adequately to assist with life-giving skills. The new-born brain can regulate essential functions, such as heartbeat, breath, the signalling of hunger and sensing threat. As the baby grows, the limbic system which is fully formed at birth starts to be shaped by caregiving experiences which, in turn, impact on emotional reactivity and attachment style. The neocortex, which is understood to be where the abilities of abstract thinking and planning are located, develops in parallel and is also shaped by exposure to environmental stimuli. It is proposed that it is due to this sequence of development that the time and frequency of threat is critical to be understood in order to grasp the full picture of a person with adversity in their history (Perry, 2006).

The neurosequential model also proposes that an external stimulus is always first processed in the brain at the lower levels through the senses, makes its way up the limbic system and is later interpreted by the higher cortical areas. Understanding how information is processed becomes critical when understanding how it affects later behavioural responses. As this process takes place, the brain creates pathways for the type of information it is processing. Information which is repeated means the pathways are used often, forcing the brain to prioritise that pathway and it begins to strengthen it to make the process quicker. It is this process which reinforces why practising something is critical to learning. In addition, this process works for all experiences including those forming threat pathways. When threat is common in someone's life, the pathway is strengthened which means the body's threshold for accessing the pathway is decreased and it processes the information quicker. When a perceived threat is detected, both processes work in parallel resulting in a quick extreme behavioural reaction (Barfield, Dobson, Gaskill, & Perry, 2012).

Attachment, biopsychology and neurosequential theories explore the significant impact that the environment through the early years of someone's life has on all areas of later life. Attachment theory explores how safe, responsive parenting

allows a child to learn to explore and learn about their world, create an understanding of others and through that relationship learn how to have their needs met. However, all these processes are impacted when a child experiences a caregiver who does not provide the base for that secure attachment early in life. Biopsychology allows for the understanding of how the brain and environment interact. The brain changes depending on life experiences which is likely to cause later change in function and behaviour. Finally, the neurosequential model provides insight into why the time of the trauma has a large impact on brain changes and later challenges. The neurosequential model also gives some understanding as to how learning affects the pathways and therefore, response becomes a learned behaviour as well. All three theories may be used to understand the impact on the lives of children in care who have been removed due to unmet needs and their struggle with behaviour later in life. However, as Van Wert, Mishna and Malti (2016) explain that understanding the underlying theory is only one aspect of supporting a better outcome for those with adverse experiences. Nevertheless, it is common to base interventions on the understanding resulting from theory.

**Children in care**

Children in care or “looked after” children are children or youth who have been placed under the care and protection of the State. The terms are simple designations used to define a unique and vulnerable population. Children in care have complicated needs arising from the backgrounds and life events they experienced leading up to them being placed in care and then, whilst in care. The one certainty, out of a very few, about children in care is that this population has been placed into care due to prolonged and extreme maltreatment of some form, such as abuse or neglect. The result of this maltreatment is that these children have experienced a range of adverse childhood experiences or trauma and live with the lifelong consequences which accompany that reality (Gabbay, Oatis, Silva, & Hirsch, 2004). As the understanding of trauma has increased, there has been a growing interest in the needs of “looked after” children, even those not impacted by other common complications, such as pre-natal exposure to substances (McLean, 2016).

When wanting to understand the needs of children in care, it is first vital to understand what is currently known about the impact of adverse childhood

experiences and trauma. This understanding is currently largely based on the observable neurobiological differences arising from exposure to those experiences and by examining the trajectory youths go down because of their behaviour. However, this is still an emergent field that is being heavily researched. It is therefore challenging to draw causation claims based on it. Frequently, the expression of behaviour difficulties is placed into two categories, either externalised offending behaviour or internalised mental health issues.

**Adverse childhood experiences**

Adverse Childhood Experience (ACEs) measure the traumatic events someone has experienced in their life (Whitfield, 1998). In describing trauma, The Substance Abuse and Mental Health Services Administration defines trauma as a harmful or life-threatening event (or events) which may lead to the individual experiencing adverse consequences in their emotional, psychological and/or physical well-being (SAMHSA, 2014). The concept of ACES was first investigated by Felitti et al. (1998). A simple test was developed and used to tally the number of adverse childhood experiences someone had undergone before age 18. The ACE test asks 10 “yes or no” questions, grouped into seven categories, with the maximum score also being 10, to examine whether a person has experienced any of the seven categories of ACEs. The categories look for the presence of household violence, a household member in prison, sexual abuse, emotional abuse, physical abuse, mental health issues and substance use in the house. The researchers were investigating whether there was a link between those traumatic experiences and ill-health effects later on in life. The research concluded there was a strong, graded correlation between the number of adverse childhood experiences and risk factors for early onset of chronic illness or death and many other psychological effects.

Using a large sample of adult population, the research noted that more than half had experienced at least one ACE. Those who had been exposed to four or more of the seven categories were 12 times more likely to have poor health outcomes as an adult, such as suicide attempts or drug related issues (Felitti et al., 1998). Since its development, the test has been utilised in several different studies researching aetiology and the risk of poor outcomes across a range of areas in life, such as mental health and criminal involvement. The conclusion replicated the

original research, a strong graded correlation – more ACEs more adverse outcomes (Anda et al., 2006; Whitfield, 1998). Furthermore, Maxia et al. (2004) looked at whether individual ACE's occurred in isolation or in clusters. Using a large adult sample retrospectively, they concluded that the co-occurrence of different forms of childhood adversity is common.

There is a growing body of research focused on understanding the impact long-term trauma and stress have on the brain and the person, particularly when the traumatic event(s) occurs during early childhood. The overall result of this research shows that there are a range of complex interactions which need to be taken into consideration when working with people who have a high level of ACEs (McLean, 2016). These complex interactions mean the child needs to be understood at an individual level so insight into the possible long-term effects of trauma on the child's well-being can begin (Lima, 2018).

**Trauma and brain-based changes**

Neurobiological research investigates the challenges faced by those with long-term trauma using neuroimaging or neuropsychological methods. Among the brain areas investigated is the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis plays a crucial role in the secretion of the hormone cortisol, which is released in times of acute stress. Cortisol is responsible for the feelings of "fight or flight" which heightens the senses, stops the digestive system and prepares the body for action (De Bellis et al., 1999). "Fight or flight" also activates a range of other brain regions that become ready to respond. The research has shown that those who have lived with long-term stressors have either an overactive or an underactive HPA axis. Mary and Johanna (2007) sampled children in care and established atypical levels of cortisol when their saliva was tested; either with elevated levels throughout the day or with an overall lack of the chemical. This research supports an atypical functioning of cortisol for children in care. When the HPA axis is overactive, a person potentially lives in a state of hypervigilance, meaning that they continuously live on the brink of fight or flight. Although this response is life-saving and adaptive when experienced occasionally, during times of acute stress (like being attacked by a lion), research suggests that high cortisol levels on an ongoing basis result in areas of the brain not normally exposed to cortisol becoming flooded by it, which

results in neurons dying. Behaviourally, this may result in a child over responding to perceived threats in the environment so the child either fights or avoids the threat (Frodl & O'Keane, 2013). When the HPA axis is under-responsive, the person is often identified to be either underwhelmed by stress, calm and non-emotional or seen as a thrill seeker, like a young person seeking excitement from illegal activities (McLean, 2016).

Another brain structure which may be impacted by the change in cortisol is the hippocampal volume. Hippocampal volume is associated with the encoding of memories and therefore plays a role in learning. Brain scans show that the hippocampal volume is reduced in those individuals who have experienced trauma. However, the research which demonstrated this result is mostly based on retrospective methodology. This type of research creates challenges with causation for accounting for a difference (McLean, 2016). Nevertheless, there is a noted difference in memory tasks between children with Post-Traumatic Stress Disorder (PTSD) and those without PTSD (Cicchetti, Gunnar, Rogosch, & Toth, 2010). The correlation of these two factors suggests that the area of the brain for memory and learning is affected by long-term stress.

A third brain structure which may be impacted by trauma is the amygdala. The amygdala is a part of the brain involved in the automatic processing of emotions. Children with a high level of ACEs are known to be over-responsive to emotional stimuli, such as an angry face. McCrory et. al. (2011) research suggests that emotional information may be processed differently by children who have experienced early childhood stressors (McCrory et al., 2011). Other research has shown that children with a high level of stress may see angry faces quicker due to their brains being “primed” to detect threats, as those have previously had an impact on their safety (McLaughlin, Sheridan, & Lambert, 2014). The processing of emotions also includes understanding emotional information from others such as tone of voice. Research using brain scans has demonstrated that those with adverse histories are more likely to have reduced thickness of the areas of the brain which processes emotional information. This may account for some of the difference in brain responses (McLaughlin et al., 2014). Another study demonstrated that sustained eye contact for adults with PTSD activated brain pathways relating to

threat, whereas the control group without PTSD did not show the same activation (Steuwe et al., 2014). The combination of these brain differences will probably result in a young person struggling with both managing their own emotions and processing emotional information from others. Behaviourally, when linked with the heightened stress response, these changes may mean struggling with relationships and the ability to regulate their response to emotions (McLean, 2016).

Finally, the prefrontal cortex is the brain region understood to be responsible for higher functioning or top-down control, such as complex planning, social behaviour and decision making. A key difference for those living with the experience of trauma is significant neuron loss in this area thought to be due to the higher levels of stress hormones. Furthermore, it is understood that these changes may be underlying some of the psychosocial issues identified in people who have lived with childhood adversity, such as difficulty with top-down brain processes, namely logical thinking, emotional regulation and impulse control (Putnam, 2006).

Taking an overarching view of the complications currently understood through the research, it may be observed that children who have lived with long-term trauma are going to be adversely affected in numerous ways. From a neurobiological perspective, the brain of a person after these experiences is functioning and responding differently to those who have not experienced these types of stress. So it would be typical for a person to have an atypical stress response after such experiences, as well as difficulties with processing emotional information and regulating, challenges with social interactions and impaired learning abilities. Frequently, the behaviour seen from children in care is violence, which can be understood in the context of the behavioural communication of distress. It is also known to be common and play a large role in placement breakdowns (McLean et al., 2013).

Additionally, Lima (2018) examined youths aged 18 leaving the care system in Australia. His key findings showed that along with other adverse outcomes, the youths leaving care were significantly more likely than a control group to be involved in youth offending and to have mental health concerns.

There is a range of additional factors which influence brain development during the gestation period, such as maternal drug and alcohol use. The timing of the pre-natal exposure has an impact on life outcomes for children. Pre-natal exposure to substances is an area still being investigated although it may have a severe impact on functioning across the brain (McLean, 2016). This is not the focus of this study, however it needs to be noted due to its prevalence in this population.

**Behaviour expression – externalised vs internalised**

Problematic behaviour is commonly noted as an expression of emotional dysregulation or an attempt to regulate. It is often such behaviour which leads to professional involvement with young people (Rathus & Miller, 2015). The trajectory of behaviour for those in care can often be placed into two categories. The first is externalised, which refers to behaviour directed at others and may attract diagnoses of Conduct Disorder and Attention Deficit/Hyperactivity Disorders (ADHD). The second is internalised, such as Depression, Anxiety and low self-esteem (Symeou & Georgiou, 2017). It is established that these are two common trajectories for children in care (Bronsard et al., 2013). As Lima (2018) noted, those leaving care are more likely than those not in care to display these types of behaviours. This section intends to understand externalised and internalised behaviours and their link to ACEs and trauma.

Quality of life research investigated children in care. The research has demonstrated that those living in care in residential community homes report significantly lower quality of life than those not living in care. The research also examined the impact of externalised versus internalised behaviour and the effect they had on quality of life and long-term outcomes. The research showed that those with externalised behaviour was seen to have considerably lower quality of life score than those without externalised behaviour. In addition, it was noted that participants with more externalised behaviour had lower scores in those scales relating to relationships with teachers and schooling environments (Bronsard et al., 2013).

It is established that high rates of childhood adversity are associated with high rates of an early arrest age which is often due to externalised behaviour. There is a strong link between those with more than five ACEs and an earlier age of arrest, as

well as a more chronic style of offending (Baglivio, Wolff, Piquero, & Epps, 2015). Fox, Perez, Cass, Baglivio and Epps (2015) explored the correlation between high ACE scores and serious, violent and chronic youth offending. Using a large sample from an American juvenile population they found that the ACE score correlated with higher offending rates. The higher the score the more likely the youths were to be violent offenders, particularly with a score of six or more equalling a significant increase in the likelihood of violent offending. Fox et al. (2015) concluded that although this study does not explain the relationship, it reinforces the assumption that the relationship between childhood trauma and offending is strong and requires further research to develop additional prevention strategies.

ADHD behaviour consists of impulsivity and hyperactivity. These are often observed as externalised behaviour which can create difficulty with forward planning, self-regulation and attention. Klein, Damiani-Taraba, Koster, Campbell, and Scholz (2015) investigated the diagnosis of ADHD in the population of young people in care and although it is acknowledged that context makes this difficult, it was nevertheless diagnosed at a higher rate than in those not in care. Furthermore, this research is consistent with other research that has demonstrated a high rate of externalised behaviour among those with a high rate of ACEs (Bronsard et al., 2013; Symeou & Georgiou, 2017).

Read and Bentall (2012) have proposed that until the “decade of the brain” the effects of childhood adversity were being misinterpreted as symptoms of adult mental illness, rather than the aetiology itself. Anda et al. (2006) investigated the relationship between childhood adversity and adulthood mental health concerns, principally the risk of suicide. The ACEs test was completed retrospectively by a large sample of adults with mental health concerns and then further questions were asked relating to suicide attempts. The results demonstrated a positive association between the number of reported ACEs and the number of suicide attempts. Although Anda et al. (2006) did not investigate mental illness itself, the level of correlation may be understood to demonstrate that childhood stressors have a lifelong effect, causing a high level of distress demonstated by suicide attempts. This research, is vital in the context of the previous research with the high correlation

of suicides and ACE, as this demonstrates a high level of distress among the population with higher rates of ACE's.

Ford, Vostanis, Meltzer, and Goodman (2007) compared the psychopathology of those placed in the care of the British State to those living in private deprived and non-deprived homes. The research concluded that those children who were in care had higher levels of educational and neurodevelopmental difficulties and were significantly more likely to have a psychiatric disorder when compared to both other groups. Ford et al. determined the results were more significant for those living in residential care with a history of multiple placement changes. Together these research studies provide support that young people in care experience distress to a level which impairs their functioning, both socially and academically. As Anda et al. (2006) demonstrated, this distress appears to continue into adulthood.

A longitudinal study has noted that there is a strong link between the clinical markers of ADHD and Oppositional Defiant Disorder (ODD) with those later showing early signs of Borderline Personality Disorder (BPD). It was noted that those with higher rates of ADHD and ODD at eight years of age were more like to display behaviours consistent with the early signs of BPD at the age of 14 years (Stepp, Burke, Hipwell, & Loeber, 2012). Zanarini et al. (1997) further explored the aetiology of BPD, finding that those confirmed with the diagnosis were 91 percent more likely than those with any other personality disorder to report a significant level of multiple forms of emotional, physical and sexual child abuse before age 18.

Challenging behaviour is often the leading reason professionals are called upon to work with young people and it is these behaviours which are often known to be expressed as either externalised or internalised. Externalised behaviour frequently leads to criminality, education failure, relationship difficulties and lower quality of life whereas internalised behaviour is linked with poor mental health outcomes, including high rates of suicide. However, all these outcomes are heavily linked to high rates of childhood adversity which may fit the hypothesis that behaviour is an expression of emotional dysregulation or an effort to re-regulate. Extensive behaviour expression is often seen in youth in care. These behaviours are challenging and commonly a reason for placement breakdowns (McLean et al., 2013).

**Interventions for children in care**

Interventions and support for young people in care is in a stage of development and research due to the complexity of needs and difficultly in researching the population. However, the behaviour frequently seen demands intervention to support positive outcomes for young people. The following segment explores some of the literature on interventions for children in care, such as Perry's developmental framework. Although there are limited evidence-based interventions for youth in care, there are some evidence-based manualised interventions which have been shown to support clients with trauma and a high level of ACE's. The next section will explore trauma-focused cognitive behavioural therapy (T-CBT) and dialectical behavioural therapy (DBT) as interventions which could be used to support youth in care.

Perry (2009) details the use of an approach based on the neurosequential model for assessment and interventions. The model suggests both must take into consideration the age and stage of development at which the trauma occurred. The author describes an intervention needing to start with a task supporting the lower brain regions, such as emotional regulation through the use of breath, then move on to another form of treatment which focuses on more cognitive processes, such as examining thought patterns. Perry's (2009) approach also reinforces the need for practise to strengthen neural pathways which may not have been readily used by the young person. In addition, it acknowledges the key role in which stable, consistent relationships play in the child's ability to be moving from trauma into recovery. Those involved with supporting children and youth in care need to understand the process and provide a safe place for the youth to practise and strengthen those new skills.

Streeck-Fischer and van der Kolk (2000) conducted an extensive literature review on intrafamilial trauma and its clinical outcomes. They concluded there is a need for treatment which takes a developmental approach, including treatment addressing individual needs and the importance of providing a safety which is supported by Perry (2006). The authors stipulate the need for a safe place that allows the children and youth to begin to form connections with people who understand how their experiences may have impacted their current behaviour. The

research furthers the concept of practise for the young person to experience mastery at a task, since mastery has a biologically reinforcing component. Furthermore, there is discussion about the use of mastery in understanding body sensations to then understand emotions as being a critical intervention (Streeck-Fischer & van der Kolk, 2000).

In addition to Perry (2009) and Streeck-Fischer and van der Kolk (2000) discussing safety in the environment, Ko et al. (2008) discussed the need for whole systems to change to allow for a sense of safety to occur for youth in care. The authors described the need for the education and justice systems as well as all support services to understand the impact of trauma, thus creating more positive support systems in all aspects of a young person's daily life (Ko et al., 2008).

The previous interventions are based on ways of working with young people in care. One form of a manualised treatment observed to support children in care is a form of DBT skills as well as Eye Movement Desensitisation and Reprocessing Therapy (EMDR). The combination of the two therapies was observed to be useful when applied to youth in a residential facility. Overall the purpose of the DBT skills component was to support the youth to develop the skills of self-regulation and self-awareness while EMDR addressed the trauma experiences more directly (Cohen, Mannarino, Kliethermes, & Murray, 2012)

Although there is limited research on youth in care, there is however research focused on interventions which have been shown to support recovery for children and youth who have lived with a high level of ACEs. This research could be applied to youth in care. One study showed that implantation of a full DBT protocol as an effective predecessor to protocols for Post-Traumatic Stress Disorder (PTSD). Another trial examined the use of full DBT with a view to stabilising clients engaging in high risk or suicidal behaviours prior to addressing the PTSD concerns. The DBT was effective for those clients and allowed for a reduction in the behaviour which then allowed for the PTSD treatment to begin (Harned, Jackson, Comtois, & Linehan, 2010).

Another treatment is Trauma-focused cognitive behavioural therapy (TF-CBT) which has been shown in randomised control trials to have positive impacts on the

daily lives of youth living with complex trauma. The research supported the use of an adapted model which extended the phase teaching coping skills and introducing the idea of trauma themes as a part of the life story, rather than focusing on a core traumatic event (Cohen et al., 2012).

Although there is minimal research into interventions which work for children in care, when the child's difficulties are understood in the context of childhood adversity and trauma, more successful interventions have been identified and supported by the research. There are several re-occurring themes for interventions with youth in care such as a need for safety across systems, a need to understand behaviour, skills training, opportunities to practise new skills, all in a developmentally appropriate context.

**New Zealand children in care**

The previous research and information were based on international data. This portion examines the New Zealand context and population, how the New Zealand government classifies these young people, interventions within New Zealand and finally, the gaps in the systems.

The New Zealand Government defines "vulnerable children" as "children who are at significant risk of harm to their wellbeing now and into the future as a consequence of the environment in which they are being raised and, in some cases, due to their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental and/or cultural needs met at home or in their wider community" (*The White Paper for Vulnerable Children*, 2012). Rouland and Vaithianathan (2018) identified almost one in four New Zealand children as having at least one report to child protection services, and one in 10 New Zealand children as having suffered either emotional abuse, sexual abuse, physical abuse or neglect.

Within the New Zealand system, once there is a report of concern, a situation is investigated. Once the investigation finds evidence of the child being unsafe due to the environment or the child's own behaviour, the Ministry for Children puts interventions in place to improve safety. Should the situation not improve sufficiently, the Ministry applies to the court for custody under the Oranga Tamariki

Act 1989, which then gives the State the child wherever is needed for it to be considered safe. The threshold for this judgement implies that the general well-being of the child has been compromised and probably for some time prior to State intervention (Ministry for children, 1989).

Table 1 below details the ethnicity of children in care in New Zealand, while Table 2 describes the type of placements available within the New Zealand system, with the number of children per placement as of June 2017. It is noteworthy that the majority of New Zealand young people in care are of Māori descent.

Table 1: Number of children in care per ethnicity as of June 2017

| Ethnicity | Number of children |
|---|---|
| Māori | 3518 |
| Pākehā | 1538 |
| Pacific Peoples | 481 |
| Other | 234 |

*Note:* (Ministry Social Development, 2017).

Table 2: Number of children in each type of placement in New Zealand as of June 2017

| Placement type | Number of children |
|---|---|
| Family/Whānau placement | 1368 |
| Non-family/Whānau placement | 2515 |
| Child and family support services | 541 |
| Caregiver family home placement | 116 |
| Residential placement | 29 |
| Other supported accommodation | 147 |
| Living independently, remaining at home or returning to home | 992 |

*Note:* (Ministry Social Development, 2017).

Within the New Zealand context there is still little research to support what may be useful for the large number of children in care. In a review of available prevention and intervention programmes in 2007, there was a call for a holistic approach to be adopted. The approach would need recognise the New Zealand context of inter-generational trauma. This cycle not only needs to be taken into consideration, but it must form an integral part of any intervention for a Māori family (Evans, Rucklidge, & O'Driscoll, 2007).

A later review in 2018 of the Youth Justice System in New Zealand by the Chief Science Advisor highlighted that 87% of New Zealand youth offenders have had prior involvement with State care and protection services. This statistic demonstrates the New Zealand population following international trends regarding behaviour expression of distress. The report also noted what interventions are currently available to youth offenders in New Zealand, one of which is Trauma-Focused CBT. The report also discussed the use of several evidence-based parenting programmes such as Triple P and the Incredible Years which have been adapted and further researched with a Māori population (Gluckman, 2018). There is also preliminary evidence which has shown a positive outcome in one pilot study from Functional family therapy with Māori as well (Heywood & Fergusson, 2016). However, it must be emphasised and as noted by the Chief Science Advisor that all these studies are an opening to understanding what would work. All results must be understood as preliminary due to all the studies having a small number of participants and with a convenience sample with no comparative data.

There is currently a youth justice residence running a DBT skills group. There is currently no data to support the effectiveness of this group as it is awaiting evaluation, although the developers of the group have reported positive outcomes based on feedback from group members according to Nurse Amanda Cain (personal communication, November 20, 2018).

Finally, the report by New Zealand's Chief Science Advisor identified several gaps in the current services and systems and makes strong recommendations for New Zealand. One involves schools needing to focus on programmes teaching skills to increase social skills and self-control skills, as well as skills to reduce anti-social behaviour. It also highlights the lack of support for those aged 12 to 15 years who have left any form of schooling due to behaviour and how critical the school system has been demonstrated to be in changing future outcomes (Gluckman, 2018).

Overall, children in care are a complex diverse population. Children in care they have commonly lived through a range of childhood adverse experiences which can be considered traumatic events. It has been demonstrated through a range of research methods that ACEs and trauma have long-term negative consequences. One major aspect of the consequence is changes in functioning resulting in extreme

externalised or internalised behaviour stemming from emotional distress. It is this behaviour which results in these young people being heavily involved in a range of different systems such as youth justice or mental health. There are several theories which may help those working with children in care to understand why these behaviours occur, how the challenges faced by this population arise and how they are affected by their upbringing. The theories examined to give an overview within this research are attachment, biopsychology and neurosequential theories. These theories provide a framework to understand how the environment impacts on a range of areas in a person's life resulting in changes to their brain structure and their behaviour. These theories also inform what interventions may support this population to live the life they want, such as how long-term safe systems will likely have a positive impact. Finally, the children in care population within New Zealand need to be addressed on their own as this population comes with added complications stemming from inter-generational issues. However, what is demonstrated within the New Zealand context that there is a large need for further understanding of the children's needs as being in care leads to negative outcomes. This is seen through the statistics which reflect the high level of those youth offenders having a history of ACEs.

## Chapter Three: Dialectical Behavioural Therapy (DBT)

DBT was initially developed to support clients experiencing an inability to regulate intense emotions. The was often due to heightened emotional sensitivity, a difficulty returning to baseline emotional state, poor impulse control, self-injurious behaviours and problematic interpersonal relationships (Crowell, Beauchaine, & Linehan, 2009). The following chapter provides the context to the development of a therapy for clients with extreme emotional dysregulation by first presenting the course of development of DBT, the theory created from the research and the core skills. Finally, this chapter will review the research using DBT since its development to understand how the research may support its use with children in care.

### Dialectical Behavioural Therapy Development

Dialectical Behavioural Therapy (DBT) was developed by Marsha Linehan in the 1980's after she realised there was very limited research on interventions which demonstrated change with highly suicidal clients (Linehan & Wilks, 2015).

Linehan began by using a behavioural change model based on behaviour and social learning theories. The aim of a behaviour model is for the therapist to identify the problem, explain what is needed to change then telling the client how to "fix" their behaviour. Linehan realised that using a change model resulted in the clients neither benefiting nor reducing life-threatening behaviours. Through investigation, it became clear that clients did not change under this model due to the experience being invalidating and the sense of the client being the problem (Linehan & Wilks, 2015).

Linehan then changed to the opposite approach; a pure acceptance model, listening to clients with warmth and compassion while validating their experiences. However, this resulted in clients not being actively encouraged to change any aspect of their behaviour. Pure acceptance meant clients were frustrated with a sense the therapy was not helping them whilst at the same time the acceptance model asked clients to continue to tolerate distress which was a challenge. There was also no change to life threatening behaviour using an acceptance model (Linehan & Wilks, 2015).

Linehan recognised that her clients needed an intervention which consisted of both change and acceptance. However, this did not exist. Linehan then began to research the philosophy of dialectics as a possible framework for integrating change and acceptance. A dialectical stance considers reality to be holistic, continuous and dynamic, mirroring the world consisting of whole entities and simultaneously of opposites. This, in turn, forms tension between the two opposites which then becomes the dialectical truth and change comes from the synthesis of the opposites. There is also a tension within change itself. Change is a consistent in the world. Change, therefore, is a contradiction within itself but when that is accepted, the tension is lessened and becomes easier to cope with. Therefore, the dialectical philosophy was integrated into and became the core of DBT. The role of the therapist was developed to always balance and dance with the concept of accepting the client and their behaviour, whilst managing and challenging the client to change so they may live the life they would like to live (Linehan, 2015).

DBT began as an addition to cognitive behavioural therapy which is designed to be a short-term intervention with specific goals relating to behaviour. DBT continues to use several principles such as goal setting and addressing key behaviours. DBT also continued to use some skills from cognitive behavioural therapy, primarily the importance of working on a behaviour and what drives behaviour. Together the client and therapist define, understand and measure a behaviour and what might be driving it, such as a thought or emotion. The therapist then supports the client through a range of new skills and tools with a view to changing the underlying cause of a behaviour, with the aim of changing the behaviour. While DBT maintained the use of understanding and measuring a behaviour, it used some of the concepts and skills differently. The dialectical principle allowed for some of the skills such as problem-solving to remain but changed the mindset regarding what needed to change within the client to see a change in behaviour. A key aspect of DBT being that the client and their experience is accepted which implied that their thoughts and emotions were not wrong, but rather their behaviour currently is not effective as they are not living the life they want. The assumption is made that a client's life is currently not what they desire due to the client engaging in the intervention (Linehan, 2015).

Linehan noticed throughout the development of DBT that the acceptance of the self and situation required a person to temporally tolerate discomfort. However, it was noted there were problems associated with tolerating uncomfortable situations. It was observed that this population often was unaware of what caused the distress and how that resulted in undesirable behaviour. As a result, the Zen Buddhist concept of Mindfulness was introduced into DBT. Mindfulness was broken down into a set of skills which teach the client to be present in the moment of discomfort. Being present in the moment requires a person to be able to notice what is happening in the environment, how their body is reacting and notice what behaviour occurs as a result, without judging or attempting to change it. Mindfulness skills are considered to be the key skills used throughout DBT (Linehan & Wilks, 2015). However, Linehan understood that being able to notice was only the first step in being able to change behaviour. From the mindfulness skills came the skills to tolerate distress, support a client to learn how to regulate emotions and improve interpersonal relationships (Rathus & Miller, 2015).

Linehan continued to develop DBT based on trial and error. It was observed that this population needed more intensive work to support the level of change needed. Linehan introduced several more components which now are the full DBT programme to include: one-on-one psychotherapy sessions, skills group training once a week, phone consultations and therapist consultation groups. The full programme is designed to run simultaneously however, a client can begin the group sessions later than individual therapy (Linehan, 2015). Each of the components follow the same theory and assumptions providing a consistent and stable way of thinking across settings. Assumptions are made explicit to give context and understanding with the intention of safety for the participant and providing guidance to the therapist. The DBT assumptions are presented in Table 3. However, within DBT it is understood that these assumptions and theories are universal and therefore, each applies to the therapist or trainer as well as the clients.

Table 3: Dialectical Behavioural Therapy Assumptions

| Assumption number | Assumption |
|---|---|
| Assumption 1: | People are doing the best they can. |
| Assumption 2: | People want to improve. |
| Assumption 3: | People need to do better, try harder and be motivated to change. |
| Assumption 4: | People may not have been the cause of all their problems, but they have to solve them. |
| Assumption 5: | New behaviour needs to be learned across settings. |
| Assumption 6: | All behaviours are caused. |
| Assumption 7: | Figuring out and changing the cause of behaviour is a more effective way of changing than judging and blaming. |

*Note*: (Linehan, 2015)

**Dialectical Behavioural Therapy's Biosocial Theory**

Correspondingly, Linehan developed Biosocial theory to provide a theoretical framework for understanding the clients and where the problematic behaviour may stem from. It hypothesises that emotional dysregulation causing problematic behaviours is due to biological vulnerabilities and an invalidating social environment. Biological in biosocial refers to the whole of a person. Biological vulnerability is defined as a high-level of emotional sensitivity and reactivity with a slow return to baseline due to the activation of genes stimulating hormones and activating the brain differently to others. However, Biosocial theory claims that biological vulnerability is not the sole cause of emotional dysregulation but rather that it is a combination with living in an invalidating environment (Linehan, 2015).

The social aspect of Biosocial theory relates to the external world around a person. An invalidating environment is an environment where others react inappropriately and erratically to a person's private experiences or emotions. Often this relates to an emotion without an external public display or without an event which others deem worthy of an emotional experience. An example of this may be that if someone feels grief longer than someone else this is deemed as an

acceptable timeframe, so they are dismissive of the emotion. A further aspect of an invalidating environment is that it can occasionally reinforce heightened communications of an emotion, for example a social worker only listening to a client after a suicide attempt. When the latter occurs, it may result in the person learning that the only method to communicate their needs is through extreme emotional expression. The Biosocial theory also describes the relationship between biological and environmental factors as being transactional – they interact in different ways for each person. For example, a person may be more biologically vulnerable with less of the invalidation and learn to cope with their emotions in a useful manner or vice versa (Linehan, 2015).

**Dialectical Behavioural Therapy Skills**

DBT skills are divided into two categories; change and acceptance. Both sets of skills involve mindfulness. The skills are then broken down further into four categories; mindfulness, distress tolerance, emotional regulation and interpersonal skills. Skills within full DBT are commonly learned and practised within a group setting however, if this is not practical or the client unable, they can be taught in individual sessions. Group sessions have a suggested format and schedule which is flexible depending on the needs of the group. The group sessions follow the same set of assumptions from Table 3.

Mindfulness skills focus on learning to be present, observe, describe and participate in the current moment without judging or attempting to change it. Mindfulness is critical to DBT as the additional skills use knowledge of the current moment to be better able to choose a behaviour which will lead to a life worth living. Mindfulness is often taught using breathing techniques which allow for everyone to be calm and bring attention to a process which is automatic and therefore, frequently unnoticed. Noticing is then expanded and built upon so the individual is able to participate in any given moment resulting in choices (Rathus & Miller, 2015).

Distress tolerance skills are taught to help manage painful emotions and situations which cannot be changed. These skills relate to coaching a client that painful experiences are unchangeable but temporary, the pain will pass. The skills are designed to coach coping with the temporary pain with a view to avoiding

engaging in problematic behaviour which will interfere with long-term goals. These skills are also known as crisis survival skills and are not for long-term outcomes but managing in the present. Distress tolerance heavily relies on someone being aware of the pain in the moment to then understand why they may be having an urge to engage in problematic behaviour. Distress tolerance also teaches radical acceptance. Radical acceptance is a concept of accepting the current moment fully no matter what one is thinking or feeling, a part of which is understanding the body's reactions such as a fight or flight response (Rathus & Miller, 2015).

Emotional regulation is a change-focused skill set designed to support understanding emotions to provide a basis for change. Understanding emotions includes being able to recognise body sensations, name emotions and how emotions are linked to behaviour through urges. The emotional regulation skills are based on problem solving what is causing the painful emotion, fact checking that the emotion and reaction corresponded to the situation and preparing for the next experience of that emotion or situation causing it. A further emphasis of the emotional regulation skills is understanding what makes someone more emotionally vulnerable such as being tired or hungry. Further emotional regulation supports a client to begin building positive experiences into everyday life to help with the painful ones. This is also a part of understanding the world in a dialectic manner – the bad and the good will occur (Rathus & Miller, 2015).

The interpersonal skills are focused behaviours to maintain healthy relationships and improve them. The interpersonal skills focus on teaching clients methods of communication resulting in the clients achieving their goals but in a manner designed to maintain self-respect (Rathus & Miller, 2015).

**Dialectical Behavioural Therapy Use with adults**

DBT has been researched extensively throughout development using randomised control trials which showed that DBT was effective for clients with Borderline Personality Disorder (BPD). Since then, there have been numerous studies aiming to replicate the positive effects with a range of populations. The following section examines the research related to the use of DBT with other populations, including adults with aggression, trauma symptomology and forensic

clients with intellectual disabilities. This section examines the research findings of various applications of DBT in its different modalities. The purpose of this section is to evidence the positive impact DBT has had with clients presenting with various conditions. It also aims to understand its effectiveness and how it may be beneficial for youth with suicidal self-injury, difficulties with behaviour in school, oppositional defiant disorder as well as for furthering skills training with college students with a range of psychological challenges. This research is examined to understand how DBT skills may translate to the population of youth in care.

One study looked at the use of DBT as a treatment for angry and aggressive behaviour. Frazier and Vela (2014) examined 21 pieces of literature from inpatient, outpatient and forensic settings using a range of forms of DBT with adults and adolescents. The robustness of the study varied but the trend overall showed DBT had a positive impact on the reduction of anger and aggressive behaviours. However, the research under review was found to mostly involve female participants who met the criteria for BPD which limits the research's generalisability.

Sweezy (2011) examined the use of combining DBT with family systems therapy to address trauma. DBT was utilised as a first stage of the intervention for the clients to learn to tolerate and regulate their emotional state and behaviour prior to trauma focused intervention. The author found that DBT was a useful tool to use prior to treating trauma symptoms.

Wagner, Rizvi, and Harned (2007) utilised cases studies to examine how DBT assumptions and skills could be used as a framework to guide a range of interventions to support two clients with complex trauma history. Wagner et al. (2007) noted that for these clients the DBT assumption framework had a positive effect. Generalisability from this research is an issue due to the low number of participants. However, both Harned et al. (2010) and Sweezy (2011) support the use of DBT with other interventions.

One New Zealand based study explored a DBT skills training group with forensic clients with intellectual disabilities living in a secure unit. Although it only had six participants, the results showed a promising outcome. The study revealed that the skills group improved overall functioning and decreased overall risk of

offending behaviour (Sakdalan, Shaw, & Collier, 2010). Thabrew et al. (2018) discusses the use of DBT as being promising in New Zealand however, it is currently limited and the variability in delivery is concerning, which has resulted in a lack of research.

**Dialectical Behavioural Therapy Use with adolescents**

DBT was not originally designed to be used with adolescents but soon after its development, researchers began to investigate the effectiveness of DBT with younger clients. One such study investigated the use of full DBT in a long-term inpatient unit for youth aged 12 to 17 years who required psychiatric care. The research looked at 106 young people in treatment and compared the results to 104 youth from previous years as a control group. The investigation showed that those who completed the DBT group had statistically significant improvement in global functioning. In addition, there was a noted decrease in the number of non-suicidal self-injurious behaviour incidents when compared to the control group. The study was not a randomised control study due to the control group being a historical group of clients which resulted in a higher level of possible other variables accounting for the change. The results nevertheless, demonstrate significantly positive outcomes for a critical population (McDonell et al., 2010).

Furthermore, Cook and Gorraiz (2016) conducted a meta-analysis of the current research on the effectiveness of DBT with adolescents who present with non-suicidal self-injury and depression. The search revealed 12 studies. All reported on pre and post results for depression whereas only six reported on those for non-suicidal self-injury. Overall, there was a decrease in non-suicidal self-injury and an improvement in depressive symptoms. Despite this, as Cook and Gorraiz (2016) emphasise that these results should be taken as preliminary due to the inconsistencies in the research and limited number of studies thus far.

A disciplinary alternative education programme (DAEP) is a part of the schooling system in The United States of America designed to manage the behaviour of students who have been removed from mainstream schooling due to behaviour concerns. Ricard, Lerma and Heard (2013) implemented an optional DBT based skills group into the DAEP. DBT had been identified as an empirically

supported intervention for supporting adolescents and others displaying emotionally dysregulated behaviours such as those which had caused the removal from school. As the DAEP had time restrictions and limited access to funding, a skills group was designed in conjunction with the University of Texas–Brownsville. The developers chose to focus the groups on the core DBT skills; distress tolerance, emotional regulation, interpersonal effectiveness and mindfulness. Due to the behaviours which precipitated referral of the students to the DAEP, an emphasis was placed on the group allowing space for learning and practising the skills within the sessions.

Ricard, Lerma, and Heard (2013) used the Youth Outcome Questionnaire 30.2 (YOQ 30.2) (Burlingame et al., 1996) as the pre- and post-measure with 125 students and their parents to evaluate the effectiveness of the DBT based skills group. The group was designed as a twice a week, one-hour lesson for four weeks; a shorter period than traditional DBT due to practicality for the DAEP setting. Students who started at the DAEP at the same time but did not attend the group were used as a control group to compare outcomes. The results supported the hypothesis of the researchers; a reduction in reported global behavioural distress according to the scores on the YOQ 30.2 when compared to those in the control group. Of note was the decrease in scores by both parents and students between the two groups for the domains of conduct and aggression. Moreover, the parents of the treatment group noted reduction across all domains. However, Ricard et al. (2013) used a convenience sample of students who volunteered for the skills group which limits the generalisability of the study (Ricard et al., 2013).

Nelson-Gray et al. (2006) ran a modified DBT skills group for adolescents with Oppositional Defiant Disorder (ODD); 16 two-hour sessions covering the core four skills. The results showed a significant reduction in caregiver reports of ODD symptoms with an overall decrease in negative behaviours and an increase in positive behaviours as seen on the child behaviour checklist. Furthermore, of note was a significant reduction in internalising behaviours on the Youth Self Report scale. Additionally, the qualitative data supported that there was noted positive change after the group for the young people. However, Nelson-Gray et al. (2006) only had a sample of 32 participants.

Another study investigated the use of a DBT-based skills group for students at college who had serious psychological concerns, for example suicidality, drug use and self-harm. However, Muhomba, Chugani, Uliaszek, and Kannan (2017) focused only on the skills for distress tolerance and mindfulness. The amount of sessions varied depending on the length of the study period but ranged between seven to 12 weeks each. 42 students completed the groups, however only 22 students completed the measures pre- and post-group. Of the 22 students in the study, the results demonstrated a statistically significant decrease in maladaptive coping strategies and increases in emotional regulation and adaptive coping strategies (Muhomba et al., 2017).

To summarise, Dialectical Behavioural Therapy was designed to support clients with extreme emotional dysregulation to live a life worth living. The development of the therapy involved large scale randomised control groups and the results determined that DBT was effective in supporting positive changes in the participants' lives. Since its development, DBT has continued to be researched with a range of populations although the ongoing research has used mixed methodology and mostly a small population sample. The results however continue to show that DBT has a positive impact on participants, importantly also seen when only the skills are taught. However, no research, to the best of the author's ability, had specifically looked at the use of DBT with youth in care. But there are significant behavioural similarities between those who DBT was designed to support and those shown by youth in care. As previously mentioned, behaviour is understood to be an expression of emotional dysregulation or an attempt to regulate emotions (Rathus & Miller, 2015). Thus, the similarities in behaviour help recognise the connection in the trauma histories between those with BPD (Zanarini et al., 1997) and youth in care.

**The Current Project**

The background to the current project is a search for an alternative and innovative way to work with clients within New Zealand, specifically youth in care who pose a challenge to the welfare, education, health and youth justice systems. This population is similar to students in the research previously mentioned by Ricard et al. (2013) from the United States of America who were referred to a DAEP after a breakdown in mainstream schooling. The breakdown was due to unmanageable

behaviour often characterised as emotional, impulsive, deemed “at risk” of anti-social behaviour and aggressive which is common behaviour seen in youth in care in New Zealand.

The current project was designed and based on the work by Ricard et al. (2013). The Author contacted Ricard for permission to trial the DBT skills group with a New Zealand population of youth in care. Permission was granted, and session outlines were provided to the author.

The current project had two aims: first, it was designed to give an in-depth overview of the significant changes which occurred when a DBT based skills group was introduced to a population of New Zealand youth in care, initially placed in a community group home for male youth and then attending a schooling unit for the same youth. The second aim was to evaluate the programme; whether it could be adopted to the New Zealand context, if it was accepted by the youth, and whether it worked in a similar way to the one reported to have worked in the United States. A series of case studies was prepared to provide understanding of this project. The case studies comprise the referral reason, a brief history, pre- and post-measures of the YOQ30.2 with the participant and a family or staff member working with the youth, in-group observations of the student’s participation and interaction in group activities and post-group interviews with the student and staff member working with the youth on a day-to-day basis.

**Ethical Considerations**

This project was reviewed and approved by the Massey University Human Ethics Committee Southern B, Application 16/46.

Due to the vulnerability of the population involved in this research, it was vital to understand and assess the ethical concerns involved with researching this group. The first consideration was who can provide consent for the young person to participate? The parent remains the legal guardian for most of these young people, thus it was deemed the parent would provide consent. However, where there was no parental input, the State had been granted legal guardianship responsibilities for the child, so the young person’s social worker was asked to give consent.

A further consideration was whether there were certain young people too impacted by their experience or disability to participate. The Massey University Human Ethics Committee felt this needed to be understood on a case by case basis. In addition, it was considered that excluding someone on the grounds that they have a disability could be deemed discriminatory.

The final consideration was the Koha or Thank You each participant would receive in the form of a shopping mall voucher. A Koha in the New Zealand context is considered normal as a “thank you” when someone has given time or knowledge, so it would be essential with this research as both are required. It was made clear to the participants that the voucher was not a Koha for participating in the group as part of the timetable, but for the extra requirements of participating in the research.

# Chapter Four: Method

The current project was designed to give an understanding of what occurs when youth in care experience a DBT based skills group: how they participate (active engagement in session) and engagement with certain skills (learning them and reflecting on their learning of the skills) and what their thoughts are about the programme. In addition, whether the adults in their lives notice any change in their behaviour in relation to the skills they have been practising, and whether this change was equivalent to what was observed in the YOQ-30.2 results reported by the original researchers. This chapter details the setting, participants and recruitment, the facilitator, the instrumentation, procedure and data analysis.

## Setting

Due to external circumstances, this research was conducted across two settings. The overall population however did not change as both locations provided for youth in care living in Auckland, New Zealand and both services worked together with shared clients.

The first setting was a therapeutic community group home based in Auckland, New Zealand. The group home could accommodate up to six male youths at one time but frequently had two to three. The age of the clients was 12 to 16 years referred from anywhere in New Zealand. The young men were either in care due to care and protection or youth justice concerns. They were referred to the house with complex and challenging behaviours which had often led to previous placement breakdown and other interventions failing to produce any behavioural change. They all had extensive trauma history, and their past behaviour in placements reflected their inability to regulate emotions. The house was staffed at all times by a minimum of two trained staff members. All staff were trained on an ongoing basis in trauma, attachment and a behaviour modification programme which was designed and overseen by two clinical psychologists who are also DBT trained. The training allowed for staff to understand complex presentations and make informed choices when presented with the challenging behaviours. However, due to changes in the terms of the Government agency's contract under which it was operating, this group home is no longer operating.

The DBT skills group was conducted weekly over eight weeks in the afternoon after the youths had returned from their day programmes and shared food. The group was held in a room where the young men felt comfortable and able to participate. It was supported by the staff on shift and the facilitator.

The second location was an educational setting for youth in care (11 to 17 years) in Auckland, New Zealand. The School offers a specialised classroom for youth in care who required a short-term placement for education. The students were referred to the classroom after having challenges with mainstream education either due to behaviour or placement issues. The clients from the above-mentioned community home would access the classroom as required. The classroom is taught by two registered teachers who focus on understanding the young person's education levels, strategies to help them learn and providing reports for future schools. Therefore, the focus is primarily on literacy, numeracy and providing positive outdoor learning experiences, frequently in a Māori context. The classroom operated at normal school times. The common length of stay for students is about 10 weeks before transitioning to another school. The classroom can accommodate up to six students at any time, but frequently only two to three are attending at any one time. The classroom also provided a location for the onsite psychologists to do assessments as required to further support the students by providing recommendations.

The DBT skills group was integrated into the standard classroom timetable. The group was scheduled to run once a week. The skills group was held in the break room where the students may sit on beanbags to support a different group feeling to the normal classroom setting and was supported by the staff on site who are normally community based, and the facilitator.

At both the group home and the school, the group was open to all young people on site that day. All students therefore, could begin anytime as the skills were considered substantially standalone while allowing the young people to gain practise while there. In addition, the group size would vary but would not go over the recommended six participants in any session (Rathus & Miller, 2015).

Each group averaged two to three youth but only three students overall were granted consent for the research and completed the five required sessions. However, more youth participated in each group as it was compulsory across both settings.

**Participants and Recruitment**

The participants were New Zealand youth aged 11 to 16 years accessing either service in parts of 2017 and 2018. For youth to access the services in the research they had to be currently in the care of the State. Within the New Zealand context there are two main avenues into care – Care and Protection and Youth Justice issues. Care and Protection refers to those children and young people who are in care as their homes are deemed unsafe either due to someone else being a danger to them or because they are deemed to be too much of a risk to be at home. Youth Justice issues lead to children being in care as their offending behaviour has reached a threshold requiring the police to make a referral to the State to put supports in place. Each pathway can result in youth being placed in alternative homes and/or schools.

The participants' backgrounds varied dramatically, however, children in care have a higher than normal level of complex and developmental trauma and all participants had met the criteria to be in the care of the State at the point of referral. Based on their files, the students had on average a score of seven or more on the ACE test, which is considered to be a very high score (Felitti et al., 1998).

Participants were a convenience sample as anyone in the settings at the time when the groups were running was invited to participate. Five participants granted the required consent to take part in the research aspect of the group but two did not complete the sessions; one due to placement breakdown and the other did not return to the classroom. This then resulted in three participants only completing the research, which was disappointing and significantly fewer than was originally anticipated and planned.

The researcher contacted the participants legal guardian for consent. Once consent was given, group process was explained to participants and the researcher supported the young people to read the participant information sheet before signing,

the participant and someone with whom they were living completed the pre-survey. Upon completion of the group, the post-survey and the semi-structured interviews took place, the participants then received a shopping mall voucher at the end of the interview for having taken part in the research.

## Facilitator

The lead facilitator of the sessions was the researcher for this project. The facilitator, a Māori female, was supported throughout and supervised by clinical staff. The facilitator was a Master of Science student who had worked with young people in care and had previous experience facilitating training groups. Throughout the time facilitating, clinical supervision was being utilised. The facilitator was supported by a range of staff who all had experience working with young people and exposure to the DBT skills. All the staff involved in the groups were working with the participants in some way, so they were known to the students. After each session the format and participation were discussed. Based on feedback and experience, the groups were slowly developed and adapted to better meet the participants requirements. For example, the original group had sessions with work sheets which were too complicated for these young people, so adaptations were made for the activity involved to include movement and a group-based discussion.

## Instrumentation

### Observations

Observations were conducted by the facilitator who was a participant observer, however did not interact with the participants as a researcher during the sessions but only as a facilitator. Observational comments were also made by supporting staff members who had been in the group. The aim of the observation in this research was to understand how each student interacted with the activities teaching the skills. The goal from gaining that understanding was for future programmes to have insight into how youth in care might respond to the given tasks. Behavioural observations in programme evaluation has been recommended in conjunction with interviews to help give context to what had happened without needing to ask for details from the participant (Albright, Howard-Pitney, Roberts, & Zicarelli, 1998). The use of observation also allowed for the research to take place in a natural environment which allowed for greater understanding of the behaviour

(Vito, Tewksbury, & Kunselman, 2014). Notes from the observations were written after each session for each group participant.

For this project, the researcher was also the facilitator and was therefore, interacting with the participants. This type of observation is vulnerable to two common disadvantages, observer effect and observer bias (Fraenkel, Wallen, & Hyun, 2012). To mitigate observer effect, the facilitator spent time with the young people outside of the facilitator role which ideally would minimise the change of behaviour during the groups being observed. Furthermore, by the researcher spending time with participants outside of the research, observer bias may decrease due to the researcher having a better understanding of the behaviour and interactions of the participants. In addition, the observations were specifically focused on participant behaviour to reduce bias in the observations.

**Semi-Structured Interviews**

Semi-structured interviewing is a technique involving the researcher having a standard set of basic questions for each participant in an attempt to provide some consistency of the data being gathered, while maintaining additional flexibility to follow the preferred focus and priorities of the interviewee (Fraenkel et al., 2012). It allows for further exploration of comments and supports the participant to further detail what is important to them.

Semi-structured interviews allow for the unique experience of the participant to be explored, thus providing an understanding of their individual priorities. They were utilised with this population as it allows for a more casual conversation which may help ease any anxiety by allowing the interview to be more personalised. Furthermore, the purpose of the current project is to understand the young person's perspective of what was useful or not for them which led to the semi-structured interview method to explore that perspective (Albright et al., 1998). The questions for this project were open-ended questions such as "What is a memorable moment for you?" (see appendix one). The interviews were conducted with the participants and an adult living with the young person once the group had concluded. They were voice recorded to support the use of quotes from the students to present the

research results. The youth were given the option not to answer any question they did not wish to.

### Youth Outcome Questionnaire-30.2

The Youth Outcome Questionnaire 30.2 (YOQ 30.2) (Burlingame et al., 1996) was chosen as a measure to compare results to the original research and because it is sensitive to change over a short period of time (Burlingame et al., 1996). In addition, the YOQ 30.2 is a standardised measure for youth receiving mental health and juvenile offending services to assess change and is a 30-item instrument designed to be a self-report by youth which utilises a five-point Likert scale (range 0-4). It is a shortened and combined version of its predecessors which allows for the youth and parent/caretaker to complete the same form.

The YOQ 30.2 provides a total score reflecting global distress experienced and is ideal to track change in functioning over time. The total score holds the highest reliability and validity. The YOQ 30.2 measure has six subscales; social isolation, somatic, conduct problems, hyperactivity/distractibility, aggression and depression/anxiety. The internal consistency reliability is reported as 0.92 for total score for the parent and self-report. YOQ 30.2 was normed using a community and clinical based population for both parent and self-reports but the normative data is based in the United States of America. There is no normative data for the New Zealand population. However, the participants for this research align with the clinical outpatient normative data for the YOQ 30.2 (Burlingame et al., 1996; Ricard et al., 2013).

### Case Studies

Case studies are employed for this research to provide an in-depth analysis of who the participants are and what happened when they experienced the DBT-based skills group. Case study method allows for these points to be explored using several sources of data supporting a broader picture. In addition Albright et al. (1998) suggested that case studies are ideal for programme evaluation. The principal advantage being that case study research allows for examining in rich detail using multiple sources of data to study a subset of population in a precise context. A further key benefit is cases provide an ideal research technique for programme

evaluation when the programme is unique, the population complex and the understanding in-depth will assist future programme design. A limitation with using case studies is that they create difficulties with generalisability of the results however, this may be offset by using several case studies and comparing the results (Albright et al., 1998). Furthermore, Stiles (2009) describes using case studies as an avenue for helping practitioners to better understand how they may use theories to be effective in supporting clients.

The data for this project consisted of information held on file, observations by the facilitators/researcher through each session, semi-structured interviews with the participant and someone they live with daily and pre- and post-YOQ 30.2. Background information was gathered from files selected on the basis of their utility in detailing the youth's life experience prior to the group, and any information about specific behaviours. The aim of this information is to describe the young person in the context of their life experience since a DBT assumption is behaviour is often increased and maintained by an invalidating environment (Rathus & Miller, 2015). It was therefore deemed critical to understand the context of the young person's life.

**Procedure**

The session outlines secured from the original researchers (Ricard et al., 2013) were reviewed and amended for the New Zealand culture. For example, one session used a metaphor for hurricanes when New Zealand does not experience this particular weather phenomenon and it would therefore not be as familiar to our group participants. These changes were supervised by a DBT trained clinical psychologist with extensive experience in New Zealand. After making the amendments, permission was obtained from the Director of the community home to implement the group as a part of the programme and to conduct the research onsite. Following permission to use the location the researcher applied to the Massey University Human Ethics Committee.

Consent was granted in 2017 for the community home and later approval for a change of location to the school in 2018. The researcher then first approached the legal guardians of each youth living at the house at the time, with a view to avoiding any disappointment for the student if consent was not granted. Once consent was

granted for each individual participant, the researcher spoke to each young person about the project, then explained and read the research information pack. At the time of consent, the young person completed the pre-YOQ 30.2 in conjunction with a staff member on site at the home. A family member or someone working with the young person daily was approached for each school participant.

The youth then completed the group during which the background information was compiled. Group observations were written for each participant after each session. Materials used varied in each session depending on the activities, but mostly consisted of paper and pens for writing and drawing and a few toys. Sessions ran for approximately an hour each however, when necessary a session would vary in length depending on the needs of the young people. The facilitator attempted to ensure each session was run in accordance with the session plan and using previously taught skills with the youths when struggling during a session, for example using a breathing exercise to help re-focus on a task.

Following the completion of the sessions the young people were then interviewed and completed the post-group YOQ 30.2. Interviews were presented in a casual conversation manner and youths were given the option of having a support person with them. Interview length was 10-15 minutes and voice recorded. Interviews with staff and the post-group YOQ 30.2 were completed within two weeks to allow for possible skill change after the final session.

Data was stored on a locked computer once collected and paper copies stored in a set of locked drawers. Names of the young people and places were changed. All data was then compiled into case studies and presented below.

In conclusion, this chapter detailed the setting, participants and recruitment, the facilitator, the instrumentation, procedure and data analysis. The study was intended to give insight into what occurred when youth in the New Zealand care system experienced a DBT based skills group.

## Chapter Five: Results – Case Studies Series

This chapter provides context relating to each young person commencing with referral reason and includes a brief history. Then the individual group sessions are introduced followed by observations of each student in that session. The chapter closes with the student and adult reflections concerning the group including the post-group YOQ 30.2 results.

The initial aim of this study was to have 6 - 12 participants. This was unsuccessful due to the following reasons: participants and their guardians consenting but participants not completing the group due to either placement breakdown or not returning to the school, social workers who were guardians not responding to either phone calls or emails for consent, or the young person not beginning at the location at the correct time to begin the group and therefore not completing the five sessions required.

### Student Referral Reason and History

*Participant 1 - Ash*, was living at the community home in 2017. Ash was a 14-year old Pakeha (European) male referred to the house at the end of 2016 after a series of placement breakdowns due to aggressive and violent behaviour. He was from a small New Zealand town where there were limited placements. Due to his behaviour, he had exhausted all local options and so was moved to Auckland. A contributing factor to the move was a lack of local schools willing to accept Ash. When Ash arrived, he was being supported by an itinerant teacher and was struggling to complete any school work at home. Ash had not attended any formal school setting for several years.

Ash had been placed into care at the age of 12 due to escalating violent behaviour towards everyone across settings, including violence against family members, professionals, other children at school and support staff in placements. Ash had police involvement due to several charges of assault on family and professionals.

The behaviour was predominant when boundaries were put in place and required police intervention on several occasions. Ash's mother noted his

challenging behaviour would escalate quickly and at times he would take hours to return to a calm state. He often spoke about being angry for hours and not knowing why he was upset when he was calm afterwards. In addition, Ash reported that he would often not remember his actions while escalated.

There were no reports of any form of trauma or neglect in Ash's early life. However, Ash's mother reported he had been a challenging baby whom she had struggled to calm from a very young age. There was parental disagreement concerning the management of Ash's behaviour which resulted in his parents separating when he was of a young age. It was at that time that Ash was first involved with mental health services due to violent and aggressive behaviours, beginning at home and school. After the separation of his parents, Ash had little contact with his father and became increasingly protective of his mother, which was frequently the cause of his escalation. Over the following years, mental health services diagnosed him with Conduct Disorder, Generalised Anxiety Disorder and Reactive Attachment, with Autism Spectrum Disorder also being investigated. Ash had had a range of different agencies involved, however all had discontinued their services due to safety concerns.

*Participant 2 - Tane*, was a 13-year old Māori male. Tane was referred to the community home at the beginning of 2017 due to extremely violent outbursts in all previous placements. Tane was also from a small New Zealand town where he had exhausted all placement options. Before being referred to the community home, Tane had been recently placed into the care of the State after disclosing his living conditions to a trusted adult which resulted in his removal and that of his siblings. Tane had reported they had been living with extreme family violence towards everyone in his family for his whole life and further disclosed this was a normal pattern of behaviour throughout most of his extended family.

Tane's first placement was with Whānau however this did not last. Tane's longest placement had been for about one month since entering care. Placement breakdown was consistently due to unmanageable and unpredictable violent behaviour. Tane was violent towards people and damaged property for extended periods of time, often requiring police intervention. He had been successful at school, enjoying being there and staying back after school prior to going into care.

While at the community home Tane was attending a mainstream high school. He was, however, struggling academically and with peers relationships largely because of the perceived threat from social interactions with peers. Tane would also find night time an issue as he was frightened of the dark. Tane was diagnosed with Post-Traumatic Stress Disorder.

*Participant 3 -p Eri*, was an 11-year old Māori male. Eri was born outside of New Zealand returning at an early age, it was at this time when his family first noticed his behaviour being challenging to manage. Eri's very early life is reported to have involved family violence and neglect. Eri was placed into the care of the State from the age of five after being referred to Child Mental Health Services for extreme violent behaviour towards a younger family member. This extended to become an ongoing pattern of behaviour for Eri towards all family and community members. Eri had been excluded (removed from the roll) from school and external agencies struggled to secure another school for him. Around the middle of primary school Eri was placed into a community group home placement for youth due to the level of violence he was displaying. Eri remained in placement for about a year before an attempt to transition him home was made. This attempt failed and Eri returned to the youth care setting. Throughout this time, Eri's violent behaviour continued and he was quick to escalate to violence in all settings.

Eri had attended a school full-time through the later years of primary school then a recent school change resulted in extreme non-compliant behaviour. Due to Eri's challenging behaviour there was a lack of understanding by the second school regarding his educational abilities which further escalated his behaviours. After several "stand downs" (asked not to attend school for several days) for unpredictable and dangerous behaviours, he was referred to the School's classroom partway through 2018 where Eri's aggressive behaviour continued and was noticed in class when boundaries were enforced. Eri participated in a few DBT group sessions during the term prior to data collection. While attending the School's classroom Eri continued to live in another youth community home. Eri had ongoing stable contact with family throughout his time in care. Eri was diagnosed with Conduct Disorder Early Onset, Foetal Alcohol Spectrum Disorder, Sensory Processing Disorder and Non Specified Learning Difficulties.

**Session-by-Session Overview and Student Interaction**

The following results section is an overview of each session, their purpose and an outline of specific activities. In-group observations are presented for each student per session. The aim of the observations was to be familiar with each student's interaction with the activities. Table 4 details the sessions and each sessions purpose

Table 4: Session-by-Session Name and Content Overview

| Session number and Title | Session Purpose |
|---|---|
| Session 1: I get what you're saying | DBT introduction, listening skills and validation |
| Session 2: Robots vs Human Emotions | Emotional regulation – identifying thoughts, emotions and behaviour |
| Session 3: Minding your own Business | Distress tolerance and Emotional regulation – using breath, naming emotions and learning about holding on to past events |
| Session 4: Ride the Wave: Try to Bother Me | Distress tolerance – learning behaviour has a cause and how to control urges<br>Interpersonal skills – discussing how we give instructions and feedback |
| Session 5: Sharpen your Skills | Interpersonal skills – discussing how we give and receive instructions and feedback |
| Session 6: DEARMAN | Interpersonal skills – using the DEARMAN skill set to ask for something from others |
| Session 7: IMPROVE the Moment and Act the Opposite | Distress tolerance – skills to cope with emotions |
| Session 8: Looking Forward | Looking forward and thinking about the future. |

**Session 1 – I get what you're saying**

Overview: Session 1 introduces the students to DBT and teaches listening and validation. The session begins with a broad simple breakdown of DBT and the purpose of the group being explained as assisting learning and practising personal skills to help live a more desired life. Following this, the session moves into two games which are designed to begin sharing and listening to others. The first game involves each group member having several coloured sweets and the number of sweets of each colour dictates which question number they are asked. The second game *Jenga* involves the students carefully removing a brick from a tower of bricks and placing it back on top of the tower. Once the brick is removed and then placed successfully on the tower, each student takes a question card and asks another member the question. The final activity is *I get what you're saying* introducing the students to the skill of validation. Validation is the skill of a person acknowledging that another person's feelings are valid. Validation is practised by role-playing initially to not listen to each other then followed by active listening using the skill validation. The students are asked to reflect on any differences in feelings between the negative and positive experiences; not being listened to and being listened to.

Ash was excited to begin the group, however appeared to be hesitant at first being asked to share some personal information. When the group moved onto *Jenga,* Ash was seen to be more focused on the game as he was answering the questions with little thought. He answered some challenging questions about issues he had not previously spoken on. For example, "If you could repeat any day in your life, which one would it be?" Ash answered the day he hit his mother. When he was introduced to validation, he stated this was not a skill he needed to know or practise. Ash spoke about not feeling comfortable with participating in the role play but when asked if he noticed others listening to him, he was able to recognise that it did make him feel better.

Tane did not engage well for the first round of answering the questions as he tried to avoid answering questions. However, he was very interested in playing *Jenga* and was attempting to hurry people to keep the game moving. Tane hurrying the game along also included him answering all questions without thought which was a change in behaviour from the first sharing game. Tane enjoyed the role play,

laughing at the first situation and then was observed to be using all active listening skills. Tane was able to voice that he had found validation helpful in the past and noted he was able to act differently when it was used with him.

Eri was resistant to begin the group until the first game involved sweets. He struggled to follow the instructions throughout the session. Eri intentionally deceived the group with how many sweets he had until he heard the question then appeared unable to let *Jenga* be played fairly by everyone. Eri was domineering, reading the question cards and then handing them to everyone. He engaged in the final activity. During the role plays it was observed that Eri would talk to staff and then stopped when it was clear they were not listening. When the facilitator reflected this to him he denied that not being listened to have an impact on his behaviour. Eri was able to speak and demonstrate active listening behaviour for the second role play. At the end of the session however when talking about hearing others and others knowing we hear them, he felt it was pointless.

Each of the students was hesitant to begin the group which is to be expected in a new group situation. The DBT assumptions and introduction includes an explanation that within the group there is no right or wrong answers and that everyone is still learning and needing to practise the skills, which is the aim of the group. This would have been heard but the implications possibly not fully understood. The first activity purposefully uses sweets as an incentive for the students to take a risk in engaging in new activities, the aim being that the young people would experience safety within the group after they had shared. It appears that this was successful as the engagement for the second activity was better. In addition, a part of the improved engagement would have been due to the distraction from answering questions created by doing and playing the *Jenga* game. Finally, each of the youth were uncertain about the role plays for *I get what you're saying* when first explained. However, the youth who attempted the role plays enjoyed and found them funny once they started.

A noted learning which resulted in change for the future first sessions was to begin teaching the young people active listening after the first activity. The purpose was to encourage the students to begin practising sooner and support a positive environment for the following tasks. An added advantage was the amount of

teaching before the role plays reduced which resulted in more practise and less instructions given each time.

A further change was to display in the group Kaupapa (rules), the timeline for each session and an explanation of session and skills to be taught. The wall display also supports the students to be reminded which skills have been taught. This change was noted when students were unsure about the week before.

**Session 2 – Robots vs Human Emotions**

Overview: The purpose of Session 2 is for students to begin thinking about identifying events, emotions, thoughts and behaviours, how they are experienced and their potential impact on each other. Session 2 begins with the participants drawing a robot during which they are asked to discuss how robots are different from humans. The conversation arrives at, guided or not, the key point that robots have been programmed and built by humans for a task. The facilitator then guides the students to understand that robots do not have free-will, thoughts or emotions but that humans are more complicated. Once the group has shared their robots, they move to an activity to support the students exploring examples of the differences between emotions, thoughts, events and behaviour. The original group design was for this to be written on a work sheet as an individual task but due to the wide variation in our students' comprehension, this was later altered to be carried out in pairs or as a group. Each pair is given a set of examples of thoughts, emotions, behaviour and events. The task is for the youth to place each example under one of the headings around the room. In accordance with DBT principles, there is no right or wrong answer rather than most examples are discussed as group.

This activity is followed by *Flow of Experience* which asks the students to identify an event which happened to them recently. The group then draws a poster with the four columns labelled Event, Thought, Feeling and Behaviour. The facilitator uses a personal example section-by-section to support the students understanding what each means. The students are encouraged to apply their own event and write about it under the appropriate heading. They are then prompted to think about how thoughts or feelings may have impacted on their behaviour and challenged with the concept of radical acceptance about their thoughts and

emotions. Radical acceptance is the concept which teaches that someone should not try to change anything about the present moment.

Ash began Session 2 with disruptive behaviours, throwing objects and talking over everyone else. However, other group members expressed their frustration with his behaviour and Ash was able to re-focus and stop. Ash was very focused while drawing his robot. Ash struggled with the abstract idea of comparing robots to humans, expressing that he did not understand. After some conversations Ash came to some understanding that only humans have thoughts, emotions and behaviours. Ash continued to struggle with the task requiring him to identify the difference between sample statements on the original worksheet. In addition, his behaviours continued to be disruptive to the group. Ash did not comprehend the *Flow of Experience* concept and was unable to voice what he thought or felt before a behaviour. He used an example of getting angry when he dropped and broke his phone but could not describe more about the event than the anger. Ash chose a radically accepting statement referring to being unable to change the past, therefore not fighting it now.

Tane began Session 2 with sharing his experience of practising the validation skill through the week. He did not describe it changing or improving the interaction but appeared proud to say he had tried it. Tane appeared to enjoy drawing and sharing his robot and was able to engage in the conversation about the differences. Tane also struggled to understand the examples of thoughts, emotions, behaviour and events on the worksheet. Tane expressed that he assumed thoughts, emotions and behaviour were all the same to him. Tane also struggled with understanding the *Flow of Experience* which became clear when he could not break down an example but would not ask for help.

Eri did not want to draw the robot but chose to begin midway into the discussion. He was excited and quick to answer the questions about technology. This engagement continued into the next conversation relating to the meanings of thoughts, emotions, behaviour and events. Due to another student participating in this group and there disrupting behaviour, the session flow was interrupted and Eri became reluctant to re-engage. The facilitator then took advantage of the opportunity to explain the use of negotiation with the student and it was agreed he

finish one more activity. The final task was placing the statements in the correct category (the revised activity). Eri worked with the facilitator for this; he was talkative and open to discussing despite disagreement on some statements. Once Eri had re-engaged, the facilitator asked if he could give personal examples of each. Eri responded by shrugging or repeating an example already provided. Eri did not complete the final activity.

A common theme for Session 2 was that the students had never learned or considered the difference between a thought, emotion, behaviour and event. Two of the students struggled to complete the beginning of the *Flow of Experience* activity which required understanding each of these and how the individual experiences them. Each of the students then had difficulty relating this experience to themselves.

Due to the lack of understanding of the metaphor *Flow of Experience,* the task was altered in two ways. As previously mentioned, the first change occurred after the first group but before the second group with Eri. The first change was the removal of the worksheet to explore the categories Event, Thought, Emotion and Behaviour; these categories were made more visual and written on cards placed around the room, then each small group given examples to put on each heading. This reduced the abstract nature of the task which appeared to work well with increased engagement and conversation with Eri, compared to the previous session with Ash and Tane. The second change was to discuss each category rather than it being written down which was made to acknowledge the variation in reading and writing abilities within this population. The task itself was not removed due to the need for understanding these categories vital to the success of the overall group even though it was a struggle for the participants.

**Session 3 – Minding your own Business**

Overview: The purpose of Session 3 is to increase emotional vocabulary and introduce *Minding your own Business* (Mindfulness). Session 3 begins with the students playing emotional bingo using bingo cards with facial emotional stickers and words. Following bingo, the students play emotional charades with the bingo cards. These two games are to normalise emotions and explore what a novel emotion word might mean or an example of when a student has felt a certain emotion.

The next task is teaching the students *Minding your own Business*. The task begins with students discussing the frequently used phrase as they use it, which is to stop someone getting involved in something they should not. The facilitator then explains the concept of Mindfulness to the group. The students are then guided through a body scan breathing exercise. A body scan is a breathing exercise which involves thinking about each body part to check how it feels. The purpose of the body scan is to introduce the members to noticing their body. During the explanation of *Minding your own Business* the students are explained the concept of flight or fight and how the body interacts with emotions. The final task is an introduction to understanding that sometimes people hold onto emotions which can change behaviour and the first part of being able to choose behaviour is *Minding your own Business*.

*Weight on my Shoulders* was the final task for Session 3. The metaphor *Weight on my Shoulders* introduces the group to the idea that emotions can have an impact on how the world is viewed. The tasks require the group to pick up a beanbag and hold it in front of their faces while thinking about a time they held onto a negative emotion and then name the beanbag the emotion. Each member is then asked if they notice the weight of the beanbag is overwhelming or intruding on their view of the world. The group then discusses how emotions can change how the world is viewed. The students then put the beanbags down to symbolise not holding on to emotions and how our world vision changes when we do this.

Ash played bingo, during which he asked about a new emotion of which he had never heard, “antagonistic” which led the group to discuss what it was. The group moved onto charades, Ash chose to act out the emotion of love. He acted out hugging someone and explained this is how he felt mostly with his family. Following acting out the emotion Ash was introduced to *Minding your own Business*. He was observed to struggle to sit still at first but calming down as the experience progressed. After the breathing exercise, Ash spoke about it being extremely calming and that he had never stopped and thought about his feelings. As a part of the group conversation, Ash was asked if he could think about a time this would have been useful. Ash identified a time he felt down but did not understand that that was how he was feeling. Ash talked about if he had known that was a feeling, he

could have asked for help at the time. He expressed a lack of understanding the *Weight on my Shoulders* exercise.

Tane began Session 3 with high engagement, playing bingo with questions about emotions then, when another group member acted out the feeling of love, Tane mentioned not really knowing that emotion at home. Tane was able to talk about times he had felt loved, but it looked different to how the other person role played it. The group then was able to discuss how love and emotions may look different to different people. Tane was then introduced to *Minding your own Business*. Tane frequently had rapid breath and when he lay back to begin the exercise it was easily seen that his breath was shallow and rapid. After the exercise Tane expressed feeling calmer and that he wanted to stay there and go to sleep since he was so relaxed. It was noted that during the exercise that Tane's breath slowed down. The group then moved to discussing times when *Minding your own Business* would be useful. Tane was able to identify a time when he felt hurt and frustrated but did not understand and acted in a way he later regretted. He explained that if he had known how he felt in the moment he could have asked for help and acted differently. Tane participated well in the *Weight on my Shoulders* exercise. Tane discussed with the group that he remembered at times he would hold onto feelings from the past which would change how he behaved later.

Eri was enthusiastic playing bingo and explained the game to the others. During the beginning of the breathing exercise Eri was playing a game by himself and would not try the exercise. In the middle of the exercise he went to touch another student who was participating. The facilitator guided Eri that he was able to choose if he participated but not to disturb others. Eri then chose to try the exercise. It was noticeable that Eri had stopped moving around where he was seated while taking the deep breaths. After the exercise was completed the group discussed how it was. Eri said it did nothing for him. The facilitator challenged him with identifying that the amount of movement had decreased which may indicate to others that one was feeling calm. Eri denied this claim. Due to time on the day, Eri did not complete *Weight on my Shoulders*.

Each of the students enjoyed bingo and acting out the emotions. All reported finding the task relaxing and valuable for beginning to learn what they were feeling in

the moment. Ash and Tane reported that they knew of times it would have been useful and there would have been different outcomes if they had known in the moment how they had been feeling. Ash particularly spoke about never having stopped to think about how he was feeling or what benefit it might have been.

The bingo and charades tasks were very useful as they created a situation in which the students felt able to talk openly about emotions and ask questions. Ash and Tane both reported the use of *Minding your own Business* as vital learning. It is possible the students find this the most useful as becoming aware of their own body sensations and the related emotions meant they had a better understanding of what was happening for them. *Weight on my Shoulders* was found to be less useful for the students. A theme for most students was a struggle with the use of a metaphor and this may be why the concept was not as useful. Due to time restrictions Eri did not experience this concept however, he still gained from the session. Furthermore, *Weight on my Shoulders* is a challenge to put into practise and to further discuss. Thus, the ability to practise has an impact on the students' engagement and understanding.

**Session 4 – Ride the Wave: Try to Bother Me**

Overview: The purpose of Session 4 is to introduce the students to the first of the distress tolerance skills and to begin practising. The fourth session begins with practising *Minding your own Business*. The session then moves to the students drawing what they understand a rip in the ocean to be whilst discussing the idea. The metaphor of *Ride the Wave* is explored with the students. The discussion is focused in such a manner that in some situations it is important/useful to refrain from acting but remain calm and breathe through the situation as would be advised if in a rip, if we can survive the rip and the emotions in the same manner. However, if we fight the rip or the emotions it can overwhelm us which may result in ineffective behaviour. In addition, the students are introduced to the concept in which emotions and thoughts cause action urges which in turn result in behaviour and when, in acknowledging the action urge, the power to choose the behaviour eventuates.

*Try to Bother Me* is the final activity which is designed for the students to practise *Ride the Wave*. The objective of *Try to Bother Me* is for the student to lie

down using strategies to *Ride the Wave* and therefore, not laugh at what the rest of the group are doing, the group is trying to make the student laugh. Prior to beginning, the group explores how this activity links to distress tolerance by discussing what the emotion is that might make someone laugh and what the physical feeling of laughing might be. For example, the corners of the mouth tightening or moving while laughing is the undesired behaviour or the behaviour we do not want to choose for whatever reason. Everyone takes a turn at trying *Ride the Wave*. During the first round the student has free choice as to what might work and after each person the group hears which strategies were used. During further rounds the facilitator offers on the spot coaching to use their breathing or distraction skills to support the student to try using another method and understand the effectiveness of a strategy like breath.

Session 4 began with Ash reporting to the group that he had practised *Minding your own Business*. He described having conflict with another young man in the home when he used his breath to remain calm in the situation. Ash again expressed a calming effect from the breathing exercise following the conversation. The next activity was a struggle for Ash because he did not understand the metaphor regarding the rip and emotions. Ash continued with the group and was introduced to *Ride the Wave*. Ash found the task challenging and was beginning to become frustrated with the young person's laugh. After a break, Ash was able to re-focus on his breath and with some on the spot coaching was able to remain without laughing for longer. Ash acknowledged that what he would have liked to do was to leave the situation which was his common approach to coping. In addition, he spoke about the past when he was not able to stop himself acting on his emotional response so this experience was new to him.

Tane began Session 4 talking about his using *Minding your own Business* during the week when in conflict with another young person. Tane engaged well in the breathing exercise although afterwards he struggled to re-join the group as he was feeling tired. Tane understood the metaphor of the rip and emotions very well discussing how rips drag us down and emotions can become overwhelming. When participating in *Try to Bother Me*, Tane did very well. He was able to withhold laughing for a good length of time then longer on another round while being

coached. It was clear from Tane's facial expressions that he was close to laughing at times but was able to control the urge by taking a deep breath. Tane expressed being proud of the ability to *Ride the Wave* and resist the urge to laugh.

Eri briefly engaged in the *Minding your own Business* practise. He did participate actively in discussing what a rip was and how emotion and the resulting action urge led to behaviour. He was able to talk through the concept of action urge with respect to the other student but not himself. Eri explained to the other student that he gets frustrated and then goes to smoke a cigarette. However, when the other student explained what Eri did when he became frustrated, Eri disagreed with his peer's account. Eri was not able to identify an urge he had experienced. After watching a staff member practise *Try to Bother Me*, Eri was very enthusiastic to try it. Eri did very well withholding his laugh while the group tried hard to make him laugh. Afterwards Eri spoke about using his breath and ignoring the situation to help him withhold the laugh. Once everyone had had a turn, Eri requested to be challenged again. The second round was made harder with the new instruction that he was not to smile. Again, Eri was able to withhold the urge to smile and with coaching to notice when his mouth began to move and thus able to withhold smiling for longer. During the second round it was noticeable that Eri would use his breath to calm his face to stop a smile and when the corners of his mouth began to move, he would take an obvious deep breath.

The metaphor *Ride the Wave* was understood by some and not others. A challenge for Ash was understanding the metaphor which is possibly prevalent challenge with this population, so this led to a change in the way the task was explained to the group. The change involved finding a method to make the explanation of *Ride the Wave* more tangible and conversational which resulted in the concept being linked to the previous conversation in Session 2 relating to the Event, Thought, Emotion and Behaviour activity. The change allowed the students extra time to consider each category again with the added element concerning the action urge. A part of this change was describing the physical feeling of laughing and linking the feeling of the face moving as the first noticeable aspect of the action urge of laughing. The conversation then asks the students to think about other times they have noticed their body wanting to do something, for example clenching fists when

angry. These changes appeared to support Eri to understand the purpose of *Try to Bother Me*. Each of the young people actively engaged in *Try to Bother Me* and very much enjoyed it wanting to practise more. The young people were all able to be coached during the activity to *Ride the Wave* longer.

A further change was asking questions after each participant about the strategy each group member used to help them *Ride the Wave.* This conversation allowed for the young person to think through the skills immediately after using it. In addition, it supported the young people to hear each other's strategies. This is particularly useful when another person talks about trying something different if they have the chance to practise more than once in the session. The task also provides a platform for a competition which encourages the students to practise more and listen to the feedback of what worked for each member. As Eri noted, he wanted more of a challenge and wanted a second round to *Ride the Wave* for longer.

*Try to Bother Me* has a high level of engagement which is probably due to the activity being hilarious.

**Session 5 – Sharpen your Skills**

Overview: The purpose of Session 5 is to introduce and practise each of the skills of giving and receiving instructions followed by Assertiveness skills. It begins with a review of *Minding your own Business* and a practise round. The nature of the Mindfulness exercise was chosen depending on the students either opting for a body scan or external observing. The following activity is a game called *Sharpen your Skills*. The game involves forming pairs and sitting back to back, each member of the pair has the same set of cards, one member then uses cards with different shapes on them to form a pattern on the ground in front of them, out of the view of the other member. The partner making the pattern then instructs their partner how to form the pattern in front of them. Each student has a turn at both then discusses their experience of giving and receiving the instructions. The activity is then followed by discussion about the task and how the students found it.

The next activity is focused on teaching and then practising the skill of Assertiveness. The students are asked to think about their interactions during the week and the effect it has had on their week using a form called the *supportive*

*interactions questionnaire.* The group then discusses the impact that relationships around them have on their lives; negative or positive interactions affecting behaviour. Subsequently, the students are asked to think about an item they would like from someone in the coming week. They are then introduced to an "I" statement and asked to apply it to what they would like. Once it is formulated the group practises saying it whilst discussing why it might be more effective.

Ash struggled to begin Session 5 as he had had a difficult day. Session 5 began with the staff member recapping for the group Ash's achievement using *Ride the Wave* during the week. That is, Ash had become very angry about school work, expressed wanting to harm someone but was able to acknowledge that in the moment without acting on it, instead using his breath to remain calm. Ash spoke about feeling proud for this change in his behaviour. The group celebrated the outcome with a round of applause and congratulating him on the success and the more effective long-term outcome. After the discussion Ash still was unable to participate and chose to leave the session.

Tane began Session 5 reflecting to the group on how he had felt the previous night when he had noticed he was getting angry at not gaining an expected reward. Tane talked about his acknowledging this feeling, took a breath and then chose not to act on the feeling, choosing to just continue with the night's plans instead. The group took a moment to celebrate the positive outcome resulting from his decision. Tane completed the *supportive interactions questionnaire* however, the conversation after was challenging due to the focus moving to Tane not having interacted with the groups of the people mentioned in the questionnaire. Tane was paired with a staff member for the *Sharpen your Skills* game. He was following instructions from the staff member and being observed. It was noted that when Tane was half way through making the patterns he then assumed he knew what the next instructions would be, so he laid the cards down early. Tane did not follow any further instructions. After it finished, Tane saw and became frustrated that his pattern was wrong. The facilitator reflected this observation and asked if Tane agreed. Tane thought about it, then the group had a conversation about making assumptions being a pattern in Tane's communication with people and what that might mean when he is talking to others. Tane was able to recognise that it is probable he was getting either

the instructions wrong or angry at people over assumptions he would make before the person had finished speaking. Tane then moved on to the "I" statement exercise. He identified he needed to ask for something from someone that week. Tane and the group talked about using the new statement. He felt that the "I" statement would help him communicate what he needed and that the conversation would be positive for both.

Eri did not want to begin the group, instead asking to play *Try to Bother Me* again. Eri did follow instructions after being told no and began the activity *Minding your own Business*. Due to an unsettled dynamic between group members, the students were guided through an external observation activity. Unlike the previous session when Eri struggled to participate, he appeared to participate well as he was observed sitting still with closed eyes. Eri also participated in the questions asked about what he was observing around him. He was very engaged with the *Sharpen your Skills* activity and paired with the facilitator. Eri gave short instructions. In addition, it was noticed Eri did need some prompting towards the end and his instructions became even shorter. When he was following the instructions, he struggled at times to understand some of them for example, "in between two other cards." In the conversation following he was able to provide some feedback to the facilitator disclosing that he did struggle to understand some instructions.

A massive change to Session 5 related to the use of the *supportive interactions' questionnaire.* That is, for Tane, it was noticed that the worksheet had a different meaning to these young people as it listed some common groups of people who most would talk to daily, for example family and friends. However, it is not guaranteed with this population that they will interact regularly with these groups and therefore, the questionnaire was removed from the session altogether. In its place, the students are encouraged to think about how people are always in relationships with others and often needing an object from someone else. This conversation was used to introduce the "I" statements.

A key theme for Session 5 was that the youth had positive experiences of the communication game. However, it was noted from the session with Tane that after each attempt at *Sharpen your skills,* it evoked a natural conversation about what worked and what did not. This determined a change for the following groups. This

conversation was framed to the participants as a time to provide feedback about what helped and what did not. It was a useful introduction for the clients being assertive which was the following task. The connection between the two tasks allowed for the facilitator to note that the participants were able to be assertive but did not know that was a positive skill.

**Session 6 – DEARMAN**

Overview: The purpose of Session 6 is to introduce the students to different methods of asking for something they would like. Session 6 begins with role plays introducing the students to both passive and aggressive communication in a light-hearted manner. The students are familiarised with the idea of strategies being effective or ineffective. After the roles plays, the communication technique in the form of the acronym *DEARMAN* is presented. *DEARMAN* denotes the necessary skills relating to what and how to ask for something in an effective manner. To assist in remembering the acronym, a pun on the word *DEARMAN* is presented to the students in the form of being tasked with drawing their own version of a deer-man, then writing the acronym down the side of the paper. The extended word to each letter in *DEARMAN* is then written out and taught and the skill is practised in relation to what the group member has identified they would like from someone. *DEARMAN* standing for Describe the situation, Express your feelings, Assert yourself, Reward the other person for helping, Mindfulness a reminder to be remain on task, Appear confident and Negotiate. The students were asked to fill in a worksheet for each section based on something they wanted from someone that week. The final skill negotiation is then practised with a role play at with each member while each is coached to ensure all the skills are included in the role play.

Ash engaged well in the drawing activity but however, was confused about how a deer-man could help him. Ash did not fully understand the role plays at first but with coaching was able to develop a sentence for asking his mother for something. Ash found the *DEARMAN* worksheet very hard to understand and was unable to write a sentence using it. Ash was hesitant to practise with the group but after some encouragement was able to. Ash played the negotiation game with another group member. After using the skill, Ash struggled to think of a time it would be useful. He disclosed that at home he felt he had always been given everything he

wanted. The facilitator challenged him on his communication effectiveness away from home. Ash admitted that maybe this had been an issue for him since being in care. Finally, Ash was able to discuss that this way of asking would also improve the relationship after the conversation.

Tane enjoyed his drawing of a deer-man, laughing at it. He was able to notice the skills in the role play. Tane also struggled with the *DEARMAN* worksheet. Tane identified a request he wanted to make to the management of the house and felt that using *DEARMAN* would increase his chances of a positive response. Tane interacted well in the negotiation practise and negotiated well with another group member. Tane felt that he had not used negotiation before but understood it would be useful.

Eri began Session 6 with high energy. Eri chose to be the person in the role play from whom the staff member was asking for an item, beginning with acting in an aggressive manner and then a passive manner. Eri was able to discuss his frustration and anger with the aggressive way of being asked for the item and expressed that he felt he wanted to hit the staff member for asking in this way. Eri then was able to discuss that the passive manner left him confused and unsure about what the staff member wanted but did not want to hit her after the passive approach. Eri slowly drew the deer-man but importantly he remembered some of the words and their meanings from the previous time completing Session 6. Eri explained what he remembered to the group. For example, he was able to describe the E for Express. Eri did not want to participate in practising the negotiation skill. Therefore, the facilitator and other staff member role played while Eri controlled the role play by starting and stopping as he wanted. Eri stopped the role play while providing feedback and corrections for example, Eri identified that the facilitator was not detailed enough in the description of what was expected. The facilitator asked for him to rephrase what she had said. Eri did so changing the wording from “borrow” to “use.” Eri further asked for a timeframe to be used to ensure the other person really knew what was being asked of them.

Each of the students although hesitant, participated in drawing their version of a deer-man. The students did find it confusing and odd, however, this was purposely to help the students remember the acronym. The role plays were useful for the

students to see the difference in different forms of communication. This however was additional to the original group design based on the suggestion of how DEARMAN is presented in the classic DBT manual (Rathus & Miller, 2015). These role plays were very engaging for the young people. For Eri's group, the DEARMAN worksheet had been removed due to the challenges with it but Eri appeared to still understand the concept without it.

A further change to Session 6 was allowing the participants to control the role plays for Negotiation. This allowed for questions and answers in the present rather than waiting for the end of a role play to talk about issues. It also allowed for the corrections to be practised instantly.

**Session 7 – IMPROVE the Moment and Act the Opposite**

Overview: The purpose of Session 7 is to introduce the students to more approaches which might help them tolerate distressing moments. The session begins with a discussion of the acronym *IMPROVE the Moment* which stands for Imagery, Meaning, Prayer, Relaxation, One thing in the moment, Vacation and Encouragement. Each of these describes strategies which might be used to help survive a moment which cannot be changed. As it is probable the students are already using some form of the skills, each word is discussed with examples. The facilitators also attempt to draw attention to times the student might use it and how to build on the skill to use in more challenging situations. As a part of the *IMPROVE the Moment*, the students are given the opportunity to reflect on the *Ride the Wave* skill.

Furthermore, the students are asked to think or find an object for each physical sense which they find calming or helpful; the facilitator gave the examples of listening to music to calm down or a soft ball to squeeze when stressed. Each group member then shares what they use with the group.

*Act the Opposite* is the final task. *Act the Opposite* proposes the theory that it is signals from the brain which make action urges occur but that it also works in reverse. That is, if the body changes its current position it can change how the brain interprets the situation. The example given is that when some people get angry their fists clench and therefore, if in that moment the person opens their fist, the brain will

read the signals differently which then change the feelings. The group utilises role playing to explore how each person may react to a feeling and then how they can *Act the Opposite*. A facilitator begins with their own experience and something they use to *Act the Opposite*. Stop, Go and Question cards are held by the students to allow for questions and discussion at the group's discretion.

Session 7 began with Ash explaining that he had had a difficult conversation with his mother that week using some of the skills. Ash felt this conversation was very positive, explaining both he and his mother ended the conversation feeling very good. *IMPROVE the Moment* was engaging for Ash who was able to identify that he had used all the skills at some point. Ash reported his favourites were Prayer, Relaxation and Meaning. Due to circumstances, the session did not cover the last topic, *Act the Opposite*. However, during *IMPROVE the Moment*, Ash spoke about using the Relaxation skill in the same manner as *Act the Opposite* and demonstrated relaxing his hands to the group.

Tane appeared to enjoy talking through all the *IMPROVE the Moment* strategies. He identified he felt that Imagining, Vacation and Encouragement were most useful for him. Tane also recapped *Ride the Wave* and felt that this was working well for him. Tane also did not complete *Act the Opposite* due to timing on the day.

Eri read out each word's meaning of IMPROVE. At times he participated in the conversation but otherwise listened to the two staff members talking about their own personal experiences. As the facilitator talked about using Meaning in their life, Eri reflected for the first time that he too experienced times of being overwhelmed by his emotions. Eri then identified that he uses Vacation mostly when at home by taking himself to his room. Eri also talked about liking how the Relaxation had felt when it was practised in the sessions and although he was already using breath to help at times, he felt it would be worth trying to use more. After *IMPROVE the Moment,* the group talked about how they each use different items for each sense. The facilitator had brought in some roll-on oil as an example. Eri asked to smell it, asked where it was from as he felt it would be very useful then agreed it would be helpful to give his caregivers the information on where to buy it. Eri's group completed the *Act the Opposite* activity. Eri engaged well with the role plays,

stopping the staff and asking questions. One staff member demonstrated when stressed she holds her head tight and paces around. Eri stopped the staff member and asked how that was helpful? After the whole group tried it and then used *Act the Opposite*, Eri decided it was not useful.

Each of the youth actively engaged in discussing *IMPROVE the Moment*. The young people all had examples of the skills they were using at times which was probably validating for the students. The use of an open conversation allowed for the students to personally identify with what they use and would like to try since DBT skills are used by the facilitators and real-life examples are used as a demonstration of the skills. These examples became critical in the group session with Eri as it allowed him to participate without the pressure of thinking of each skill himself.

*Act the Opposite* was changed to include a stop and go feature to support the students to ask questions as they arise, rather than waiting and maybe forgetting to ask later. This task appeared to be very useful and have importance for Eri who actively engaged by stopping the group and asking questions.

Although Ash's group did not complete the *Act the Opposite* task, during *IMPROVE the Moment* he spoke about using the skill *Act the Opposite* when he explained he had recently opened his fists when angry. Ash using the skill would suggest that it would be useful to ensure the skill is taught.

**Session 8 – Looking Forward**

Overview: The purpose of Session 8 is reflecting on the group and looking forward to the person the group member might like to emulate. The session begins with the members taking a moment to think about a hero. The students then think about the qualities that hero has and what it is they admire in them. Once each group member has shared what they admire, the group is challenged to identify what quality they share with the hero and then share it. Then follows the *activity Sound Track of Life*. The group is instructed to think of three songs which represent their life as it has been and three songs for the future. After each member has a chance to share, the group is guided through a visualisation of the last seven sessions to reflect on what they have learned. The members are then encouraged to share how they feel as a closing round. Once everyone who wants to share has done so, the

facilitator closes with letters for each member based on reflections for that member and a quality that person has taught the facilitators.

Ash began the final session explaining that over the week he had changed his behaviour earlier in the week by using the *IMPROVE the moment* skill by finding meaning in a situation. Ash talked about being given some unwelcome news which in the past would have been a situation in which he would escalate, but this time he was able to see the learning in the moment. Ash said being able to see the learning meant he was able to change his behaviour and he was proud of it. When Ash chose a person he admired, it was a family member. Talking this through, Ash acknowledged feeling proud to think about characteristics he shares with them but sad he is not able to live with them. Ash also chose his songs based around his feelings for his family. The group finished with the youth reflecting on their journey. Ash spoke about taking away the *Ride the Wave* skill and his new ability to take a breath and choose his behaviour.

Tane chose a family member for his person whom he admired and expressed feeling proud to share some similarities with them. Tane's music selection was based on missing his siblings and a song about hoping they were safe and well. Tane reflected on his learnings from the group in the closing round. He felt the biggest learning for him was what a difference it made to his ability to choose his behaviour when he was able to acknowledge his feelings in the moment.

Due to the term having ended, Eri did not complete Session 8.

The key theme for session 8 was to reflect on how the skills they were taught would serve them well going forward, as well as promoting positive feelings towards their families.

Session 8 was intended to give space to reflect on the previous sessions with then looking forward into the future; no new DBT skills being taught. The groups were not changed from the original design due to the students expressing what they had learned and engaged well.

**Student Reflections**

Each student was interviewed by the researcher at the end of the sessions to ask their thoughts, reflections and learnings from the group. Each student was asked seven standard questions as minor follow-up clarifying questions to better understand context or examples. Table's 5, 6 and 7 highlight the reflections of Ash, Tane and Eri.

Table 5: Questions and answers from Ash

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| Question 1: How did you find being a part of the group? | Ash felt it was overall a "good" experience talking about "learning different ways to manage and cope" with challenging situations. |
| Question 2: What stood out to you the most? | Ash said, "*Ride the Wave*… it worked… I tried it the day after, it felt good to try." Ash went on to talk about the first time he tried it, "first time it was hard, now can control my anger. Now naturally do it." |
| Question 3: What was your least favourite thing? | Ash explained that he felt the worst thing was having other staff in the room as it meant "…I changed what I said…" |
| Question 4: What was your most favourite? | Ash answered, "*Jenga* game" as it "made you feel like opening up." Ash went on to talk about feeling "more comfortable after that due to feeling safe." Ash then spoke about enjoying "the *Ride the Wave* coz it worked for me." Ash also discussed emotional charades because it was "fun and good to learn about emotions." Finally *Minding your own Business* was Ash's other favourite activity as the "breathing helped for me to recognise my emotions." |
| Question 5: What do | Ash felt that other young people would learn "coping |

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| you think others might get out of the group? | when in a bad mood" and "breathing." |
| Question 6: Is there anything you would do differently now if you got angry/upset? | Ash described that when he used to get dropped levels on the points system where he lived he "used to get real angry and violent, thoughts about hurting people. Now face facts and move on." Ash also felt that he was better able to see what others thought and to look to the future to be able to choose how to act, "learning to see others side… want to go home and harming people won't get me there, think about the future." |
| Question 7: Is there anything you would do differently when talking to other people? | Ash said he would do it again |

Summary: Overall Ash reported a positive experience in the group. Ash has noted the session which he felt able to practise the skills in the group. Further, having the chance to practise in quick succession outside of the group had the greatest impact on him. The other activity which remained with Ash was the breathing and the effect that had on a range of aspects in his life.

Table 6: Questions and answers from Tane

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| Question 1: How did you find being a part of the group? | Tane spoke about a positive overall experience, described learning to be able to "take a breath and think through my feelings" which Tane felt allowed him to then make informed choices about his behaviour. Tane mentioned that being able to take this time meant he was in a better position to think through the |

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| | consequences of his actions. He felt that the group "changed my behaviour reactions, been better…feeling different to how I used to react." Tane talked about doing extensive property damage when he was angry; "get angry then react in the wrong way." After the group he felt that he had a choice about his actions. |
| Question 2: What stood out to you the most? | Tane felt that the standout moment was being supported through a tough time in real life by the group, "helping through tough times living life as it comes." Tane also described that another standout moment was noticing the change in the other group members behaviour "… a lot of progress. Behaviour is better, knows what to do and what not." |
| Question 3: What was your least favourite thing? | Tane felt that the hardest was "hearing tough stories… brings back memories for me. Got through it by thinking about the future. A change for me often would think about the past, now look into the future." Tane felt that although this experience and his thoughts were hard he felt he had learnt to *Ride the Wave* which helped him to cope with the "past thoughts" and *DEARMAN* helped as it was a new way to communicate helping him to "move forward." |
| Question 4: What was your most favourite? | Tane felt his favourite aspect of being in the group was learning that "there were people there to help." And that he had other group members learning alongside him. Another favourite part for Tane was "learning to change reactions and ways in life… feels like a new me." Tane reported that he "enjoyed and had fun" overall |
| Question 5: What do | Tane felt that other young people might get a "better |

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| you think others might get out of the group? | attitude" without expanding any further. Tane also suggested others might "slow life down and take life easy." |
| Question 6: Is there anything you would do differently now if you got angry/upset? | Tane felt he would act differently around peers in the house and in public. Also, that he would validate others. |
| Question 7: Is there anything you would do differently when talking to other people? | Tane felt it was it was useful having staff in the group, "we there as one." |

Summary: Tane speaks mostly about a sense of support and safety in the group. Tane speaks about being deeply impacted by the stories and support by his peers and the adults in the group to get through the negative aspect of the group. Tane also spoke about the skills he was learning supporting him to carry on learning new skills when he felt distressed in the sessions.

Table 7: Questions and answers from Eri

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| Question 1: How did you find being a part of the group? | Eri felt that overall the group was "useful" and "would use it in real life." Eri went on to talk about getting angry now and then remembering what he had learned in DBT, which helped him to calm down: "super angry and then remember what DBT is all about and then calm." |
| Question 2: What stood out to you the most? | Eri felt that I get *What you're Saying* stood out. Eri described that the activity "tells you how you are feeling |

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| | and expresses yourself, gives understanding to self and others." Eri went on to talk about the overall standout thing was the group helped him to take control over his emotions and helped him to not feel they were overwhelming, "don't let your emotions get the best of you, take control of your emotion and use it for something else." |
| Question 3: What was your least favourite thing? | Eri felt that *Act the Opposite* was his least favourite. Eri was asked why and explained it was useful but did not have enough examples or practise to put it to use, "it was quite confusing how we do something every day when we get frustrated and we have to try and *Act the Opposite* and we have no idea how to do it." |
| Question 4: What was your most favourite? | Eri felt that *Ride the Wave* was his favourite activity because "you can't laugh whatsoever, that's an emotion that you use every single day" and explained "it teaches you how to stay in control of yourself and not letting your emotions get the best of you." |
| Question 5: What type of thing do think the group taught you? | Eri did not answer this question as he was wanting to move onto the next task for the day. |
| Question 6: What do you think others might get out of the group? | Eri talked about the other young people learning a lesson and that they "probably pass it on to the next kid they meet." When asked if Eri thought this is something that should be taught at the community home he currently lived in, he said "yes, yes, can you teach them anger management?" It was suggested *that Ride the Wave* might be a skill to help as the issue is that "they don't know how to control it (anger)." |

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| Question 7: Is there anything you would do differently now if you got angry/upset? | Eri felt he would not act differently. |
| Question 8: Is there anything you would do differently when talking to other people? | Eri enjoyed it overall. |

Summary: Eri took away most from the session which he was able to directly link to his daily life. Eri talked about finding both *Ride the Wave* and *Act the Opposite* good and bad due to being able see how these related to himself daily.

**Parent/ Caregiver Reflections**

The staff interviews were focused on identifying any changes in the student's behaviour and exploring whether there had been any changes to their reaction to deep emotions. The prompting questions which were unstructured were focused on eliciting examples of behaviour change.

The staff at the community home felt the change they had seen from Ash was that he was better able to manage disappointment. They described the disappointment being most noticeable when he was dropped levels on the privileges system at the daily behaviours review during the points summary each night. The staff noted that Ash used to "get very angry and would disagree with everything" that the staff would say when he became frustrated which would turn into anger leading to arguments.

Tane was noticed to be able to cope with distress and improve his communication skills. Previously when Tane was disappointed or angry, he appeared to become lost in the emotion and damage property. There was a noticeable decrease in property damage towards the end of the group, and prior to family issues. Furthermore, there was noticeable improvement in his ability to communicate. Tane began to talk about how he was feeling prior to becoming

overwhelmed by the emotion. Tane also was able to reflect on his behaviour which was noticed particularly when the daily behaviours were reviewed during the points summary each night.

The staff working with Eri noticed several changes in Eri over the time he was completing the group at school. Particularly they observed a new focus on the future from Eri, that he had begun to talk about moving forward and which jobs he would like later in life. The staff described Eri as now being "optimistic." A further noted change was he began to "use his words to communicate how he was feeling," rather than becoming physically aggressive. Now too Eri is noticing other young people's behaviours and expressing that he used to do those things but now finds them frustrating rather than a useful expression of emotion. The staff acknowledged that it appears Eri had gained more insight into his emotions and behaviour. Finally, there had been a noticeable shift in Eri's understanding of the rules in place at the community home. Behaviourally this change in relation to the rules has meant he is following their instructions more and seems less interested in "bending the rules" to suit himself.

**Youth Outcome Questionnaire 30.2 Results**

The YOQ 30.2 was administered however the data was unusable due to several factors. Firstly, due to staff changes the measures were completed by different members of staff which minimised the ability to compare pre and post group results. Secondly, due flooding, the pre-group youth measure for two of the three participants were lost. Finally, Eri refused to complete pre or post group YOQ 30.2.

## Chapter Six: Discussion

The aims of the current project were to firstly evaluate users' experience of the programme as well as its impact on their behaviour. The goal was to better understand what occurs when youth in care experience a DBT-based skills group: how they participated in sessions, how they engaged and learned the skills and what their thoughts were overall about the programme. Secondly, this project intended to evaluate the programme, whether it could be modified for use in New Zealand, whether the materials were acceptable, how easy the programme was to run, if any problems could be identified, if the programme could be trailed more extensively in New Zealand and if some parts of the programme seemed more useful than others. Furthermore, the project wanted to investigate whether the adults in their lives noticed any changes in their behaviour.

A strong conclusion from this study, supported through in-group observations and the interviews was that the youth were given a space not only to learn but also to practise new skills. While in session, each of the students actively engaged in practising *Minding your own Business* and *Ride the wave* and then in interviews each of the youth reported the effectiveness of using these two skills in their daily lives. For the students to report using the skill and it being effective, it was necessary that each of the students learn the skill, understand it well enough to apply it to different situations and then have the insight to say it was effective at a later stage. Furthermore, the adults interviewed for each of the youth noticed the young people being better at choosing their behaviour. As previously discussed, the brain is heavily impacted by experiences of ongoing early life trauma, a sequalae of which is a struggle to be calm (experience of hypervigilance) and difficulties in learning (Frodl & O'Keane, 2013). Therefore, the change noticed in these students is significant.

A further area of interest was that each of the three young men had been struggling in school, probably for a range of reasons but were able to engage and learn within the skills group. A contributing factor to the difficulty in school may be a difficulty in learning new skills when taught in a traditional schooling environment or the method of teaching. The DBT skills group is extremely interactive and could be considered a didactic method of teaching. This method has several advantages.

One advantage as Perry (2009) noted according to a neurosequential model, is interventions for these young people must first begin with lower brain tasks – learning to use breath, then building to higher functions such as staying focused on a task in a social interaction. Another key advantage to practising according to Perry (2009) is that it will build the neural pathways which will make the information quicker to access. Interestingly, this was something which Ash reflected on in his interview, he had been practising and therefore it was becoming easier for him. Furthermore, the didactic method is well recognised in New Zealand as a method understood to work better with New Zealand Māori.

Session 1 begins with an introduction to DBT during which the young people were briefed on the overview of the DBT philosophy and assumptions. The overview emphasises three key aspects; a non-judgemental place of learning and practising, there is no absolute truth and no right or wrong answers while in the group. These form a basis for the group members to feel safe and enabled them to actively engage during each of the sessions. Following the introduction, the first session uses two games to help the students to begin the group. The first game is incentivised with sweets and the second is harder but uses distraction to support the student to feel able to engage. Ash commented in his interview that playing Jenga made him feel safe to talk and answer personal questions from then onwards. Ash's ongoing engagement could be attributed to his feeling safe in the group setting. Ash was the only student who spoke of it, but the behaviour of engagement showed each of the students felt a level of safety during the sessions. Each of the participants actively engaged in new tasks and showed a willingness to be vulnerable. The vulnerability was most notably demonstrated through the *Minding your own Business*. Each *Minding your own Business* practice requires the group members to close their eyes and relax, which they did. This was a new behaviour for these youth and quite possibly might have been a challenging experience.

A point of discussion from the original research, Ricard et al. (2013), was that they noted the students appeared to interact more with the sessions which used tools such as humour and role plays. However, Ricard et al. (2013) noted that this was difficult to comment on as they had not been used in in-group observations as a measure. The in-group observations would support the original researchers'

thoughts about the use of humour and role plays increasing participation. The sessions involving role plays, humour or practise such as *Ride the Wave, Minding your own Business* and *Sharpen your Skills* were all tasks with which the students interacted more and seem to have had the most impact as these sessions were spoken about in the interviews.

In contrast, the tasks which had written tasks in the original developer's sessions were challenging for these participants to understand, such as the *DEARMAN* worksheet and the *supportive interactions questionnaire*. At those times, there was a noticeable decrease in participation from all youth. Furthermore, although in the group Tane mentioned he found *DEARMAN* useful, it was not mentioned as a skill in the interviews by any of the participants. This may be due to the use of a worksheet in a session they found challenging as opposed to a practised skill. These observations led to the largest changes in this group compared to the original design, an increase in practise and a decrease in reading/ writing.

The key aims of this DBT skills group was to support the participants to learn and practise skills relating to mindfulness, distress tolerance, interpersonal skills and emotional regulation. Mindfulness within DBT is considered to be at the core of each of the skills due to needing to use mindfulness to be able to practise the remainder of the skills (Linehan, 2015).

Within this DBT skills group, mindfulness is renamed *Minding your own Business* and is the key skill taught for emotional regulation. Each of the participants practised the mindfulness skills several times throughout the sessions and after each practise the students were given space to explore how it was for them. Ash, immediately after his first practise in the group, spoke about never having stopped to think about how he was feeling. Both Ash and Tane expressed that it was calming and productive to stop and think about their emotions. Both too articulated in their interviews that learning to breathe and recognise their emotions had been effective for them in later otherwise difficult situations. Tane was able to describe that learning to understand his emotions had meant he was able to choose his behaviour leading to a reduction in his feelings of regret. Eri was less sure and in Session 3 he struggled, even disagreeing with the breathing helping him to sit still. However,

during the deep breathing when he was trying, Eri stopped fidgeting. In contrast to Eri's initial reaction during the session, in the interview he talked about using the skills to support stopping his emotions from overwhelming him. Knowing how to stop his emotions involves being able to recognise his emotions in the moment, the key use of mindfulness.

Two exercises were dedicated to distress tolerance skills throughout the group, of which one specifically made a deep impact on the participants: *Ride the Wave*. This is a standard DBT skill which in this group is taught and then practised with the activity *Try to Bother Me*. *Try to Bother Me* is an extremely funny session as the key is not to laugh. For Eri, it was those moments of practising which made the most impact on him. Eri in the interview, spoke profoundly about laughing being something he did every day with no thought but trying to stop demonstrated to him that he was able to control anything. Later, Eri's staff interview reflected that Eri had reduced his physical aggression. During the group with Ash, he spoke in session about using the skill *Ride the Wave* and from that moment he felt it was effective for him. Ash then reiterated this moment in his interview, talking about having the urge to hurt someone afterwards but then being able to not act on it. In addition, Ash mentioned he had continued to practise the skill and since then it had become easier for him. The ability to tolerate difficult moments for Ash was a change which the staff interviewed also noted. The staff spoke about Ash no longer reacting in anger to bad news. For Ash, learning to tolerate challenging moments led to improved emotional regulation.

Interpersonal skills are used throughout the group. Session 1 was focused on listening and validating others. Eri spoke about the activity *I get what you're Saying* as a vital piece of learning for him. Eri felt it was useful to have been taught skills to express himself and to do that, he needed to know them. The staff working with Eri also noted that he had begun to express himself through language, rather than physically. The interpersonal skills throughout played a vital role for Tane. Tane spoke in his interview that he felt he had learned others were there to support him, that others wanted to help. Session 5 was practising giving and receiving instructions; it was observed during the group that Tane had a pattern of communication which involved predicting what was going to be said but then his

interpretation being incorrect. Tane was observed to be able to understand and change that pattern in the next round.

The YOQ 30.2 results were unreliable therefore will be not be discussed

An unanticipated conclusion of the programme was that it was cost effective. The materials needed for the group were minimal and able to be made at home or purchased online. The staffing in both the current study and the original project were facilitated by non-clinical staff with supervision. The staff in the current study were all employed to be working with the clients and therefore no extra costs incurred to the organisations for the running of the groups. The current project provides further support that the DBT skills can be taught by non-clinical staff (McCay et al., 2017; McCay et al., 2015; Ricard et al., 2013) .

Understanding the Attachment, Biopsychology and Neurosequential theories which relate to human development and suggest how it is impacted by childhood adversity, it becomes clear that it is improbable for one standalone psychological intervention to heal the life-long difficulties which these young people have experienced. As described by Perry (2009) and Streeck-Fischer and van der Kolk (2000), what is needed to support these children to have a positive long-term outcome is a safe environment and systems which provide an understanding of the young people. A part of understanding these children is comprehending on an individual level how their childhood adversity drives their difficulties in behaviour and learning. A DBT based skills group does not provide a long-term safe environment which is needed for recovery and positive outcomes. However, the DBT skills group may provide an easier pathway to the long-term intervention. By reducing the young people's violent behaviours, the DBT skills group allows other people to not perceive the participants as threatening, hence facilitating more social interactions than previously, allowing greater access to help.

**Limitations**

A key limitation to this research is the sample size which greatly limits the ability to generalise the claims in the current study. Each of the participants maintained a stable placement throughout the course of the group sessions which then assisted the current three to complete the group. In contrast, several other

young people had consented or had consent granted for their participation but due to placement breakdown, the young people did not complete the group and therefore, could not be a part of the research. Placement breakdowns appear to be common place and heavily influence the interventions received.

Furthermore, the participants were a convenience sample who were able to maintain a placement for four to eight weeks to complete the group. Being able to complete the group may be an indicator that the youth were in a better space and ready to learn new ways of coping than others in the population may have been.

A persistent issue is staffing around these young people. Within the multiple placements, there is unstable staffing owing to staff turnover being high. This may be a confounding issue for young people who already struggle with relationships and placements. Two of the students as a part of this project, had different staff complete their pre- and post- YOQ 30.2 since the staff turnover at the community house setting was high.

Furthermore, a major obstacle surrounding these young people affecting the consent and participation for this project, were the consenting social workers either not having the time to discuss the research or in several cases, not replying to phone calls or emails. The young people themselves were willing to participate and participated in the groups while on site.

**Further research:**

Future research may consider researching a larger sample of youth in care. The long-term outcomes and costs to the system demand that more evidence-based interventions such as DBT are explored further in New Zealand. Furthermore, the current project did not complete follow-up research to investigate long term change which would have been useful and specifically whether there has been a long-term benefit from the group which helps these young people to be less transient and maintain placements.

**Conclusion**

A recurring theme within the literature revealed there is currently a lack of understanding concerning evidence-based interventions to help youth in New

Zealand who have experienced trauma and living in the care of the State (Barfield et al., 2012; Gluckman, 2018). Gluckman (2018) expressed a specific need for more research on interventions for youth who were at high risk and who were outside of the mainstream education system. Each of the youth completing this study were deemed youth at risk of further involvement in the youth justice system and for whom schooling was either a struggle or that they were already alienated from.

This study was able to show that these three young men who were in the care of the State were able to learn, generalise and then reflect on the DBT skills to the extent that change was noticed by themselves and those around them. While the DBT philosophy created a safe environment for this learning to happen, it also demonstrated that these young people need even more specialised interventions to those who might normally receive DBT or who participated in this skills group in the United States of America. This was most noticeable in the need to increase practise and decrease any written work. Finally, and of great importance, was that this project was extremely cost effective for the large benefits observed and reported, namely a reduction in behavioural reactivity, increased self-awareness, increased optimism and increased understanding of behaviour from all three youth. This study provides preliminary positive results for New Zealand youth in care experiencing a Dialectical Behavioural Therapy based skills group and the results demand further large-scale exploration.

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# Appendix

## Appendix One: Interview questions

For the youth:

- How did you find being a part of the group?
- What stood out to you the most?
- What was your least favourite thing?
- What was your most favourite?
- What type of thing do think the group taught you?
- What do you think others might get out of the group?
- Is there anything you would do differently now if you got angry/upset?
- Is there anything you would do differently when talking to other people?
- Do you have anything else you would like to say

For the staff working with the youth:

- Have you noticed any change in how ??? reacts to angry or being upset?
- Have you had conversations about the group and their experience of it?
- What was talked about?
- How was it for you as staff to support the young men to experience this group?
- What do you think some of the positives have been?
- What are have been some of the negatives?

**Project Information Sheet**

Korero rangatahi – Teen Talk

Project Information Sheet

February 2018

To potential participants and/ or Parents/Caregivers,

**Background information:**

My name is [Researcher Name]. I am currently doing my Masters research degree at Massey University and am (SERVICE NAME and job description). In my research I am looking at how a programme called *Korero rangatahi - Teen Talk* might help the students at Service name learn some new personal and social skills. The group programme was developed in America to be used in an alternative school setting and the group members reported having positive experiences.

The information for this study will be gathered through interviews and a survey of the students who complete the group, a family memeber and important people from their day to day living. The information will be written in a report so others can see if the group programme is useful or not.

[Location Manager] Service Assessment Hub Service Manager and supervised by Dr John Fitzgerald from Massey University.

I invite you to be a part of new research in New Zealand. However, you do not have to take part in this research, the choice is yours.

Any student who attends [SERVICE NAME] at the time of the group and participates in the group is invited to participate in this research. You are welcome to be in the group and not the study.

There is one exclusion criterita and that is you cannot take part if [Researcher Name] is your [job titile of researcher], however, you can still be in the group in class time. As there is a conflict of interest.

**What you need to know about taking part and your rights**

Taking part is up to you. You can take part in the group without the research.

You can ask to stop taking part at any point.

You will receive a Koha (thank you) for your time.

To participate, you have to be part of the group (one session each week for eight weeks)

You will be asked to fill in some questions before the group starts (this is 30 multi-choice questions, should take about 20 minutes), after each session (this is 5 questions, the same questions after each group), and then after the group ends (it is the same as before the group started). When these are added up, there is a total of 9 questionaries over the course of the research.

There will be an interview with [Researcher Name] when the all the sessions are done you may have someone else with you if you would like.

The risk in taking part is it may be awkward or uncomfortable during the interviews. An interview can be stopped by you at any point without needing to provide an explanation about why you want to stop.

No one will know who you are as your name will be changed in any documents I write about the project.

If you are ok with it, you will be asked about some of your life story, this is to give poeple an understanding of who has taken part in the group.

Please ask me any questions you have at any point.I If you feel like you cannot, please ask another staff member to ask me for you.

You must take part in at least five group sessions to be included in the research

You can withdraw from the study at any point up to a week after the interview

decline to answer any particular question;

receive a copy of the project summary report when it is available.

The interviews will be held after the group finishes. The interview may take up to an hour, but it is likely they will be shorter than this. There is also a survey to be filled out before the first group meeting and after the last group meeting which takes

about 10 to 20 minutes. Therefore, all participants will be given a *'thank you'* for your time which will be $40 Westfield voucher.

**Data Management**

The information gained from this research will be used to write a project report and an article which may be published in a journal for other researchers or professionals to read.

All the information which could identify you or [SERVICE NAME] will be changed so that no one will know who has taken part in the group, which means all names and personal details will be modified, including particulars of [SERVICE NAME]. Information will be sorted on a locked computer and USB storage. Once all original data has been used, which has names etc., it will be destroyed. If you would like a copy of the findings, full thesis, or article, please ask in person or via email.

If you have any questions about this research you can contact the researcher [Research Name on (research email address)] or the supervisor John Fitzgerald at j.m.fitzgerald1@massey.ac.nz (04 979 3620)

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 16/46. If you have any concerns about the conduct of this research, please contact Dr Rochelle Stewart-Withers, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83657, email humanethicsouthb@massey.ac.nz*

**Parent/ Caregiver consent form**

Korero rangatahi – Teen Talk

PARENT/CAREGIVER CONSENT FORM

I am the parent/caregiver of…… And I give consent for them to take part in this research.

I have read the Information Sheet (February 2018) and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to completing several surveys

I agree/do not agree to having some background information used from the referral information held at Service name

I wish/do not wish to receive a copy of the summary report when it is available. (If you want to receive a copy of the report please provide an email address where this can be sent …….)

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: Date:

Full Name - printed

**Participant consent form**

***Korero rangatahi – Teen Talk***

## PARTICIPANT CONSENT FORM

I have read the Information Sheet (February 2018) and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to completing several surveys

I agree/do not agree to having the interview voice recorded.

I agree/do not agree to having some of my words used as quotes in the final project report.

I agree/do not agree to having some background information used from my referral information

I wish/do not wish to receive a copy of the summary report when it is available. (If you want to receive a copy of the report please provide an email address where this can be sent …….)

I agree to participate in this study under the conditions set out in the Information Sheet.

**Signature:** ..... **Date:** .....

**Full Name - printed**

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