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Treatment Manual for Improving Self-Esteem, Body Image, and Interpersonal Effectiveness of Female Juvenile Offenders

Victoria Liao

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Treatment Manual for Improving Self-Esteem, Body Image, and Interpersonal Effectiveness of Female Juvenile Offenders

By

Victoria Liao, M.A.

Project submitted in partial satisfaction of the requirements for the degree of Doctor of Psychology

September 2015
Each person whose signature appears below certifies that this doctoral project in her opinion is adequate, in scope and quality, as a doctoral project for the degree of Doctor of Psychology.

_______________________________, Chairperson
Sylvia Herbozo, Professor of Counseling and Family Sciences

Holly Morrell, Professor of Psychology
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ABSTRACT

Treatment Manual for Improving Self-Esteem, Body Image, and Interpersonal Effective of Female Juvenile Offenders

by

Victoria Liao

Doctor of Psychology, Graduate Program in Psychology
Loma Linda University, September, 2015
Dr. Sylvia Herbozo, Chairperson

Few interventions have been established for female juvenile offenders, despite the unique psychological problems reported in this population. This is an important issue requiring greater attention, as there has been an increase in the total amount of incarcerated female youth. Additionally, the trajectory leading to delinquent behaviors and incarceration among females is distinct from that of males. Given the need for interventions targeting female juvenile offenders, a treatment manual was developed to improve self-esteem, body image, and interpersonal effectiveness in this population using principles of dialectical behavioral therapy.
CHAPTER ONE
OVERVIEW

Clinical Importance of Problem

Juvenile detention centers often house adolescents who have severe behavioral and mental health issues. Previous research has shown that males have traditionally been studied because they comprise a larger percentage of the total population in juvenile halls. However, with the increase of females in juvenile hall, there is a need to address treatment concerns of incarcerated adolescent females. The strong need for a treatment program for females can be evidenced by a report from the Office of Juvenile Justice and Delinquency Prevention, which found 24 promising treatment programs for male juvenile offenders, but only two for female juvenile offenders (Cauffman, 2008). This lack of treatment programs for females highlights an area that is under-researched and under-resourced. Since the nature of offenses is different for males and females, the treatment needs of each gender are also likely to be different. The following introduction will review the literature pertaining to treatment interventions for incarcerated female youth. Given the lack of effective treatment interventions for female juvenile offenders, a treatment manual was developed to address some of the common issues within this population.

Self-Esteem and Body Image

Self-esteem is a construct that warrants attention in the female juvenile offender population. Self-esteem is an attitude about the self and is related to personal beliefs
about skills, worthiness, abilities, social relationships, and future outcomes (Heatherton, 2003). Many female juvenile offenders report low self-esteem as well as a trauma history, which can negatively affect the development of self-esteem (Dembo, Schmeidler & Childs, 2007). While many studies note that incarcerated female youth self report low self-esteem, there is limited research that has specifically examined addressing this construct for treatment interventions (Mallicoat, 2007; Silver, 2005).

Body image refers to an internal representation of an individual’s outer appearance. This comprises perceptual, affective, cognitive, and behavioral components (Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999). The association between an individual’s view of his or her body and his or her eating behaviors and exercise patterns has been well documented (Thompson et al., 1999). Furthermore, dissatisfaction with body image is also related to unhealthy habits such as smoking and substance use (Levine & Piran, 2004). While female juvenile offenders have self-reported body image concerns, there is a limited body of research on studies examining body image treatment in female juvenile offenders.

When there is a disruption in the formation of an individual’s view about his or her body image such as verbal, physical or sexual abuse, there is likely an increased risk of viewing one’s body as undesirable (Higgins, 2011; Kostanski & Gullone, 1998). When a person’s view of his or her body is negative, s/he is also more likely to have poor self-esteem (Kostanski & Gullone, 1998). Subsequently, lower self-esteem tends to be associated with an increase in disordered eating behaviors such as dieting or overeating (Fabian & Thompson, 1989; Martin, Housley, McCoy, & Greenhouse, 1987; McCoy & Greenhouse, 1987; Schwartz & Brownell, 2004; Wood, Becker & Thompson, 1996). For
instance, in a longitudinal study, O’Dea and Abraham (2012) found that overweight adolescents had lower levels of self-esteem and engaged in more disordered eating behaviors such as restriction of food and compensatory behaviors. The research suggests that individuals with low self-esteem may use food as a coping mechanism for attempting to alleviate their negative emotions. However, efforts to cope using food are counterproductive given that eating more usually results in these individuals feeling even worse about themselves (Wammes, Breedveld, Kremers, & Brug, 2006).

**Perceptions within the Juvenile Justice System**

The need to understand the way that female deviancy is perceived by Probation staff and treatment providers is of importance because it will help differentiate between the treatment needs of male juvenile offenders and female juvenile offenders. Specifically, when police officers arrested female juvenile offenders, many of them report believing that the females’ delinquent behaviors were due to them being sexually deviant (Carbone-Lopez, 2010; Torstensson, 1990). Police officers also tend to make attributions that because females are engaging in delinquent behaviors, they are also sexually promiscuous (Hoyt & Scherer, 1998; Reese & Curtis, 1991). This belief is supported by females in the juvenile justice system who reported that more comments were made by Probation staff about the virtues of sexual abstinence and the need for purity among female offenders (Mallicoat, 2007; Reese & Curtis, 1991).

It is likely that the difference between the ways that females and males are viewed in juvenile correctional facilities can have an impact on the treatment they receive. Specifically, if police officers, Probation staff, and mental health professionals view
female juvenile offenders as sexually deviant, they may be unintentionally stigmatizing the females. Furthermore, this stigma may also lead females to not disclose sexual abuse and thus not receive treatment for the trauma (Cauffman, 2008). This is significant since it is likely that not receiving appropriate treatment can potentially lead female juvenile offenders to continue to commit the same offenses that led them to being incarcerated (Nilsson, Holmqvist, & Jonson, 2011).

The sexual double standard within the juvenile justice system is apparent as females tend to be arrested and prosecuted more for behaviors that involve sexually acting out, such as having unprotected sex or multiple partners (Hoyt & Scherer, 1998; Parker, Morton, Lingefelt, & Johnson, 2005). Even when they are not actually arrested, female juvenile offenders report that police officers will comment about their sexual promiscuity and a need to end those behaviors. Subsequently, females are often arrested more for status offenses than males (Hoyt & Scherer, 1998).

Status offenses occur when an actual crime is not committed, but the offender is arrested for the situation or “status” they are in such as “needing protection from oneself” or for incorrigibility, which includes a history of truancy from school, running away from home, and/or using substances. Female juvenile offenders also reported experiencing more negative evaluations from authority and parental figures about their sexuality and sexual behaviors as being taboo and wrong in comparison to male juvenile offenders. These feelings can often lead to incarcerated female youth not building rapport with mental health or other staff involved with treatment planning (Hoyt & Scherer, 1998).
Female Juvenile Offenders’ Process of Initial Arrest

Female juvenile offenders tend to be overlooked in the forensic setting, which may be due to higher rates of incarcerated males than females (Dembo, Schmeidler, & Childs, 2007; Krischer & Sevecke, 2008; Parker, Lingefelt, & Johnson, 2005). Females are typically given more warnings rather than being arrested, which may contribute to the small number of females in juvenile halls. When females are arrested, it tends to be “for her own safety” and “concern,” whereas males tend to be arrested when they are believed to be a “danger to society” (Mallicoat, 2007). Although females are being incarcerated at lower rates compared to males, the rates of incarcerated females have shown to be steadily increasing. In 1999, one-fourth of all arrests were of females (Leve & Chamberlain, 2004), and by 2008, that number has increased by 83% (Cauffman, 2008). However, females are not detained at equal rates as males (Bloom, Owen, Deschenes & Rosenbaum, 2002). Additionally, when female juvenile offenders are in detainment, there are fewer programs for them and the ones that do exist typically are extensions of ones designed for males (Mallicoat, 2007). These findings suggest that females likely are not receiving the most appropriate treatments that have been shown to be effective for females.

Sexual Victimization and Delinquent Behaviors

A history of sexual victimization in childhood and adolescence has been associated with delinquent behaviors. Sexual victimization in children and adolescents has been traditionally defined as being subjected to viewing and/or performing sexual acts against one’s will (Chamberlain & Moore, 2002; Croysdale, Drerup, Bewsey &
Hoffmann, 2008). Since mothers of incarcerated female youth tend to have partners that have a history of engaging in sexual abuse, this heightens the risk of the adolescent to experience sexual victimization (Ireland & Smith, 2009). Sexual victimization in conjunction with adversarial and hostile early familial relationships is associated with delinquent behaviors. Research has shown that 50% of incarcerated female youth meet criteria for Post-Traumatic Stress Disorder that is related to sexual abuse and trauma (Battle, Zlotnick, Najavits, Gutierrez, & Winsor 2004; Croysdale et al., 2008).

Sexual abuse is prevalent with incarcerated youth and in particular more with female juvenile offenders than male juvenile offenders (Ariga, Uehara, Takeuchi, Ishige, Nakano, & Mikuni, 2008; Hoyt & Scherer, 1998). Hoffman et al. (2004) found that 92% female juvenile offenders reported sexual abuse, whereas only 7% of male juvenile offenders reported sexual abuse. More specifically, 88% of female juvenile offenders reported sexual abuse, physical abuse, emotional abuse, and neglect, whereas only 25-31% of male juvenile offenders reported abuse, with physical abuse being the primary form of abuse (Bloom et al., 2002).

While sexual victimization is a predictor of future delinquent behaviors in males and females, it is especially a strong predictor for females (Cauffman, 2008). Specifically, when comparing males and females, early abuse has been more strongly associated with violent behaviors and a history of incorrigibility for females that often result in incarceration (Cauffman, 2008; Chamberlain& Moore, 2002; Ireland& Smith, 2009). Other effects of sexual victimization include a negative self-esteem and difficulty trusting others. Additionally, girls who have been sexually victimized often internalize negative emotions and feelings (Hoyt & Scherer, 2008). Since these negative feelings and
emotions are typically not adequately addressed, these girls begin to engage in delinquent acts during adolescence (Hoyt & Scherer, 1998).

**Substance Abuse**

In addition to delinquent acts, self-medication with illicit substances is another method that many female juvenile offenders engage in to alleviate and/or minimize their negative emotions, trauma history, and low self-esteem. Furthermore, a specific difference between female and male juvenile offenders is that the former tend to engage in poly-substance use and abuse, whereas the latter typically use a single substance (Kataoka, Zima, Dupre, Moreno, Yang, & McCracken, 2004; Vaughn, Newhill, Litschge, & Howard, 2006). Given that substance abuse treatments in detention centers are typically designed for single substance use, female juvenile offenders may not be receiving appropriate treatments (Kataoka et al., 2004).

**Prevalence of Mental Health Issues**

The rates of mental health issues are higher for incarcerated females than for male juvenile offenders. Between 21-27% of male juvenile offenders and 78% to 84% of female juvenile offenders meet diagnostic criteria (Diagnostic and Statistical Manual-IV-TR) for a mental disorder (Abrantes et al., 2003; Shufelt & Cocozza, 2006; Teplin et al. 2002; Timmons-Mitchell, 1997). Disruptive disorders were excluded from multiple studies because the nature of being incarcerated would result in almost all adolescents in juvenile hall meeting diagnostic criteria. Common diagnoses found across numerous studies include disruptive disorders, depressive disorders, anxiety disorders, and
substance abuse disorders (Kataoka et al., 2001). Bloom et al. (2002) reported similar findings, with more incarcerated females than males meeting criteria for a mental disorder. There is a disproportionate number of females with mental health disorders. In addition to more females meeting criteria for mental health disorders, it is suggested that delinquency and mental health problems are strongly related (Dixon, Howie, & Starling, 2004). Females who engage in delinquent behaviors break more societal norms are more likely to have mental health problems. These factors taken together suggest that there is a need to have more gender-specific interventions for mental health issues.

**Attachment Theory**

The history of trauma experienced by female juvenile offenders and subsequent lack of security in early relationships suggests a need to examine attachment theory because of its relevance to the development of self-esteem. There is usually a lack of feeling secure about the relationship between the self and the primary caretaker, which correlates to low self-esteem (Abaied & Rudolph, 2010). When an infant does not bond well with the primary caretaker, the child may view the world as unsafe and engage in disruptive and possibly delinquent behaviors (Alink et al., 2009). These beliefs and behaviors can potentially result in mental disorders such as Conduct Disorder, Bipolar Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, and Body Image Disorders (Moss, St-Laurent, Tarabulsy, & Bureau 2011; Nilsson, Holmqvist, & Jonson, 2011). Addressing trust-building and attachment concerns are of particular relevance within the female juvenile offender population because there is a disproportionate
number of females that have experienced trauma, poor self-esteem, and serious or persistent mental illness (Odgers, Robyn, & Russell, 2010).

Attachment theory is based on an infant’s early relationship with his or her primary caretakers. According to this theory, there is wide acceptance in the scientific community that primary caretakers have an impact on the formation of their children’s behaviors and attitudes through nonverbal and verbal cues (Rodgers, 2009). By seven months, the infant has a specific attachment figure (Lerner, Lewin & Warren, 2011). This bond helps to provide a secure base for the infant to explore, to increase social and cognitive skills, as well as to avoid unknown people. Ainsworth (2010) has proposed four different types of attachment styles: secure, anxious avoidant, and disorganized. Infants with a secure attachment will usually be responsive to their caretaker and view the world as safe. This typically translates to feeling more confident in one’s ability to navigate through his or her life. Additionally, having a secure attachment is associated with having more healthy and appropriate relationships (Ainsworth, 2010). Infants with anxious attachments in infancy and early childhood typically do not feel confident in themselves and need reassurance from others. This type of attachment is associated with lower self-esteem in adulthood (Bornstein & Lamb, 2011; Pesonen, Raikkonen, Strandberg, Kelitikanhas-Jarvinen & Jarvenpaa, 2004). Individuals with avoidant attachment styles have difficulty bonding with their primary caretaker and view the world as unsafe and are distrustful of others. This particular attachment style tends to be associated with difficulty forming positive relationships in adolescents and adulthood. Another typical outcome is that they do not trust others (Bornstein & Lamb, 2011), which can eventually lead to maladaptive relationship patterns. Lastly, disorganized attachment is characterized by an
avoidance of, a resistance to, and a fear of the caretaker (Waters & Valenzuela, 1999). Individuals with a disorganized attachment style usually have a history of trauma and/or maltreatment (Alexander, 2013; Cassidy & Mohr, 2001; O’Connor, Bureau, McCartnet, & Lyons-Ruth, 2011). Additionally, individuals with a disorganized attachment style tend to avoid close relationships with others and typically do not have stable relationships with others (Alexander, 2013; Cassidy & Mohr, 2001; O’Connor, Bureau, McCartnet, & Lyons-Ruth, 2011). Ultimately, an infant’s attachment style can impact later relationships in adolescence through adulthood (Cassidy & Mohr, 2001; Lyons-Ruth, 1996; Schimmenti, Passanisi, Pace, Manzella, DiCarlo, & Caretti, 2014).

During the formation of a secure attachment, there are specific activities that can also increase a secure bond. For instance, meaningful parental involvement is considered to be reading, spending quality time, or other positive bonding qualities (Alink et al., 2009; Schober, 2012). By increasing the frequency of these activities, the child begins to internalize a more stable and positive sense of self (Alink et al., 2009). These types of interactions between a primary caretaker and his/her child are also predictive of better self-esteem and body image in adolescence (Bloom et al., 2002). The length of time being involved with the child has been recognized as less important than the child’s perception of the quality of the encounter (Sturge-Apple, Davies, Winter, Cummings, & Schermerhorn, 2011). Increasing quality parental involvement is likely to serve as a protective factor from low self-esteem and delinquent behaviors for the developing child.
Learning Theory

Learning theory has been applied to both the development of body image concerns as well as delinquent behaviors. Bandura’s learning theory suggests that individuals learn through observation, and attention and retention during the modeling process are important components of this theory. When combined with mental health and body image concerns, children have been shown to mirror disordered eating behaviors, use similar coping strategies as their parents, and observe a parent’s negative view about his or her own body image (Cochran, Sellers, Wiesbrock, & Palacios, 2011; Smith et al., 2010). These maladaptive coping mechanisms can be learned by and passed on through family members.

Specifically, one area of concern within the female juvenile offender population is the issue of generational prostitution. This is when a member of the previous generation has been a prostitute, but does not come to terms with those issues. Subsequently, it is likely that to cope with those unresolved issues, the mother engages in substance use and also refuses to address it or see it in her child because she has not come to terms with her own history. Acknowledging her involvement with prostitution is typically associated with remembering a past history of rape and or sexual abuse (Tedeschi & Felson, 1994). For example, when a mother copes with a history of prostitution and potential rape by engaging in substance use, the child watches these behaviors and may accept them as the appropriate and desired method for relieving negative emotions (Neziroglu, Khemlani-Patel, & Veale, 2007; Smith et al., 2010). The coping mechanism for managing emotional distress tends to be avoidance and using substances, which is learned and mirrored for future generations (Nowicki & Segal, 1974). The issue of generational prostitution is
relevant to the female juvenile offender population because of the prevalence of sexual victimization experienced in these households.

Social learning theory continues to be fundamental when examining the development of self-esteem and body image (Cochran, Sellers, Wiesbrock, & Palacios, 2011). A child watching a parent with poor body image cope by disordered eating may also engage in these maladaptive habits. Using similar learned maladaptive coping strategies as either a primary caretaker or an older sibling has been shown to have an impact on a child’s learned behaviors (Ata, Ludden, & Lally, 2007; Byely, Archibald, Graber, Brooks-Gunn, 2000). Additionally, an older sibling can represent an individual that the younger sibling looks up to and tries to emulate. Also, parents tend to rely on older siblings to watch and take care of younger siblings. Thus, a parent-child bond may develop between the older sister and her younger sisters that is similar to the relationship seen between primary caretaker and child. Similarly, mothers and their adolescent daughters report having similar beliefs about their bodies (Markey, Tinsley, Ericksen, Ozer & Markey, 2002; Rieves et al., 1996). Maladaptive attitudes and behaviors that are learned from observation likely contribute to poor body image and disordered eating.

**Current Research on Treatment Needs of Female Juvenile Offenders**

Incarcerated female youth have unique treatment needs given the pathways to delinquency. One of the differences in developmental trajectories between delinquents and non-delinquents is that parents of females who engage in delinquent behavior typically use more inconsistent and/or harsh parenting techniques (Kim, Choi, Kim, Kim, Shin & Yeo, 2010). This parenting style is also associated with more physical abuse.
(O’Laughlin, Hackenberg, & Riccardi, 2010). Subsequently, the family environment includes low levels of maternal warmth and the presence of domestic violence, which are more predictive of females developing delinquent behaviors than for males (Derks, Dolan, Hudziak, Neale, & Boomsma, 2007; Hammen, Katz, & Le Brocque, 2002; Rey, Walter, Plapp, & Denshire, 2000). These differences in pathways suggest the need for more research on gender-specific treatments.

A study conducted by the Office of Juvenile Justice and Delinquency Prevention (Bloom, Owen, Deschenes & Rosenbaum, 2002) found that the major areas of concern for female juvenile offenders were identified as the following: parent relational issues, low self-esteem, body image, lack of support, substance use, suicidal tendencies, abuse, academic failure, and truancy. Although these findings indicate that schools provide a prime opportunity for early intervention, most schools are ill-equipped to deal with high risk students (Bloom, Owen, Deschenes & Rosenbaum, 2002; Hoge, 2009). The suggested approach for treatment includes substance abuse counseling, prevention strategies, family-focused treatment, and after-care services.

**Treatment Areas: Self-Esteem and Body Image**

Given the history of trauma and poor attachments in childhood and adolescence, poor self-esteem and body image are usually low in incarcerated female youth (Davison & McCabe, 2006; LeMay & O’Leary, 2002; Williams & Sanchez, 2012). Research with incarcerated female youth and mental health providers suggests that positive self-image and appropriate conflict resolution skills are protective factors of delinquent behaviors such as use of illicit substances, running away from home, frequent truancies from
school, and risky sexual behaviors (Bloom, Owen, Deschenes & Rosenbaum, 2002; Davison, 2006; Dixon & Starling, 2004). Since the majority of incarcerated female youth lack these protective factors and are more likely to be raised in harsh family environments, they are more at greater risk of developing poor coping strategies (Ata, Ludden, & Lally, 2006; Barrett & Turner, 2006; Dixon & Starling, 2004). Specifically, 95% of female juvenile offenders report poor self-esteem and 92% report significant substance use (Bloom, Owen, Deschenes & Rosenbaum, 2002). It is likely that the negative emotions that result from low self-esteem are a contributing factor to substance use as a form of self-medication. Addressing self-esteem is usually the area that has an impact on other areas such as body image, delinquent behaviors, academic achievement, and substance use (Bloom, Owen, Deschenes & Rosenbaum, 2002). Combined with sexual and emotional abuse, female juvenile offenders have negative views about their body and have difficulty with identifying areas of their body that they like (Chesney-Lind, 2002). It is likely that by focusing on improving self-esteem, body image, and conflict resolution skills with incarcerated female youth may help to reduce the frequency of delinquent behaviors.

**Treatment Areas: Poor Interpersonal Skills**

The developmental trajectory of interpersonal skills deficits in female juvenile offenders is typically viewed as a history of trauma in childhood along with a parent who has deficits with building strong interpersonal relationships. Interpersonal skills have traditionally been defined in three main skills areas that include conflict resolution, help-giving, and help-seeking (Trupin, Stewart, Beach, & Boesky, 2002). Conflict resolution
skills are strategies used to reach an agreement after being involved in a disagreement (Williams & Currie, 2000). Help-giving skills are strategies used by an individual to assist another when the other person is in a situation that may require assistance (Glick & Rose, 2011). Reciprocally, help-seeking skills are strategies used by an individual when s/he needs to seek out assistance to complete a task (Glick & Rose, 2011).

Chamberlain and Moore (2002) conducted a meta-analysis on trauma and the lives of adolescent females with interpersonal difficulties and delinquency. The findings of the Chamberlain and Moore (2002) suggest that when there is a history of trauma in females and a parent with deficits in interpersonal skills, there is a higher rate of incarcerations and poor relationships. When an individual experiences a trauma such as sexual abuse, there is usually a disruption of trust, which can lead to poor interpersonal relationships (Busch & Lieberman, 2006; Chamberlain & Moore, 2006; Nilsson, Holmqvist, & Jonson, 2011). This lack of trust can also interfere with the formation of positive interpersonal relationships by the presence of an increase in disruptive behaviors in adolescents who have experienced abuse (Busch & Lieberman, 2006; Chamberlain & Moore, 2006; Nilsson, Holmqvist, & Jonson, 2011). These behaviors include social aggression, teasing others, and excluding others from activities. Goldweber and Caufman (2012) found that social aggression such as disdainful facial expressions, ignoring, and eye rolling were perceived equally as hurtful as physical aggression for females. These facial expressions occurred more frequently in females who have experienced trauma than those who have not experienced trauma (Goldweber & Caufman, 2012). Additionally, the findings of the meta-analysis by Chamberlain and Moore (2002) suggest that females in the juvenile justice system have experienced extreme and
complex trauma, which creates a chaotic and stressful interpersonal environment. While many of the females had participated in programs to address sexual abuse, depression, school problems, and conduct problems, there was minimal experience with programs that focused on improving social skills and interpersonal relationships. Addressing this area is important given the high number of female juvenile offenders who have difficulties with trust and forming relationships (Smith et al., 2010). Building interpersonal skills among this population may help them to gain trust in others.

Improving interpersonal relationships and social skills is a fundamental component in coping with negative emotions associated with poor body image (Trupin et al., 2002). Conflict resolution skills and social skills are considered to be equally important to the cultivation of positive self-image in adolescents (Trupin et al., 2002). When these skills are not addressed in children, there may be an increase in social skills deficits in adolescence (O’Laughlin, Hackenberg, & Riccardi, 2010). This is unique to female juvenile offenders because the onset of delinquent behaviors occurs in adolescence for females as opposed to in childhood for males (Kim et al., 2010). Relationship building is important to target, since this area has been identified as another important protective factor against developing delinquent behaviors such as truancy from school, risky sexual behaviors in adolescence, and running away from home (Bloom et al., 2002).

Developing a treatment program that emphasizes building relationships is important for the treatment of female juvenile offenders (Cauffman, 2008). Trupin et al. (2002) found that a treatment program based on Dialectical Behavior Therapy (DBT) for female juvenile offenders improved interpersonal relationships. DBT is a form of clinical
behavior analysis intervention that was developed by Marsha Linehan (1993). This treatment was originally used for individuals who exhibited chronic suicidal ideation and met Diagnostic and Statistical Manual-IV-Text Revision (2000) criteria for Borderline Personality Disorder (BPD) (Koerner, 2012). This treatment involves skills building groups that teach interpersonal effectiveness skills used for acquiring something (help-seeking) and giving something (help-giving) (Trupin et al., 2002). The first skill that is associated with acquiring something is DEARMAN, an acronym which stands for Describe your situation, Express why this is an issue and how you feel about it, Assert yourself by asking clearly for what you want, Reinforce your position by offering a positive consequence if you were to get what you want, be Mindful of the situation by focusing on what you want and ignore distractions, Appear confident, and Negotiate with a hesitant person and come to a comfortable compromise (Linehan, 1993a). The second skill that is associated with giving something is GIVE an acronym, which stands for use Gentle and appropriate language; look Interested; Validate the other person through words, body language, and/or facial expressions; and use an Easy Manner during the conversation by smiling (Linehan, 1993a). These skills are used to help female juvenile offenders become better able to build interpersonal relationships.

Research on DBT based treatments programs has demonstrated the positive effects of these programs on delinquent behaviors, such as physical and verbal aggression towards peers and adults. At a ten month follow-up after the completion of a DBT skills group, Glick and Rose (2011) found a decrease in delinquent behaviors and a reduction in relational aggression in incarcerated female youth. Increasing positive social interactions is of importance because the development of close friendships in childhood serves a
secondary function for learning social skills (Glick & Rose, 2011). Without a strong foundation in these skills, the likelihood of developing delinquent behaviors in adolescence increases. Skills such as help-giving and help-seeking are often developed through friendship. These skills are also important for the formation of problem solving in daily life (Glick & Rose, 2011). Using DBT allowed female juvenile offenders to learn how to manage emotional distress and increase interpersonal effectiveness through skills building groups (Glick & Rose 2011). Areas to consider using in future treatment programs include DBT skills based groups to help increase interpersonal effectiveness with female juvenile offenders. The inclusion of a DBT skills group could also help incarcerated female youth develop alternative strategies when presented with socially stressful situations.

**Current Treatment Interventions for Self-Esteem**

Female juvenile offenders often have poor self-esteem and may benefit from treatments targeted at improving this issue (Dembo, Schmeidler, & Childs, 2007). There are a limited number of studies that addresses self-esteem in female juvenile offenders. Art therapy is currently the primary intervention that is used to help improve the self-esteem of incarcerated female youth (Hartz & Thick, 2005; Persons, 2009). This treatment includes creating an environment in which participants are validated about their work through praise and are not allowed to criticize another group member’s artwork (Hartz & Thick, 2005; Persons, 2009). Research has shown that in this open and safe environment, participants were able to feel more comfortable with building trust with others as well as being more willing to engage in self-disclosure (Hartz & Thick, 2005).
Additionally, art therapy also places an emphasis on non-judgment, which enabled participants to respond to themselves and others in a nonjudgmental manner (Hartz & Thick, 2005). In addition to improving self-esteem, art therapy was also shown to have a significant decrease in overall levels of disruptive behaviors among females (Hartz & Thick, 2005; Persons, 2009). A limitation of this approach is that females were not taught coping skills to use when feeling distressed. Given that art therapy is currently the only intervention available to treat self-esteem in for incarcerated female youth, this suggests that there is a need for more research in this area.

Given the benefits and limitations of art therapy, an ideal treatment for improving self-esteem in female juvenile offenders may include the combination of skills training within an environment of openness and non-judgment. DBT was selected to address self-esteem because the skills training component of the treatment may help incarcerated female youth to develop positive coping strategies when they experience feelings of low self-esteem. Additionally, DBT was selected to address self-esteem because the treatment provides participants with skills to manage intense negative emotions that they may have about themselves. A limitation with using a DBT skills group for improving self-esteem is that the participants would not be able to process experiences in the same way that an art group would be able to do. Another limitation with using DBT is that individuals who do not express themselves well verbally may find it difficult to be part of group therapy where verbalizing feelings and emotions are a central component of the treatment.
Current Treatment Interventions for Body Image

Although female juvenile offenders often struggle with body image concerns, there are currently no treatments available to address body image issues in this population. In the proposed treatment manual, DBT was selected to help female juvenile offenders increase body image by helping the participant to recognize judgmental language that he or she might have body his or her body (Dimeff & Koerner, 2007). Another benefit of using DBT for treating body image is that it can teach participants effective coping skills to use when they are feeling distressed about their body image. Teaching participants to recognize possible judgmental language about their bodies and helping them to develop coping skills to use with negative emotions may allow the participants to improve their body image and to decrease overall levels of body image related distress. A possible limitation with conducting a DBT skills group is that the participants are not able to sufficiently process their body image given that DBT is focused on learning skills rather than emotion processing. Despite the limitations of DBT, this treatment was selected to address body image because it addresses ways that juvenile female offenders can work on their body image concerns by providing them with skills they can use to cope with body image concerns, such as recognizing and minimizing the use of judgmental labels as well as reducing emotional reactivity to body image concerns.

Current Treatment Interventions for Interpersonal Skills

Female juvenile offenders and authority figures such as police officers, detention hall staff, and teachers often report that these youth have a difficulty with interpersonal skills (Bloom, Owen, Deschenes & Rosenbaum, 2002). Currently, the primary treatment
intervention to help improve interpersonal effectiveness with incarcerated female youth is DBT (Trupin, Stewart, Beach & Boesky 2002). DBT is used to address interpersonal effectiveness with female juvenile offenders because one of the four main modules in DBT is aimed at teaching interpersonal skills and also because many incarcerated female youth meet DSM-IV-TR criteria for Borderline Personality Disorder (BPD; Koerner, 2012). Given that BPD is often characterized by a history of unstable and volatile relationships, DBT is used to help these youth learn how to have their interpersonal needs met in a socially appropriate manner (Dimeff & Koerner, 2007). DBT is also used for interpersonal effectiveness because the skills taught within this model can be applied in a variety of settings, including the juvenile correctional facility (Trupin, Stewart, Beach & Boesky 2002). A few of the limitations with using DBT are that the participants who struggle with learning skills verbally may find this intervention more difficult. Additionally, participants who do not feel comfortable talking in groups may also struggle given that group therapy is the proposed treatment modality. Another limitation of DBT is that there are no other treatments currently available to address interpersonal concerns in female juvenile offenders; therefore, it is difficult to determine if there may be another treatment that may be more efficacious. The lack of other treatments available highlights the importance of more research on treatments for addressing interpersonal effectiveness in incarcerated female youth. Despite the limitations of DBT, DBT was selected to address interpersonal effectiveness because research has shown this treatment to be effective at improving interpersonal skills with female juvenile offenders (Trupin, Stewart, Beach & Boesky 2002).
**Dialectical Behavior Therapy for Borderline Personality Disorder**

Dialectical Behavior Therapy (DBT) will be used to address self-esteem, body image, and interpersonal relationships for this manual. DBT has been shown to be effective among individuals who meet criteria for a DSM-IV-TR diagnosis of Borderline Personality Disorder (Dimeff & Koerner, 2007; Quinn & Shera, 2009). The criteria for BPD include a behavioral pattern of avoiding real or imagined abandonment, a pattern of intense interpersonal relationships, unstable self-image, reckless behaviors (reckless driving, sex, binge eating), recurrent suicidal behavior, intense negative affect, chronic feelings of emptiness, intense inappropriate anger, and transient stress-related paranoid ideation. Use of DBT within this population has been shown to be the most effective form of treatment because of the high rates of trauma, body image distress, and poor interpersonal relationships (Trupin et al., 2002). When conducting DBT, the skills building group is used to help the participants learn how to replace maladaptive coping behaviors with more positive ones.

**Application of Dialectical Behavior Therapy to Female Juvenile Offenders**

Dialectical Behavior Therapy (DBT) is used with the forensic population, given the prevalence of Borderline Personality Disorder (BPD) and self-injurious behaviors with female juvenile offenders (Dimeff & Koerner, 2007). In the correctional population, approximately 50-76% of females present with either BPD or Anti-Social Personality Disorder (ASPD) (Dimeff & Koerner, 2007; Quinn & Shera, 2009). Individuals with BPD or ASPD are often incarcerated because they have difficulty managing distress and have a history of aggression and/or risky behaviors. DBT helps reduce these symptoms in
the forensic population by teaching mindfulness, distress tolerance, and interpersonal effectiveness skills in an environment that is validating.

A specific component of conducting a DBT skills group with female juvenile offenders is to start each session with a mindfulness exercise to help incarcerated female youth focus on the present moment (Trupin et al., 2002). A study conducted by Quinn and Shera (2009) suggests that by using mindfulness at the beginning of the session, there is a reduction in anxiety about participating in the group. The use of mindfulness at the start of every session also helps make patients more aware of when they are feeling distressed and in turn, increases the use of mindfulness, distress tolerance, and interpersonal effectiveness skills taught in the group (Quinn & Shera, 2009).

Another benefit to the application of DBT among female offenders is that it directly addresses staff burnout. Helping to minimize staff burn out is done by helping the staff not label behaviors as “good” or “bad.” An indirect benefit is that the staff will feel less “burned out” because the juvenile offenders will become less violent and in need of “disciplinary measures” (McCann, Ivanoff, Schmidt, & Beach, 2007). It is likely that if the staff is feeling less overwhelmed working with this population, they will be more effective when working with female juvenile offenders. Using a multi-faceted treatment that helps the mental health provider, Probation staff, and the incarcerated youth is likely to improve outcomes by targeting multiple levels.

The format of group therapy will be used for this treatment manual because the literature suggests that a group setting is deal in allowing female juvenile offenders to work on their self-esteem and body image, while also working to improve interpersonal relationships (Hoge, 2009). Furthermore, when female juvenile offenders participate in a
group versus an individual setting, the group reports an increase in self-esteem, increased feelings of mastery, an increase in close friendships, and improved behavioral conduct (Silver, 2005). Similarly, when the presenting problem is sexual abuse, members report that being in a group setting made them feel less alone in their emotional distress, which facilitates normalization of negative emotions that may result from abuse (Masson, 2002; Trupin, et al.,2002). The group setting is also ideal because it allows female juvenile offenders to use the skills that they learned and to receive immediate feedback on increasing positive interpersonal interactions by the facilitator as well as the other members of the group.

**Dialectical Behavioral Therapy Modules**

DBT includes four main modules: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (Dimeff & Koerner, 2007). Mindfulness involves nonjudgmentally observing and becoming more aware of the environment. By focusing on fostering a nonjudgmental attitude, there is an elimination of judgmental labels (such as good, bad, fair, unfair; Linehan, 1993a). Another core component of mindfulness is to become more aware of thought and behavioral patterns that the individual engages in automatically (Linehan, 1993a). Mindfulness allows the individual to bring more attention to the present moment. It is likely that being in the present moment is helpful to the female juvenile offender because there is often a significant history of abuse or delinquent behaviors that the youth cannot overcome. By practicing bringing attention back into the present, the youths begin to learn how to train themselves to utilize a positive coping strategy.
There are a variety of mindfulness exercises that can be utilized given that some individuals learn more effectively with visualizations and others with more tactile forms of mindfulness such as walking (Gunartana, 2002; Kabat-Zinn, 2008; Smalley & Winston, 2010). Mindfulness is a technique that may help female juvenile offenders reduce overall levels of distress by teaching them ways to observe and tolerate difficult sensations without judging the experience (Brown & Ryan, 2003). Being able to observe and tolerate difficult sensations can be done by practicing how to re-focus the participant’s attention to a more neutral point such as the breath (Kabat-Zinn, 2008; Smalley & Winston, 2010). Given that mindfulness emphasizes being able to sit with difficult emotions, over time the goal is that the incarcerated female youth will be better able to handle the stressors of life (Kabat-Zinn, 2008; Smalley & Winston, 2010; Tang et al., 2007). Additionally, by practicing mindfulness on a regular basis, the individual is likely to become less reactive to internal distress as well as external stimuli, such as when other people are giving them negative feedback or making critical comments (Kabat-Zinn, 2008; Smalley & Winston, 2010; Tang et al., 2007). Given that mindfulness emphasizes being more aware of one’s feelings and sensations in the body, the individual is likely to be more skilled with recognizing when he or she is starting to become distressed and can use a coping skill during that moment.

The second module is distress tolerance, and the acronym “ACCEPTS” is associated with it (Koerner, 2012). In the first component of this module, participants are taught to distract themselves using the following techniques: engage in Activities that they enjoy, Contribute by helping others or the community, Compare themselves to people who are less fortunate or in a worse state, promote positive Emotions by using
humor or happiness, Push away the current situation temporarily and think of something else, distract themselves with Thoughts of something else, and use Sensations as a distraction (intense feeling like an ice cube or spicy foods) (Linehan, 1993a). The second component of this module includes teaching participants to IMPROVE the current moment (Linehan, 1993a). This acronym stands for Imagery (imagine relaxing scenes), Meaning (finding meaning in what you are feeling), Prayer (or personal mantra), Relaxation, One (focusing all attention on one thing in the moment), Vacation, and self-Encouragement (Linehan, 1993a). The underlying component of distress tolerance is accepting one’s situation for what it is. It is likely that this module is applicable to the female juvenile offender, because having a history of both physical and emotional abuse may lead her to feel helpless about her situation. Also, since there is usually a history of poly-substance abuse, learning distress tolerance skills can help these youths to engage in more positive behaviors instead of substance use. Furthermore, by accepting their situation and tolerating their distress, incarcerated female youth may be able to make new meanings about themselves and their worth.

The third module is emotion regulation. This module includes identifying and labeling emotions, increasing positive emotional events, increasing mindfulness to current emotions, and applying distress tolerance (Linehan, 1993a). The first component of emotion regulation is to increase health habits that include seeking treatment when sick, eating a healthy diet, avoiding mood altering drugs, sleeping an appropriate amount, and engaging in an adequate amount of exercise to help increase Brain Derived Neurotropic Factors (BDNF) (Linehan, 1993a). The second component of this module is to use problem solving when applicable. Within this module, the focus of mindfulness is
to observe and experience the emotion without judging it and then letting it go (Linehan, 1993a). It is likely that this module is applicable to female juvenile offenders because it teaches them to use problem solving skills. Since many may feel helpless and have difficulty solving their problems, they may feel “stuck.” Additionally, by increasing positive health habits and problem solving skills, there could potentially be a decrease in the use of mood altering drugs.

The fourth and final module is interpersonal effectiveness. This module involves teaching relationship skills and training individuals to cope with effective strategies (Linehan, 1993a). The goal of teaching the skills is to increase the likelihood that the individual’s goals in the current situation will be met (Linehan, 1993a). The acronyms associated with this module include DEARMAN, GIVE, and FAST. DEARMAN stands for Describe the situation, Express why this is an issue, Assert yourself by asking clearly for what you want, Reinforce your position by offering a positive consequence if you were to get what you want, be Mindful of the situation, Appear confident even if you do not feel confident, and Negotiate with a hesitant person and reach a compromise (Linehan, 1993a). The second acronym, GIVE, involves using Gentle and appropriate language, being Interested in the person with whom you are speaking, Validating a person’s situation (show with body language), and keeping an Easy manner during conversation (smile and use humor) (Linehan, 1993a). The third acronym, FAST, includes being Fair to yourself and the other person, not Apologizing more than once, Sticking to your values, and being Truthful. The purpose of teaching these skills is to help improve overall functioning by increasing an individual’s ability to engage in social interactions (Linehan, 1993a). It is likely that this module is applicable to female juvenile
offenders because these youth may have a significant history of being socially and/or relationally aggressive with their peers and with authority figures. Subsequently, interpersonal effectiveness within this population is poor (Cochran, Wiesbrock, Palacios, 2011; Smith, Jordon, Flood, & Hansen, 2010; Timmons-Mitchell, 1997). Ultimately, these four modules have been applied to a variety of clinical settings and populations including incarcerated female juvenile offenders (Dimeff & Koerner, 2007; McCann, Ivanoff, Schmidt, & Beach, 2007; Trupin, Stewart, Beach & Boesky 2002).

**Application of Dialectical Behavior Therapy to Body Image and Interpersonal Effectiveness**

Dialectical Behavior Therapy is a treatment modality that is applicable to other disorders besides BPD and ASPD. The purpose of this paper will focus specifically on using DBT to improve body image and interpersonal effectiveness. Marsha Linehan adapted her original DBT protocol to include disordered eating behaviors and a more interpersonal effectiveness oriented skills training treatment (Chen, O’Connor, & Linehan, 2004). The ten basic skills learned in the version of DBT adapted to eating disorders are: 1) Distract with ACCEPT skills, 2) IMPROVE the moment, 3) self-soothe skills, 4) surf the urge, 5) consider pros and cons of engaging in the dysfunctional behavior, 6) take a cold shower, 7) rehearse in one’s mind effective ways of changing dysfunctional behavior, 8) review exercises from Linehan’s skills training manual (Linehan, 1993a) 9) call someone, and 10) use these skills one-mindedly. Being one-minded involves focusing on one single activity at a time (Linehan, 1993a). Focusing on a common presenting problem such as emotion regulation helps to create group cohesion.
These principles form the basis of working in a group setting. Once these ten principles have been established, the facilitator then focuses on other areas. These principles are useful for treating disordered eating and improving body image in the forensic population since they address skills that to help the individual tolerate distress.

The primary focus of DBT for eating disordered behaviors is to first address the quality of life interfering behaviors (Linehan et al., 1991). The secondary focus of this treatment is to create a separate hierarchy of ED behaviors. Another component is to work on distress tolerance related to negative emotions experienced with BID. This adaptation of DBT specifically addresses binge-eating behaviors, purging behaviors, compensatory behaviors, and other ED related behaviors. A final component of this modification is that the inclusion of realistic expectations is created with the client if his or her goals include weight-loss. While improving body image and tolerating negative emotions are treatment areas of concern, addressing multiple treatment areas allows clinicians to be able to work on different treatment issues that incarcerated female youth may struggle.

**Barriers to Treatment**

Barriers to treatment are factors that can increase the difficulty of individuals fully participating with a treatment program (Chamberlain, 2003). Addressing ways to respond to potential and common barriers to treatment with female juvenile offenders is of importance since these youth are likely to not be the most receptive to trusting others and the treatment process (Chamberlain, 2003). Some of the biggest barriers to treatment with female juvenile offenders include individual factors such as mistrust and fear of others;
resistance; uncertainty about the efficacy of the treatment intervention; lack of motivation; participant reactivity; defiant teen attitudes; and skepticism about mindfulness (Bloom et al., 2002; Hoge, 2009).

Mistrust and fear of others will be the first barrier that will be addressed. Given that incarcerated female youth often have a significant history of trauma and not trusting others, gaining rapport with this population is a fundamental component of the treatment (Abrams, 2010; Quinn & Shera, 2009). The significant history of trauma and abuse experienced by many incarcerated female youth has typically led to a mistrust of others (Ariga, Uehara, Takeuchi, Ishige, Nakano, & Mikuni, 2008; Battle, Zlotnick, Najavits, Gutierrez, & Winsor 2004; Croysdale et al., 2008; Hoyt & Scherer, 1998). Since the facilitators of the group will likely be individuals that the participants do not know well, fostering an open and non-judgmental environment within the group can help the participants feel more comfortable with being involved with treatment (Quinn & Shera, 2009). Another strategy to help with addressing mistrust of others will be to have the detention hall staff remind the participants of certain skills that they are working on and suggest trying to use them as a coping strategy (Chamberlain, 2003).

Another barrier that may impact the participants being fully involved with the treatment, is resistance. Resistance is when an individual is not being engaged with treatment (Elliott, 2002). Given that the nature of being incarcerated suggests that participants were involved with delinquent behaviors, the participants may have challenges with listening to and following instructions from authority figures (Feldmann, 2008; Quinn & Shera, 2009). Thus, highlighting the participant’s individual goals may help the participant to be more willing to become involved with the skills group.
(Feldmann, 2008; Quinn & Shera, 2009). Reminding the participants of the goals they have developed may also assist with the individual feeling more personally invested with the treatment program (Elliott, 2002). Additionally, finding a personally relevant reason for being involved with the treatment might increase motivation and cooperation with treatment (Chamberlain, 2003). Another strategy that the facilitators could use is to try and gain a better understanding of what may be hindering a participant’s willingness to engage with the treatment by asking the participant open-ended questions about his or her resistance (Chamberlain, 2003). After the facilitators have tried to use different strategies to assist with decreasing resistance, the facilitators may want to re-evaluate the readiness of being involved with the treatment process if the participant is still being resistant (Chamberlain, 2003).

Feelings of uncertainty about the efficacy of the treatment intervention is another factor that needs to be taken into account, since it is likely that the female juvenile offenders have previously been involved with mental health treatment or have had friends undergo treatments that they did not find to be efficacious. A participant might not believe in the treatment for a variety of reasons such as because he/she does not think the treatment is worthwhile, previous negative experiences with treatment, or because the participant does not believe the treatment will assist them personally (Bloom, Owen, Deschenes & Rosenbaum, 2002). Even though the underlying reasons may be different for each participant, the over-arching theme is skepticism towards treatment efficacy (Elliott, 2002). While the participant may not initially believe in the efficacy of the treatment, many female juvenile offenders want to gain more freedom or privileges as afforded by being in a less restrictive environment (Bloom, Owen, Deschenes & Rosenbaum, 2002).
Moreover, if the participant has a strong incentive to comply with treatment such as having more freedom, the individual will likely see gains associated with treatment, which will lead the participant to believe that the treatment is efficacious (Bloom, Owen, Deschenes & Rosenbaum, 2002). Ultimately, using a participant’s desire for more privileges may assist with the participant feeling more motivated to comply with treatment.

Additionally, addressing lack of motivation with incarcerated female youth is of importance because they may see treatment as another required activity that is not going to personally benefit them (Stein et al., 2011). A lack of motivation may result from a variety of factors such as having a mistrust with the treatment process, being at the Pre-contemplation stage of change, or having severe and/or persistent mental health disorder (Prochaska & DiClemente, 1982). The Pre-contemplation stage of change is when an individual has no intention of changing his or her behaviors (Prochaska & DiClemente, 1982). Using motivational interviewing may help to assess and increase participants’ motivation to participate in treatment (Stein et al., 2011). This technique is done in a non-judgmental and non-confrontational manner by trying to have the participants think about their behavior in a different way (Rollnick & Miller, 1995). By having the participants critically think about their behaviors can help increase motivation with being involved with treatment (Rollnick & Miller, 1995). Another strategy to use with increasing motivation in participants is to demonstrate how engaging with treatment will be personally beneficial to the incarcerated female youth (Elliott, 2002). A participant’s motivation with being involved with treatment may increase if he/she believes that he/she will receive gains from participation.
Participant reactivity is another barrier that may also hinder treatment because many incarcerated female youth have a history of being easily angered or distressed. Incarcerated female youth often have a significant history of defiance, opposition to authority, and being uncooperative (Chamberlain, 2003). Since adolescence is a time where teenagers may begin to question and challenge authority, establishing the participant’s belief in the treatment program is important (Bloom et al., 2000; Quinn & Shera, 2009). Additionally, when a participant is being reactive towards authority figures, reminding the participant about her goal of gaining more freedom is likely to assist with cooperation with the intervention (Sanger, Moore-Brown, Montgomery, Rezac, & Keller, 2003). When the participant is being reactive within the group, continuing to emphasize to the individual that learning these skills is directly related helping her reach her goals of having fewer restrictions may help to provide a tangible reason for involvement with the skills group (Chamberlain, 2003). Research also suggests that having the facilitators be open to learning more about the participant and being non-judgmental is likely to help decrease participant reactivity to authority figures (Quinn & Shera, 2009). If the participant continues to be reactive during the treatment session, removing the participant temporarily may assist with preventing other individuals also becoming reactivity as well as with de-escalating the participant that is being reactive (Elliott, 2002).

The next barrier that will be addressed is a defiant teen attitude. Since adolescence is often a time when youth may begin to challenge and question authority, this issue is especially salient with incarcerated female youth (Chamberlain, 2003). Given the age of the female juvenile offenders combined with many of these youth having a history of being uncooperative, a defiant teen attitude is a barrier that needs to be addressed.
By teaching the participants meaningful skills that may be directly applicable to helping them decrease emotional distress in a safe and non-judgmental environment, participants’ cooperation with the treatment program may increase (Elliott, 2002). Teaching applicable skills may be beneficial since this may give the participant a reason to cooperate with the treatment. Another way to address a defiant teen attitude would be to have the facilitators emphasize that the treatment is not intended to be punitive in any way (Elliott, 2002). By emphasizing the non-punitive nature of the treatment, the participants may feel more willing to cooperate (Elliott, 2002).

Ultimately, there are special considerations when working with female juvenile offenders that need to be addressed so that they are able to fully participate in the intervention and thus make therapeutic progress.

The last barrier that will be addressed is skepticism about the efficacy of mindfulness. When conducting mindfulness with female juvenile offenders, finding ways to relate the mindfulness activity to the participants’ goals of being involved with less physically and verbally aggressive is crucial (Himelstein, Hastings, Shapiro, & Heery, 2012; Kerrigan et al., 2011). Therefore, building on the youth’s goals of being placed into a less restrictive environment is of importance, and may increase their motivation to try a different approach such as mindfulness. The facilitators should explain that engaging in mindfulness will not automatically place the youth into a less restrictive environment, but learning this technique may assist the participants with becoming less reactive to others. Subsequently, by becoming less reactive to others, the youth are more likely able to demonstrate that they are able to handle more privileges associated with being able to engage in adaptive coping strategies and pro-social behaviors (Himelstein, Hastings,
Shapiro, & Heery, 2012). Additionally, emphasizing that one of the key components of mindfulness is being non-judgmental may allow the youth to feel more comfortable with learning mindfulness from facilitators with whom they have not established a trusting relationship.

**Outcomes of Treatment Participation**

Given some of the potential and common barriers to treatment with female juvenile offenders, some of the desired outcomes after participation with the skills group include: fewer acting out behaviors, as measured by fewer disciplinary measures required and an increase in more adaptive coping strategies (Trupin et al., 2002). Being able to trust the treatment process after the end of the intervention is another desired outcome of the skills group since the participants may need to go through the skills group more than once (Trupin et al., 2002). Additionally, since many of the participants may require other treatments such as substance abuse intervention or individual therapy, gaining the female juvenile offender’s trust with mental health interventions is crucial. The ability to trust authority figures as well as the treatment process may assist with the participants’ willingness to be involved in other treatment programs. Another desired outcome following termination is that for individuals who are struggling with suicidal ideation and self-injurious behaviors, there will be a decrease in those thoughts and behaviors (Chamberlain, 2003). Given that many incarcerated female youth struggle with depressive disorders and using maladaptive coping strategies, the aims of the skills group is to provide those individuals with alternative strategies and ways to handle intense negative emotions.
CHAPTER TWO

AIMS OF DOCTORAL PROJECT

The purpose of this doctoral project will be to develop a treatment manual using Dialectical Behavior Therapy principles for incarcerated female juvenile offenders, with a primary focus on improving body image, self-esteem, and interpersonal effectiveness. The target audience of the manual is for clinicians working with incarcerated female youth.
CHAPTER THREE

MATERIALS AND METHODS

Length of Treatment: Given the nature of juvenile detention centers and the typically brief amount of time spent in juvenile hall, this treatment manual will have ten sessions. The Office of Juvenile Justice and Delinquency Prevention (2001) reported that the average length of stay in a juvenile detention facility is 109 days. Also, since female juvenile offenders tend to have structured and required activities throughout the week, the suggested frequency is once a week for 90 minutes a session. Some of the common structured activities that incarcerated female youth engage in may include exercise/physical activity, treatment groups for substance use, school, and arts activities (Dimeff & Koerner, 2007).

Participants: Ideally between 8 -10 (Dimeff & Koerner, 2007). The participants will be at a Level 1 status, which means that they are not actively psychotic and/or suicidal.

Purpose: The rationale behind this treatment plan is to provide a group therapy intervention to improve self-esteem, body image, and social skills in female juvenile offenders.

Pre-group Preparation: One week before the beginning of the group, the group facilitator/s should conduct a brief clinical interview with the participants to determine appropriateness for group participation. The clinical interview provides an opportunity for the participants to become familiar with the facilitators. Another purpose of this interaction is to give a preview of rules for the group and ask participants to sign a statement that says that they will keep confidential what is discussed in the skills group.
The exclusion criteria for group therapy proposed by Yalom (2008) will be used. These criteria are as follows: active psychosis, severe developmental delays, complete lack of motivation, a history of being sexually aggressive, makes the facilitator uncomfortable beyond what is reasonable, being a danger to others, and an inability to communicate feelings, intent, and motives. These exclusion criteria were selected because if the participant is in active psychosis, he or she is not likely to benefit from a skills group because he or she may not be grounded in reality (Yalom, 2008). Individuals with severe developmental delays will also be excluded because they may have cognitive delays that would make it difficult for them to follow along and understand directions used to teach the skills (Yalom, 2008). Severe developmental delays will be assessed by looking at intake paperwork, previous treatment reports, and by a clinical interview. Individuals with a complete lack of motivation will be excluded because they may negatively affect the motivation of other participants within the group (Morrell & Myers, 2009). A complete lack of motivation will be assessed during the clinical interview by the juvenile either verbally resisting the idea of participating with a treatment program or by the juvenile behaviorally acting out such as by becoming aggressive or by spitting on the facilitators and/or Probation staff when the idea of being involved with the treatment is mentioned.

Given that many female juvenile offenders have experienced sexual trauma, participants with a history of being sexually aggressive towards others will be excluded. A history of being sexually aggressive towards others will be assessed by examining the intake paperwork as well as by a clinical interview. Additionally, individuals who have a history being sexually aggressive towards others will be excluded because that
participant’s presence might make it difficult for other participants to feel safe within the group. The next exclusion criterion is participants who make the facilitator uncomfortable such as being exceptionally combative or defiant will be excluded, because if the facilitator is concerned for his or her safety, then the facilitator may have difficulty with creating an atmosphere of safety within the group (Morrell & Myers, 2009). This exclusion criterion will be determined by the facilitator, as well as by the clinical interview. The next exclusion criteria, being a danger to others will be determined by intake paperwork and the clinical interview. If an individual is a danger to others, this may make it difficult for individuals to feel safe within the group, especially since many of the participants likely have a history of trauma (Chamberlain, 2002). Lastly, individuals who are unable to communicate feelings, intent, and motives will be excluded because if they are unable to communicate their emotions, then the facilitators will likely not be able to assist those individuals with learning skills. An ability to communicate feelings, intent, and motives will be assessed with a clinical interview, examining intake paperwork, and treatment reports (Yalom, 2008).

Females will not be excluded based on their offenses, with the exception of sexual aggression, because Probation staff will be present during the treatment to de-escalate or remove the participant if the participant becomes too aggressive and/or oppositional. If participants have a history of being a danger to self, they should still be included because the skills taught in the treatment program are applicable to distress tolerance and minimizing self-injurious behaviors.

The Eating Disorders Examination-Questionnaire (EDE-Q; Fairburn & Beglin, 1994) is the self-report version of the Eating Disorder Examination (EDE; Fairburn
&Cooper, 1993). It consists of 28 items that assess the main features of eating disorders occurring in the past 28 days. This EDE-Q includes the Dietary Restraint, Eating Concern, Weight Concern, and Shape Concern subscales. The subscales that will be used for this treatment will be the Shape Concern and the Weight Concern subscales because these subscales measure body image concerns. This measure has shown adequate internal consistency (Cronbach’s alpha = .93) for the Shape Concern subscales and (Cronbach’s alpha = .94) for the Weight Concern subscales (Luce & Crowther, 1999).

The Rosenberg Self-Esteem scale (Rosenberg, 1965) will be used to assess of global self-esteem. It consists of ten items that measure both positive and negative feelings about oneself (Rosenberg, 1965). This measure has shown adequate internal consistency (Cronbach’s alpha = .88).

The Social Problem Solving Inventory – Revised: Short form (SPSI-R:S; D’Zurilla & Nezu, 1990) will be used to measure interpersonal effectiveness and the ability to handle social situations. This is the 25-item version of the Social Problem Solving Inventory (SPSI) (D’Zurilla & Nezu, 1990), which assesses the main features of interpersonal effectiveness and social skills. The SPSI-R:S includes the following subscales: Positive Problem Orientation, Negative Problem Orientation, Rational Problem Solving, Impulsivity/Carelessness Style, and Avoidance. The SPSI-R:S subscales have demonstrated adequate internal consistency (Cronbach’s alpha = .74-.85; Bayani & Bayani, 2011) and the SPSI-R:S has shown excellent internal consistency (Cronbach’s alpha = .92).
References


Hoyt, S., & Scherer, D.G. (1998). Female juvenile delinquency: misunderstood by the Juvenile justice system, neglected by social science. Law and Human Behavior,


Appendix A
Outline for the Manual

Target Audience

Mental health professions working with incarcerated female juvenile offenders are the suggested providers to use this manual. Since youth in detainment who present with poor self-esteem and self-injurious behaviors oftentimes receive mental health services, this manual could assist the providers in treatment planning.

Criteria for Materials

- Established treatments
- Good validity
- Modified for female juvenile offenders
- Time-limited/brief interventions

Format of Manual

- Workbook
  - Paperback
Appendix B

Session 1: Introduction to the Group

Goals

1. To provide information about the format and treatment intervention to the group
2. To encourage the participants to be involved with group treatment

Materials Required

- Pre-Test Measures
  - Eating Disorder Examination - Questionnaire
  - Rosenberg Self-Esteem Scale
  - Social Problem Solving Inventory – Revised: Short form
  - If needed, introduction activities (i.e., pass around a soft hat or a squishy ball)

Step Outline

1. Review the goals of the group
   - group format
   - expectations of participants
   - limits of confidentiality
2. Ask the participants to introduce themselves
3. Administer pre-test measures
4. Provide psycho-education on body image, self-esteem, and interpersonal effectiveness (e.g., define the terms)

Review the Goals of the Group (group format, limits of confidentiality)

The beginning of this session is designed to introduce and acclimate the participants to the format of the group. This is also the time that the participants can gain clarification about the rationale and the structure of the group. After the format of the group is reviewed, the facilitators will discuss the limits of confidentiality. Next, the facilitators need to emphasize that the participants are expected to do their homework during the week, to not become verbally and/or physically aggressive during the session, and to be respectful of other participants. If a participant is not able to comply with the expectation of not becoming verbally and/or physically aggressive during the session, then that individual will be removed from the session for 20 minutes. After 20 minutes, if the participant is calm enough and is willing to rejoin the group, then the participant would need to apologize to the group for disrupting the treatment. The purpose of apologizing to the group is so that the participant is able to restore any relationships within the group that may have been strained by the participant becoming escalated and leaving the group. The therapists may need to clarify the difference between the limits of
confidentiality within a group and within individual therapy. After the limits of confidentiality are discussed, the facilitators will ask the participants if they have questions. Since it is likely that many of the group members have received some form of group therapy in the past, the facilitators need to emphasize that this group will be skills-based rather than a group that focuses on addressing emotional reactions. A skills-based group is one that focuses on teaching specific strategies and techniques during the session that can be used throughout the week before the next session. Following the introduction about the group, the facilitators will ask the participants if they have any questions.

Another issue to address with the participants is that there may be some individuals who are also receiving individual therapy given that it is common in this group (Bloom, 2002 & Trupin, 2002). Since some incarcerated youths receive individual therapy, facilitators should meet with the youths’ therapists in order to improve treatment planning. Additionally, the facilitators need to obtain the necessary release of information before contacting the therapists.

Ask the Participants to Introduce Themselves

During this part of the session, the facilitators can introduce themselves to the group members and explain their role as a skills trainer. This will be followed by each participant introducing who she is. If the group is hesitant to talk and the setting allows for it, the facilitators can choose to do an activity to have the group members establish rapport with each other. One such introduction activity is that the facilitators can pass around a funny looking hat or a squishy ball. Whoever has the object is supposed to share something about herself and then pass the object to another member of the group. This will be done until everyone has had the opportunity to share something about herself. After each participant shares something, facilitators provide praise for being willing to open up to the group. Subsequently if there are still individuals that are hesitant to talk, the facilitators need to validate the individuals’ feelings and encourage them to reveal something that they feel comfortable sharing.

Administer Pre-Test Measures

The facilitators will begin this part of the session by describing to the participants how to fill out the Eating Disorder Examination - Questionnaire, the Rosenberg Self-Esteem Scale, and the Social Problem Solving Inventory – Revised: Short form. Before the participants are given the surveys, they need to be asked if they have any questions about filling out the surveys. To establish a baseline of change with respect to body image, disordered eating, self-esteem, and social skills for each participant, the facilitators will administer the Eating Disorder Examination - Questionnaire, the Rosenberg Self-Esteem Scale, and the Social Problem Solving Inventory – Revised: Short form. This will allow the facilitators as well as the juvenile detention facility to monitor changes on these dimensions over time. Please see Appendix L for the Eating Disorder Examination - Questionnaire. Please see Appendix M for the Rosenberg Self-
Esteem Scale. Please see Appendix N for the Social Problem Solving Inventory – Revised: Short.

While administering the surveys, the facilitators need to highlight that the participants should take their time to complete the surveys and should be honest, as their responses will be kept confidential. It should also be noted that the surveys will help with treatment planning. Furthermore, emphasizing the utility of completing these surveys is of importance because it provides the facilitators with a way to track therapeutic change.

Provide psycho-education on body image, self-esteem, and interpersonal effectiveness (e.g., define the terms)

Being able to gauge the participants’ understanding of key terms used throughout this group is important so that there is clear understanding of topics being discussed. To provide a foundation for the terms used in the group, the facilitators need to review the definitions of body image, self-esteem, and interpersonal effectiveness. First, the facilitators will define body image as an internal representation of an individual’s outer appearance. This comprises visual perceptions, feelings, thoughts, and behaviors (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). The association between an individual’s view of his or her body and his or her eating behaviors and exercise patterns has been well documented (Thompson, 1999). After defining body image, the facilitators will ask the participants if they have any questions or need clarification on the meaning of the term. Next, the facilitators will introduce the concept of self-esteem. Self-esteem is defined as an attitude about the self and is related to personal beliefs about skills, worthiness, abilities, social relationships, and future outcomes (Heatherton, 2003). After defining self-esteem, the facilitators will ask the participants if they have any questions or need clarification on the meaning of the term. The final term to address is interpersonal effectiveness. Interpersonal skills have traditionally been defined in three main skills areas, which include conflict resolution, help-giving, and help-seeking (Trupin, 2002). Conflict resolution skills are strategies used to reach an agreement after being involved in a disagreement (Williams & Currie, 2000). Help-giving skills are strategies used by an individual to assist another when the other person is in a situation that may require assistance (Glick et al., 2011). Reciprocally, help-seeking skills are strategies used by an individual to seek out assistance to complete a task (Glick et al., 2011). After defining interpersonal effectiveness, the facilitators will ask the participants if they have any questions or need clarification on the meaning of the term.

After these terms have been defined, allow the participants to ask questions to clarify the meaning of these definitions. After this exercise has been completed, end the group by praising the participants’ willingness to engage in this process.
Appendix C

Session 2: Introduction to DBT and Mindfulness

Goals

1. To provide an overview on mindfulness
2. To provide psychoeducation on the Dialectical Behavior Therapy (DBT) model for body image disturbance and interpersonal effectiveness
3. To review the use of diary cards and homework

Materials Required

- Mindfulness script
- Diary card

Step Outline

1. 5 minute mindfulness activity
2. Introduce Dialectical Behavior Therapy model for body image disturbance and interpersonal effectiveness
   a. Review diary cards
3. Explain and assign homework

Reinforce the Mindfulness Skill: Observe without Judgment

Every session will begin by doing a 5 minute mindfulness activity. The primary rationale for doing a mindfulness activity at the start of the session is that it allows the participants to develop skills in practicing mindfulness. A secondary rationale for engaging in mindfulness is to help the participants become more relaxed and focused during the session. Some of the goals of mindfulness are to bring attention to the present moment, to become less judgmental, and to become more at peace with oneself. Individuals will develop skills in improving self-esteem, interpersonal effectiveness, and body image (Ameli, 2014; Linehan, 1993a; Robin & Russell 2010). The mindfulness script below is a sample of a breathing mindfulness exercise that focuses on being able to observe sensations without reacting to them. Please see Appendix O for a sample mindfulness script.

“Let’s begin this session by doing something called mindfulness. One part of mindfulness involves paying attention to reactions we might have and being non-judgmental. Are there any questions so far (Pause to answer any of the participants’ questions)? I want you to get as comfortable as you can and gently close your eyes if you feel comfortable doing so, or look down towards the floor

Make sure that your body is upright with your feet touching the ground (pause for 10 seconds).
Take a few moments to relax your body (pause for 10 seconds). This may involve breathing slower or opening up your hands so that they are not clenched. Try to make your muscles as loose as possible (pause for 15 seconds).

Now, I want you to take a deep breath in and hold it (pause for 4-5 seconds) and now breathe out (pause for 5-6 seconds). Keep breathing slowly and just notice how you feel before and after your breaths (pause for 25 seconds).

If you begin to notice your attention beginning to wander, simply bring it back to your next breath (pause for 10 seconds).

Continue to keep your eyes gently closed if you feel comfortable doing so or look down toward the floor. Become aware of the sounds in this room. Approach listening to noises with openness and curiosity. This is done by not trying to listen for anything specific, but rather just accepting anything that is heard. Pay attention to any sounds coming from inside this room (pause for 25 seconds). Listen, take it in and then let it go (pause for 20 seconds).

If you begin to notice your attention beginning to wander again, simply bring it back to your next breath (pause for 10 seconds).

Notice the sound of your own breathing (pause for 20 seconds). Just listen and observe (pause for 30 seconds).

As you bring your awareness to your breath, simply notice what sensations you experience as you breathe in and breathe out (pause for 20 seconds). Feel the air as it lightly touches the inside of your throat and simply observe the sensations (pause for 20 seconds).

If you notice your attention beginning to wander again, simply bring it back to your next breath (pause for 10 seconds).

Listen to the soft sounds of your own breathing (pause for 20 seconds). Allow your breath to take a natural rhythm and just breath easily and effortlessly (pause for 20 seconds).

Simply be aware of your breath and the sensations you feel (pause for 20 seconds).

Now, gradually open your eyes and allow yourself to slowly take in your surroundings.”
Introduction to the Dialectical Behavior Therapy Model for Body Image Disturbance and Interpersonal Effectiveness

Dialectical Behavior Therapy (DBT) is a skills-based approach that emphasizes being nonjudgmental. The introduction to the DBT model should take approximately 45 minutes. One of the major principles of this approach is that although you may not have caused some of your negative experiences, you have the ability to not allow such experiences to have a poor impact on you (Linehan, 1993a). The DBT model for body image disturbance and interpersonal effectiveness emphasizes the following skills: wise mind, opposite to emotion, distract, improve the moment, radical acceptance, and deep breathing, while using specific techniques for improving body image disturbances and interpersonal skills. This treatment involves a skills-based group that teaches interpersonal effective skills for acquiring something (help-seeking) and giving something (help-giving) (Trupin, 2002). These skills are used to help female juvenile offenders become better able to build and maintain interpersonal relationships. The specific techniques involve using DEARMAN and GIVE for interpersonal effectiveness, and challenging body image distortions with Self Back Talk, Improve the Moment, and Thinking in Greys. Specifically, DEARMAN is an acronym that represents an interpersonal effectiveness skill that stands for Describe your situation, Express why this is an issue and how you feel about it, Assert yourself by asking clearly for what you want, Reinforce your position by offering a positive consequence if you were to get what you want, be Mindful of the situation by focusing on what you want and ignoring distractions, Appear confident, and Negotiate with a hesitant person and come to a comfortable compromise (Linehan, 1993a). The second skill that is used within this model is the GIVE acronym, which stands for use Gentle and appropriate language; look Interested; Validate the other person through words, body language, and/or facial expressions; and use an Easy Manner during the conversation by smiling (Linehan, 1993a). After explaining interpersonal effectiveness skills, facilitators should ask the participants if they have any questions. Self Back Talk involves coming up with reasons why a body image distortion is false. For instance, if someone were to think to herself that she always has bad hair days, then she could think of a time when she had a good hair day. Additionally, Improve the Moment involves thinking of ways to feel better in the moment such as reading a book or going for a walk. Lastly, Thinking in Greys involves being able to have a more middle-ground or balanced perspective about body image. For instance, if someone were to think to herself that she should never go out without make-up on, she could think of a time that she may be willing to leave the house without wearing make-up.

First, the Wise Mind skill is viewed as a combination of two different states of mind, the Emotional Mind and the Reasonable mind. Wise Mind is a skill used by helping the individual come up with strategies to resolve a conflict that is balanced. Wise Mind is being able to use emotion and reason when making a decision. For example, when an individual has his or her feelings hurt, he or she can calmly say what hurt his or her feelings. Next, the Opposite to Emotion skill is used when people are feeling an intense emotion such as anger and may want to hit another person. In this situation, the person who is feeling angry would respond in a way that is opposite to his or her
emotional reaction. For example, if the person wants to hit whoever made him or her angry, he or she would be encouraged to do the opposite and not hit the person, and could choose to take a deep breath or walk away instead. The next skill is called Distract, which refers to distracting ourselves with doing something else when we are feeling upset. This involves engaging in an activity that temporarily takes our minds off the negative situation and/or emotion. Distraction allows us to refocus our attention on something else. After explaining the fundamental components, facilitators should ask the participants if they have any questions about these skills.

The next component of this treatment involves using Radical Acceptance and deep breathing. Radical Acceptance involves being able to accept our situation so that we are able to begin working on addressing an issue. For example, Radical Acceptance could be used if the participant were to need to repeat a grade level in school, and then that individual would accept his or her reality as it is so that he or she can begin working on improving the situation. Next, deep breathing is a central part of the DBT model. Engaging in deep breathing is of importance because when we are feeling angry, we tend to take shallow breaths and our brain does not get enough oxygen (Linehan, 1993a). This lack of oxygen often results in people having a difficult time with calming down (Linehan, 1993b). After explaining Radical Acceptance and deep breathing, facilitators should ask the participants if they have any questions.

Another component of this treatment involves challenging body image distortions. Specifically, Mind Misfortunetelling and Beauty Bound are going to be addressed in this treatment. Mind Misfortunetelling occurs when an individual thinks that s/he can tell that what is going to happen is automatically going to be bad. An example of Mind Misfortunetelling is when an individual believes that people will make fun of him or her automatically because he or she has acne. The next distortion that is going to be addressed is Beauty Bound. This occurs when people limit what they will do because of the way they perceive their body image. An example of Beauty Bound is when an individual restricts what he or she will do based on how he or she looks such as not going to a party or to the mall. After explaining the body image distortions, facilitators should take a moment to ask the participants if they have any questions about these skills and distortions.

Introduction to the Diary Cards

The diary card is an important component of the DBT model for body image disturbances and interpersonal effectiveness. This part of the session should take approximately 20 minutes. The primary rationale for using the diary card is that it allows the facilitators to gain a quick assessment of the participants’ distress level over the past week and to see if the participants used their skills during this time (Koerner, 2012; Linehan, 1993a). The secondary rationale for using the diary card is that it can help the facilitators keep track of the participants’ progress from week to week (Koerner, 2012; Linehan, 1993a). The final rationale for using the diary card is that it is difficult to accurately remember the days that a skill was used, so the diary card is a way to gain an accurate representation of skills used as well as urges to harm oneself (Linehan, 1993a).
When introducing how to use a diary card, the facilitators could say something such as, “This is a diary card. You may or may not have filled out something like this before. You’ll notice that there is a list of skills on the left and corresponding days of the week on the right. If you use one of the listed skills on the left, circle the day that you used the skill.” After explaining how to fill out a diary card, facilitators should ask the participants if they have any questions. Please see Appendix P for a sample of a diary card.

**Explain and Assign Homework**

Assigning homework is an important part of the DBT model for body image disturbance and interpersonal effectiveness. This part of the session should take approximately 10 minutes. The primary rationale for doing homework is to practice the skills that were learned during the group session. The secondary rationale is that it helps the participants to be more aware of when they are using their mindfulness skills.

For this session, the homework for the week is to practice the mindfulness breathing technique that was used in the beginning of this session. If the facility allows handouts, the first component of the homework is to distribute a copy of the mindfulness script so that the participants can have a guideline on how to engage in mindfulness breathing. Additionally, to remind the participants of a central component to mindfulness, the facilitators should say, “When practicing mindfulness, there is an emphasis on observing and noticing what is going on around us without using judgment labels such as good, bad, and dumb among others.” The second component to this week’s homework is to have the facilitators remind the participants to fill out their diary card by circling the day of the week that they used the mindfulness skill. After explaining the homework assignment, facilitators should ask the participants if they have any question.
Appendix D

Session 3: DBT Wise Mind

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To problem solve by conducting a DBT solution analysis with individuals who did not complete their diary cards
4. To teach the new skills - Wise Mind and Deep Breathing
5. To assign homework

Materials Required

- Mindfulness script
- Diary card
- Solution Analysis worksheet
- Wise Mind worksheet
  - Magazines (if allowed by facility)
  - Stickers (if allowed by facility)
- Props for Wise Mind role-play (may be substituted with other materials allowed by the facility)
  - Funny looking hat
  - Clipboard with pen or pencil
  - Calculator

Step Outline

1. 5 minute mindfulness activity
2. Review diary cards and conduct a DBT Solution Analysis if needed
3. Review DBT Mindfulness Skill: Observe without Judgment
4. Introduce the new skill – deep breathing
5. Introduce the new skill – Wise Mind
6. Explain and assign homework

**Reinforce the Mindfulness Skill: Observe without Judgment**

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting a mindfulness activity as well as a sample of a mindfulness script.

**Review Diary Cards and Conduct a DBT Solution Analysis if Needed**
Before reviewing the diary cards, ask the participants if everyone filled out his or her diary card. Use praise for the individuals who completed their diary cards to help reinforce this behavior. For participants who did not complete their diary card, conduct a DBT solution analysis (5 minutes per person). Solution analysis is the process of using the entire group to figure out what prevented individual(s) from completing their diary cards and ways to increase their compliance with completing the diary cards. If more than half of the entire group did not complete the homework, the facilitators should try and identify common themes regarding the reasons why participants were not able to complete the homework. After identifying such themes, the facilitators should conduct a chain analysis with the participants who had similar reasons for not completing the homework. Please see Appendix Q for an illustration of a DBT solution analysis.

With the entire group present, describe vulnerability factors as those that make the participant less likely to complete her diary card. Examples of such factors include: physical illness, lack of sleep, change in the environment, and intense emotions that were experienced during the week (McKay, 2007; Pederson, 2012). Then ask a participant who did not complete her diary card to identify her vulnerability factors.

The next step in solution analysis is to consider the prompting event. The prompting event is an event in the environment that triggered the problem behavior (McKay, 2007; Pederson, 2012). Possible questions that can help the facilitators identify the prompting event include: 1) “What was going on the moment before you forgot to complete the diary card?” and 2) “Did you forget to do the diary card overall or did you think about it and then decide not to do it? If you decided not to do it, what was going on in your mind during that time?”

The next step in solution analysis is to figure out what were the links in the chain. Links are thoughts, emotions, sensations, and behaviors that lead up to the problem behavior of not filling out the diary card (McKay, 2007; Pederson, 2012). When asking the participants about the links, try to be as specific as possible. For instance, a possible question to ask is: “What specific thought, feeling, or action followed immediately after the prompting event?” Try to identify as many thoughts or actions as possible.

The next step in solution analysis is to describe the specific behavior that occurred. In this case, it would be not filling out the diary card. It is important to have the participants report adequate details so that if an actor heard the steps in the chain, he or she would be able to act out what was being described (McKay 2007; Pederson, 2012). The next step in conducting a DBT solution analysis is to identify the consequences of the problem behavior (McKay 2007; Pederson, 2012). A couple of possible consequence would be how the participant felt right after she thought about doing the diary card but decided not to fill it out as well as needing to do a solution analysis in session.

The final step in solution analysis is to come up with strategies that can be utilized to increase the likelihood of completing the diary card in the future. For instance, if the participant lost the diary card, a possible solution could be to tape it up to the wall. Try
and have the group generate as many solutions as possible. The rationale for solution analysis is to help increase the likelihood that the desired behavior of filling out the diary card will be completed. After each item in the chain is discussed, ask the participants if they have any questions. At the end of the solution analysis, emphasize the importance of filling out the diary card to help them gain insight into their emotional and behavioral patterns. This insight will help them understand when they are distressed and when to use their skills to manage such distress. Once the participants have an understanding of these connections, they will be better able to work on addressing their behaviors of concern. It should also be noted that the more time spent on a solution analysis, the less time is available for learning and reviewing skills. If there are several members of the group that did not complete their homework, the facilitators should look for common themes and conduct solution analyses based on the common themes. For instance, if the facilitators notice that most of the participants who did not complete their diary card did not do so because they forgot, then the facilitators should only do one solution analysis for that topic. However, if there are no common themes, the facilitators could split the group in half, so that each facilitator can simultaneously conduct solution analyses with their half of the group.

**Review DBT Mindfulness Skill: Observe without Judgment**

Spend ten minutes reviewing the mindfulness skill from last week. Remind the participants that the goal of mindfulness is to increase awareness about the present moment by observing and letting go of judgmental thoughts. To review this skill, ask the participants to describe their experiences over the past week when they attempted to use mindfulness in their daily lives by observing without using any judgment terms. Use praise to reinforce the participants who attempted the skill.

**Teach Participants the Skill of Deep Breathing**

The next part of this session is to practice deep breathing and more specifically, paced breathing. Paced breathing involves the “in breath” lasting a shorter length of time than the “out breath.” The “out breath” needs to be longer than the “in breath” because the “out breath” is what activates relaxation and feeling calmer (Ameli, 2014; Hollenstein, 2012; Linehan, 1993b). The primary rationale for conducting deep breathing is so that the participants can learn a skill to assist them with calming down when distressed. The secondary rationale for conducting deep breathing is so that the participants can learn a method of self-soothing that can be used in a variety of situations and settings. To introduce deep breathing, the facilitators could say something such as, “Oftentimes when we are feeling anxious or angry, we tend to take shallow breaths. By taking shallow breaths, the brain does not receive enough oxygen and we tend to stay anxious or angry. To practice deep breathing, I would like everyone to take a deep breath in through their nose and out through their mouth. Breathe as slowly and evenly as possible. Next, we are going to practice using balloons. First, take the balloon and stretch it out a little bit so that it will be easier to do this technique. Next, take the balloon and try to blow the balloon as big as possible with one breath. Once you feel comfortable with breathing this way, we would like you to continue practicing taking deep breaths with the balloon.”
After providing an explanation of this skill again, ask the participants if they have any questions. Remind the participants that their “in-breath” needs to be shorter than their “out-breath” so that they will be able to make the balloon as big as possible with only one breath. Hand out the balloons and practice this skill with participants so that the facilitators can model what deep breathing looks like. This part of the session should take approximately 10 minutes.

Teach Participants the Skill of the Wise Mind

The Wise Mind is an individual’s ability to think and act in a way that combines both reason and emotion (McKay, 2007). The primary reason for introducing the Wise Mind skill is because it can help the participants become de-escalated when they are feeling distressed. To introduce this skill, the facilitators should say something such as, “We have three states of mind, the Emotional Mind, the Reasonable Mind, and the Wise Mind. The Emotional Mind is the part of us that acts in ways without taking into account logic or reason. An example of Emotional Mind would be picking a job only because the person thinks it would be fun. The Reasonable Mind is the part of us that acts without taking into account any emotions. An example of Reasonable Mind would be picking a job because the individual is good at that job, but does not actually enjoy doing the work. The Wise Mind is the combination of both our Emotional and our Reasonable Mind. Essentially, the Wise Mind is the part of the person that is able to act in a way that involves the individual being more centered and balanced. An example of Wise Mind would be when picking a job, the individual thinks about his or her ability to do the work as well as his or her interest in the job.” Ask the participants if they have any questions after the facilitators have introduced the Wise Mind.

The next step in this session is to fill out a worksheet so that the participants will gain a better understanding of what Wise Mind is before doing a role-play later in this session. This entire activity should take approximately 20 minutes. The facilitators need to ask the girls to write thoughts and phrases associated with each emotional state of mind listed. After explaining the worksheet, the facilitators need to take a moment and ask the participants if they have any questions about how to fill out the worksheet. If the facility allows, the facilitators can also have magazines or stickers available so that the participants can look for images that portray the different states of mind and place them in the appropriate sections of the worksheet. Please see Appendix R for a sample of a Wise Mind worksheet.

The next step for this section is to conduct a role play with the participants. This entire activity should take approximately 40 minutes. The rationale of conducting a role play is so that the participants gain practice using these skills as well as make it easier to remember and to use the skills during the upcoming week. To begin this activity, assign and divide the girls as equally as possible into three groups, 1) Emotional Mind, 2) Reasonable Mind, and 3) Wise Mind. To help create a visual example of the 3 different states of mind, provide the participants in the Emotional Mind with a funny looking hat in order to highlight the Emotional Mind. Next, for the Reasonable Mind, provide the participants in this group with a clipboard, writing instrument, or other props that the
facility will allow in order to highlight the Reasonable Mind. For the Wise Mind group, the participants do not get any props because the purpose of highlighting the Wise Mind is to emphasize that it is a part of us. After giving the props to the participants, ask them if they have any questions.

To begin the role play, have the three groups line up next to each other. Inform them that each line represents a different state of mind. Next, present a scenario and ask the participant at the front of each line to describe what each state of mind would do in that moment. After the participants at the front of the line have described what they would do in that situation, have them go to the end of a different line. Continue this activity until each participant has a chance to be in each line. Throughout this activity, continue to reinforce the use of the Wise Mind in these different scenarios as well as praise participants correctly labeling each state of mind. Please see below for a list of possible scenarios to use with this activity.

1. When you are eating lunch, someone comes by and knocks your food off the table. What do you do or think?
2. When you are in the classroom, you hear someone whispering your name and looking at you. What do you do or think?
3. When you are outside for exercise class, you see someone point at you and laugh. What do you do or think?
4. When you are watching television during free choice time, someone comes into the room and changes the channel. What do you do or think?
5. When you are reading a book or a magazine during free choice time, people keep talking loudly next to you. What do you do or think?

**Explain and Assign Homework**

The primary component of this week’s homework assignment is to use the Wise Mind skill when feeling upset. A secondary component of this week’s homework is to continue practicing the mindfulness breathing technique that was used in the beginning of this session. Remind the participants to fill out their diary card by circling the day of the week that they used skills. After explaining the homework assignment, ask the participants if they have any questions. This part of the session should take approximately ten minutes.
Appendix E

Session 4: Interpersonal Effectiveness skills - DEARMAN and GIVE

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To problem solve by conducting a DBT solution analysis with individuals who did not complete their diary cards
4. To review the Wise Mind skill
5. To teach the new skills - DEARMAN and GIVE
6. To assign homework

Materials Required

- Mindfulness script
- Diary card
- Solution Analysis worksheet

Step Outline

1. 5 minute mindfulness activity
2. Review Diary Cards and conduct a DBT Solution Analysis if needed
3. Review Wise Mind
4. Introduce new skills - DEARMAN and GIVE
5. Explain and assign homework

Reinforce the Mindfulness Skill: Observe without Judgment

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting a mindfulness activity as well as a sample of a mindfulness script.

Review Diary Cards and Conduct a DBT Solution Analysis if Needed

Before reviewing the diary cards, ask the participants if everyone filled out his or her diary card. Praise the individuals who completed their diary cards to help reinforce this behavior. For participants who did not complete their diary cards, conduct a DBT solution analysis (5 minutes per person). If more than half of the entire group did not complete the homework, the facilitators should try and identify common themes regarding the reasons why participants were not able to complete the homework. After identifying such themes, the facilitators should conduct a chain analysis with the
participants who had similar reasons for not completing the homework. Please see Session 3 on how to conduct a DBT solution analysis.

**Review DBT Skill: Wise Mind**

To review the Wise Mind, have the entire group role play one of the scenarios from Session 3. Similar to the last session, have the three different groups line up next to each other. Next, present a scenario that was used in Session 3. Ask the participant at the front of each line what she would do in that moment. After presenting the scenario, ask the participants if they have any questions. Throughout this activity, continue to reinforce the use of the Wise Mind in these different scenarios. The review should end when all of the participants have had at least one turn describing each state of mind in all 3 of the lines. Please see Session 3 for a list of possible scenarios. This part of the session should take approximately 20 minutes.

**Introduce DEARMAN and GIVE skills with role plays**

Interpersonal effectiveness skills are going to be learned in this session. The primary rationale for teaching interpersonal skills is because female juvenile offenders tend to have a history of an inability to maintain relationships (LeMay, 2012; McKay, 2007). A secondary rationale for teaching interpersonal effectiveness skills is because female juvenile offenders also tend to have difficulty with engaging in effective communication with others (LeMay, 2012; McKay, 2007). To introduce this to the female juvenile offenders, the facilitators should say, “Often times, when we are working with difficult people, they can become annoyed, and we do not get what we want. The DEARMAN skill will help you be able to get your point across in a more effective manner. DEARMAN stands for Describe your situation, Express why this is an issue and how you feel about it, Assert yourself by asking clearly for what you want, Reinforce your position by offering a positive consequence if you were to get what you want, be Mindful of the situation by focusing on what you want and ignore distractions, Appear confident, and Negotiate with a hesitant person and come to a comfortable compromise. The second skill that is going to be learned today is the GIVE skill and is also used when working with other people, but involves you giving the person something. GIVE stands for use Gentle and appropriate language; look Interested; Validate the other person through words, body language, and/or facial expressions; and use an Easy Manner during the conversation by smiling.” After explaining the two skills that will be learned in this session, ask the participants if they have any questions.

Participants will engage in role play using these skills, thereby making it easier to remember and to use the skills during the upcoming week. To gain practice with the DEARMAN skill, assign four participants to think about a specific time this past week that they were annoyed when they did not get something that they wanted. This part of the session should take approximately 28 minutes. Next the facilitators should ask clarifying questions to try and gain an understanding of what happened. In order to make sure that every participant has time, each person should be allowed 7 minutes to describe her situation and come up with a solution that is consistent with using the skill. The facilitators should role play this skill by asking the participant who is sharing her
situation to describe the part of the situation that required using the DEARMAN skill with the facilitators until she describes it in a way that is consistent with the skill. The facilitator will let the participant know when she has described the situation correctly using the skill. When one facilitator is speaking with the individual who is sharing her situation, the other facilitator should ask the group how the participant could have used the skill to handle it differently. Throughout this role play, ask the participants if they have any questions to make sure that they understand the directions.

To gain practice with the GIVE skill, ask the remaining four participants to think about a specific time this week that they tried to give someone a compliment or do something nice and they felt rejected. This part of the session should take approximately 28 minutes. After explaining how to run this portion of the skills group, ask the participants if they have any questions. Next, the facilitators should ask clarifying questions to try and gain an understanding of what happened. The facilitators should role play this skill by asking the participant who is sharing her situation to describe the portion of the story that required using the GIVE skill with the facilitators until she describes it in a way that is consistent with the skill. The facilitators will let the participant know when she has described a way of handling her situation that is consistent with the skill. When one facilitator is speaking with the individual who is sharing her situation, the other facilitator should ask the group how the participant could have used the skill to handle it differently.

**Explain and Assign Homework**

The primary component of this week’s homework assignment is to use the DEARMAN and GIVE skills. A secondary component of this week’s homework is to continuing using Wise Mind. The third component of this week’s homework is to continue practicing the mindfulness breathing technique that was used in the beginning of this session. Remind the participants to fill out their diary card by circling the day of the week that they used skills. After explaining the homework assignment, ask the participants if they have any questions. This part of the session should take approximately ten minutes.
Appendix F

Session 5: DBT Opposite to Emotion, Distract, and Improve the Moment

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To problem solve by conducting a DBT solution analysis with individuals who did not complete their diary cards
4. To review the DEARMAN and GIVE skills
5. To teach the new skills - Opposite to Emotion, Distract, and Improve the Moment
6. To assign homework

Materials Required

- Mindfulness script
- Diary card
- Solution Analysis worksheet

Step Outline

1. 5 minute mindfulness activity
2. Review Diary Cards and Conduct a DBT Solution Analysis if needed
3. Review DEARMAN and GIVE skills
4. Introduce new skills - Opposite to Emotion, Distract, and Improve the Moment
5. Explain and assign homework

Reinforce the Mindfulness Skill: Observe without Judgment

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting a mindfulness activity as well as a sample of a mindfulness script.

Review Diary Cards and Conduct a DBT Solution Analysis if Needed

Before reviewing the diary cards, ask the participants if everyone filled out his or her diary card. Praise the individuals who completed their diary cards to help reinforce this behavior. For participants who did not complete their diary card, conduct a DBT solution analysis (5 minutes per person). If more than half of the entire group did not complete the homework, the facilitators should try and identify common themes regarding the reasons why participants were not able to complete the homework. After identifying such themes, the facilitators should conduct a chain analysis with the
participants who had similar reasons for not completing the homework. Please see Session 3 on how to conduct a DBT solution analysis.

**Review DEARMAN and GIVE skills**

To review the DEARMAN and GIVE skills, the facilitators should ask two participants to share a specific time this past week that they were either annoyed when they did not get something they wanted or they wanted to give someone something. This part of the session should take approximately 30 minutes. In order to make sure that there is enough time for each participant to practice using the new skills, each participant is allowed 4 minutes. The facilitators should role play this skill by asking the participant who is sharing her situation to describe the part of the story that required using either the DEARMAN or GIVE skill with the facilitators until she describes it in a way that is consistent with the DEARMAN or GIVE skills. When one facilitator is asking the individual who is sharing her situation, the other facilitator should ask the group how the participant could have used the skill to handle the situation more effectively. After explaining this process, ask the participants if they have any questions to make sure that they understand the role play.

**Introduce the Opposite to Emotion, Distract, and Improve the Moment skills**

Opposite to Emotion, Distract, and Improve the Moment skills are relevant to female juvenile offenders. The primary rationale for introducing these skills is because female juvenile offenders tend to have a history with feeling significant emotional distress and these skills can help them cope with intense negative emotions (Linehan 1993a; McCann, 2007). To introduce the new interpersonal effectiveness skills, the facilitators should say, “The Opposite to Emotion skill is used when we are feeling an intense emotion such as anger. Instead of hitting the person or what we were intending on doing, we do the opposite of what we want to do such as take a deep breath and walk away. Another skill that we can use is Distract. This involves distracting ourselves with doing something else when we are feeling upset. The last skill we are going to learn today is Improve the Moment. This is similar to the last skill since this is used to help us feel better in the moment. Using Improve the Moment can help us feel better by doing an activity that we enjoy if we are feeling upset. Examples of some activities that might help us to feel better are reading a book, exercising, or writing a poem. Doing enjoyable activities allows us not to feel as upset when in a difficult situation or when dealing with very negative emotions.” After explaining each skill, ask the participants if they have any questions.

To gain practice with the Opposite to Emotion skill, assign three participants to think about a specific time this week when they either felt the urge to hit someone or yell at them, or they actually did. This part of the session should take approximately 21 minutes. The rationale of conducting a role play is so the participants can get practice with using these skills so they will be easier to remember and to use during the upcoming week. Next, the facilitators should ask clarifying questions to try and gain an understanding of what happened. In order to make sure that every participant has time,
each person is allowed 7 minutes. The facilitators should role play this skill by asking the participant who is sharing her situation to repeat the part of the story that required using the Opposite to Emotion with the facilitators until she describes it in a way that is consistent with the skill. When one facilitator is asking the individual who is sharing her situation, the other facilitator should ask the group to think of ways to use the skill to handle the situation more effectively. Throughout this role play, ask the participants if they have any questions to make sure that they understand the directions.

To gain practice with the Distract skill, ask three different participants to think about a specific time this week that they felt upset. This can include feeling lonely, angry, and scared among other emotions. This part of the session should take approximately 21 minutes. After explaining the skill, ask the participants if they have any questions to make sure that they understand the role play. Next, the facilitators should ask clarifying questions to try and gain an understanding of what happened. The facilitators should role play this skill by asking the participant who is sharing her situation to say the part of the story that required using the Distract skill with the facilitators until she describes it in a way that is consistent with the skill. When one facilitator is asking the individual who is sharing her situation, the other facilitator should ask the group how the participant could have used the skill to handle it more effectively.

To gain practice with the Improve the Moment skill, ask the remaining two participants to think about a specific time this week that they felt upset. This part of the session should take approximately 21 minutes. After explaining the skill, ask the participants if they have any questions to make sure that they understand the role play. Next, the facilitators should ask clarifying questions to try and gain an understanding of what happened. The facilitators should role play this skill by asking the participant who is sharing her situation to say it again with the facilitators until she says the part of the story that required using the Improve the Moment skill in a way that is consistent with the skill. When one facilitator is asking the individual who is sharing her situation, the other facilitator should ask the group how the participant could have used the skill to handle it more effectively. Continue to ask the participants if they have any questions to make sure that they understand the role play. Please see Appendix S for a list of enjoyable activities that female juvenile offenders can use to improve the moment. Please consult with your facility’s rules to make sure that the activities in Appendix S are appropriate.

**Explain and Assign Homework**

The primary component of this week’s homework assignment is to try and use Opposite to Emotion, Distract, and Improve the Moment skills. A secondary component of this week’s homework is to continue using DEARMAN and GIVE skills. The third component of this week’s homework is to continue practicing the mindfulness technique that was used in the beginning of this session. Remind the participants to fill out their diary card by circling the day of the week that they used skills. This part of the session should take approximately ten minutes. After explaining the homework assignment, ask the participants if they have any questions.
Appendix G

Session 6: DBT Radical Acceptance and Deep Breathing

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To problem solve by conducting a DBT solution analysis with individuals who did not complete their diary cards
4. To review the Opposite to Emotion, Distract, and Improve the Moment skills
5. To teach the new skill - Radical Acceptance
6. Review Deep Breathing
7. To assign homework

Materials Required

- Mindfulness script
- Diary card
- Solution Analysis worksheet
- Balloons (may be substituted with other material that the facility allows)

Step Outline

1. 5 minute mindfulness activity
2. Review diary card homework
3. Review Opposite to Emotion, Distract, and Improve the Moment skills
4. Introduce Radical Acceptance
5. Review Deep Breathing
6. Explain and assign homework

Reinforce the Mindfulness Skill: Observe without Judgment

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting mindfulness as well as a sample of a mindfulness script.

Review Diary Cards and Conduct a DBT Solution Analysis if Needed

Before reviewing the diary cards, ask the participants if everyone filled out his or her diary cards. Praise the individuals who completed their diary cards to help reinforce this behavior. For participants who did not complete their diary card, conduct a DBT solution analysis (5 minutes per person). If more than half of the entire group did not complete the homework, the facilitators should try and identify common themes.
regarding the reasons why participants were not able to complete the homework. After identifying such themes, the facilitators should conduct a chain analysis with the participants who had similar reasons for not completing the homework. Please see Session 3 on how to conduct a DBT solution analysis.

**Review Opposite to Emotion, Distract, and Improve the Moment skills**

To review the Opposite to Emotion, Distract, and Improve the Moment skills, the facilitators should ask three participants to share a specific time this week that they were feeling angry, sad, or lonely. This part of the session should take approximately 15 minutes. In order to make sure that there is enough time to introduce the new skills, each participant is allowed 5 minutes. The facilitators should role play this skill by asking the participant who is sharing her situation to use the Opposite to Emotion, Distract, or the Improve the Moment skills. This should be done until the participant is able to effectively verbalize how to use one of the three skills being reviewed to improve the current moment. After the participant who is sharing her situation finishes, the facilitators should ask the group how using the skill could improve the moment. The facilitator will let the participant know when she has described the situation correctly using the skill. After explaining how to conduct the skills review, ask the participants if they have any questions to make sure that they understand the role play.

**Review Deep Breathing**

The next part of this session is to review deep breathing and specifically paced breathing. This part of the session should take 15 minutes. Please see Session 3 for the rationale of conducting deep breathing. To continue practicing this skill from Session 3, the facilitators should say something such as, “The next skill we would like review to is deep breathing. As mentioned in Session 3, oftentimes when we are angry or feeling upset, we tend to take shallow breaths. The problem when we take shallow breaths is that we tend to stay angry and have a harder time with calming down. To help gain practice with this skill, I want everyone to blow their balloon (hand out balloons) as big as possible with only one breath. Begin by taking a breath in for about 5 seconds and then a breath out for about 7-8 seconds.” If the facility does not allow balloons, they can be substituted with liquid bubble mix. After explaining this skill, ask the participants if they have any questions.

**Introduce the Radical Acceptance skill**

Radical Acceptance is the ability to tolerate a situation in life with the purpose of being able to move forward. The primary rationale for teaching Radical Acceptance is that many female juvenile offenders oftentimes present with an inability to tolerate difficult situations. A secondary rationale for teaching Radical Acceptance to female juvenile offenders is because these individuals typically have experienced a significant amount of trauma and other challenging life circumstances (Battle, 2003; Croysdale, 2008; Krischer, 2008; Nilsson, 2011). To introduce the new coping skill, the facilitators should say something such as, “I would like to introduce a new skill called radical
acceptance. This means being able to tolerate something without judging or trying to change it. Another part of this skill is using it with mindfulness. Mindfulness is the ability to be aware of thoughts, emotions, and physical reactions in our body without judging or criticizing yourself or the experience. When we use judgmental language such as bad, horrible, and stupid, we tend to feel worse about our situations or ourselves. To give an example of this, if you have a car that is broken and you bring it to the first mechanic, and he believes nothing is wrong with it, then nothing changes. When you bring your car to the second mechanic, he may not know what is wrong with the car, but accepts that the car may have a problem. Since he accepts that there may be a problem, he can begin to work on fixing the car.” The facilitators should emphasize that radical acceptance does not mean that we accept dangerous or harmful relationships and/or situations in our lives. For example, if someone is in an abusive relationship, that individual would not accept the abusive relationship. Another example of harmful situation would be if the individual were being forced to do acts against his or her will. After explaining this skill, ask the participants if they have any questions.

To gain practice with using Radical Acceptance, we are going to practice tolerating something without judging or trying to change it. This part of the session should take approximately 40 minutes. The rationale for conducting a role-play with this skill is so that the participants can get practice using it so that it will be easier to remember and to use the skills during the upcoming week (Linehan, 1993a; Robin & Russell 2010). Practicing Radical Acceptance will also facilitate participants’ ability to engage in the mindfulness exercises (Linehan, 1993a; Robin & Russell 2010). Throughout this session, ask the participants if they have any questions to make sure that they understand the directions. To model this skill, the facilitators should think of a time that they used judgmental language this week and share how they were able to radically accept it. For example, if a facilitator were to say to him or herself that he or she was “stupid” for forgetting to lock the door of his or her house, the facilitator would accept that mistakes happen. Another example would be if the facilitator were to say to him or herself that he or she was “dumb” for locking his or her keys in the car, the facilitator would accept that mistakes happen. Next, the facilitators will have all of the participants share a time during this week that they remember using judgmental language. If the participants cannot think of a time that they used judgmental language, the facilitators can ask the girls to think of a time this week that they were upset with themselves or with someone else. Next, the facilitators should ask clarifying questions to gain an understanding of what thoughts were judgmental. In order to make sure that every participant has time, each person is allowed 5 minutes. Once the facilitators have established what happened, they should ask the participant if she noticed any judgmental language in the story she just mentioned. If the participant does not notice any judgmental language, the facilitators should point out where they heard the judgmental language. Additionally, one facilitator should ask the individual who is sharing her situation how she could have handled the situation differently by using the skill. During this time, the other facilitator should ask the group how the participant could have used the skill to handle it more effectively.

**Explain and Assign Homework**
The primary component of this week’s homework assignment is to try and use Radical Acceptance. A secondary component of this week’s homework is to continue using Opposite to Emotion, Distract, Improve the Moment, DEARMAN and GIVE skills. The third component of this week’s homework is to continue practicing the mindfulness technique that was used in the beginning of this session. Remind the participants to fill out their diary cards by circling the day of the week that they used skills. This part of the session should take approximately ten minutes. After explaining the homework assignment, ask the participants if they have any questions.
Appendix H

Session 7: DBT Self-Back Talk and Thinking in Greys

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To problem solve by conducting a DBT solution analysis with individuals who did not complete their diary cards
4. To review the Radical Acceptance and deep breathing skills
5. To teach new skills - Self-Back Talk and Thinking in Greys
6. To assign homework

Materials Required

- Mindfulness script
- Diary card
- Solution Analysis worksheet
- Balloons (may be substituted with other material that the facility allows)

Step Outline

1. 5 minute mindfulness activity
2. Review diary card homework
3. Review Radical Acceptance and Deep Breathing skills
4. Introduce Self-Back Talk and Thinking in Grey skills
5. Explain and assign homework

Reinforce the Mindfulness Skill: Observe without Judgment

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting a mindfulness activity as well as a sample of a mindfulness script.

Review Diary Cards and Conduct a DBT Solution Analysis if Needed

Before reviewing the diary cards, ask the participants if everyone filled out his or her diary cards. Praise the individuals who completed their diary cards to help reinforce this behavior. For participants who did not complete their diary card, conduct a DBT solution analysis (5 minutes per person). If more than half of the entire group did not complete the homework, the facilitators should try and identify common themes regarding the reasons why participants were not able to complete the homework.
identifying such themes, the facilitators should conduct a chain analysis with the participants who had similar reasons for not completing the homework. Please see Session 3 on how to conduct a DBT solution analysis.

**Review Radical Acceptance and Deep Breathing skills**

To review Radical Acceptance, the facilitators should each use an example of a time that they felt angry, were using judgmental language, and needed to practice Radical Acceptance. For example, if the facilitators felt upset because someone cut them off while driving, or cut in front of them in line and had a judgmental thought, they would share the situation with the participants. Next, the facilitators should go around the room and ask each participant to identify the judgmental language that they heard during their self-talk. Next, the facilitators should have the participants think of a skill that was learned during previous sessions that they could use to help them with practicing how to reduce judgmental language. This part of the session should take approximately ten minutes.

The next part of this review is to practice deep breathing. After providing an explanation of this skill again, ask the participants if they have any questions. Remind the participants that their “in-breath” needs to be shorter than their “out-breath” so that they will be able to make the balloon as big as possible with only one breath. Hand out the balloons and practice this skill with participants so that the facilitators can model deep breathing using the balloons. This part of the session should take approximately 10 minutes.

**Introduce the Self-Back Talk and Thinking in Greys skills**

Discussing skills, such as Self-Back Talk and Thinking in Greys, to address body image distortions are likely to be useful with female juvenile offenders. The primary rationale for teaching these skills is to help reduce body image distortions which are relevant to this population given they tend to have a history of body image disturbances. To introduction this topic, the facilitators should say something such as, “When we are feeling upset about our body or about something else, one strategy to use is Self-Back Talk. This involves thinking about alternative explanations to help minimize the body image distortion. For instance, if you were to think that you cannot go to the beach unless you lose weight first, you can engage in self-back talk by saying, ‘Says who?’ To help gain practice with this skill, we will be conducting a group activity in which a facilitator will read the scenario and the group will come up with ways to disprove that statement.” After explaining this skill, ask the participants if they have any questions. This part of the session should take approximately 25 minutes. To conduct this skills training, have one of the facilitators present a scenario that allows the participants to practice using the Self-Back talk skill. Next, the facilitators should model this skill by using Self-Back talk after the scenario is presented. Please see below for a list of possible scenarios to use with this activity.

1. When I wake up in the morning I can’t get my hair right, so I think I’m ugly.
2. When I wake up in the morning, I notice that I now have acne and I think my day is ruined.
3. Whenever I look at my beauty mark/scar/blemish, I think everybody will notice it.
4. I notice that my clothes feel tighter and I think no one will ever find me attractive.
5. I notice someone else who I think has the perfect body and I think nobody will want to be with me until I look like that person.

To introduce the next body image skill, the facilitators should say something such as, “The next skill that we are going to learn is Thinking in Greys. Thinking in Greys is being able to have a more balanced view of ourselves. When we notice that we are thinking in extremes such as always and never, we see this as a chance to practice being able to come up with a more balanced thought. For example, if someone were to fail a test, he or she may think, “I’m a complete failure in life.” A more balanced thought may be “I may have failed the test, but at least I passed my paper last week.” Another example of using the Thinking in Greys skill is if someone’s boyfriend or girlfriend were to break up with him or her and that person’s first thought was, “I’m a total loser and no one will ever love me.” This person could use the Thinking in Greys skill to change that thought to something like, “I have some good parts about myself such as, I’m kind or I’m helpful.” Thinking in Greys is used when we notice that we are using words that are not open to other possibilities such as always or never. To help gain practice with this skill, we will be doing a group activity where the facilitator will read some situations and the group will come up with ways to show how to think about how to have a more balanced view of that situation.” After explaining this skill, ask the participants if they have any questions. This part of the session should take approximately 25 minutes. To conduct this skills training, have one of the facilitators present a scenario that allows the participants to practice using the Thinking in Greys skill. Next, the facilitators should model this skill by using the Thinking in Grey skill after the scenarios are presented. After the facilitators have demonstrated how to conduct the activity, instruct the participants do the same by having them come up with ways that they could disprove the statement containing a body image distortion. Please use the same scenarios presented above to assist with this skill.

**Explain and Assign Homework**

The primary component of this week’s homework assignment is to use the Self-Back Talk and Thinking in Greys skills. A secondary component of this week’s homework is to continue using the Radical Acceptance, deep breathing, Opposite to Emotion, and Distract skills. Remind the participants to fill out their diary cards by circling the day of the week that they used skills. After explaining the homework assignment, ask the participants if they have any questions. This part of the session should take approximately ten minutes.
Appendix I

Session 8: Body Image Distortions: Mind Misfortunetelling and Beauty Bound

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To problem solve by conducting a DBT solution analysis with individuals who did not complete their diary cards
4. To review Self-Back Talk and Thinking in Greys
5. Introduce Body Image Distortions, Mind Misfortunetelling and Beauty Bound
6. Introduce homework and discuss termination concerns
7. To assign homework

Materials Required

- Mindfulness script
- Diary card
- Solution Analysis worksheet
- Mind Misfortunetelling worksheet
- Beauty Bound worksheet

Step Outline

1. 5 minute mindfulness activity
2. Review diary card homework
3. Review Self-Back Talk and Thinking in Greys
4. Introduce Body Image Distortions, Mind Misfortunetelling and Beauty Bound
5. Introduce homework and discuss termination concerns
6. Explain and assign homework

**Reinforce the Mindfulness Skill: Observe without Judgment**

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting a mindfulness activity as well as a sample of a mindfulness script.

**Review Diary Cards and Conduct a DBT Solution Analysis if Needed**

Before reviewing the diary cards, ask the participants if everyone filled out his or her diary cards. Praise the individuals who completed their diary cards to help reinforce this behavior. For participants who did not complete their diary card, conduct a DBT
solution analysis (5 minutes per person). If more than half of the entire group did not complete the homework, the facilitators should try and identify common themes regarding the reasons why participants were not able to complete the homework. After identifying such themes, the facilitators should conduct a chain analysis with the participants who had similar reasons for not completing the homework. Please see Session 3 on how to conduct a DBT solution analysis.

**Review Self-Back Talk and Thinking in Greys**

To review Self-Back Talk and Thinking in Greys, similar to the previous week, the facilitators should model how to use the skill by using the Self-Back Talk and the Thinking in Greys skills with the selected scenario. After explaining the review, ask the participants if they have any questions. Please see below for a list of possible scenarios to use with this activity. This part of the session should take approximately 20 minutes.

1. When I wake up in the morning, I feel bloated and think everyone will notice how big I feel.
2. I get sunburned and my skin is peeling so I think no one will ever find me attractive.

To conduct this skills training, have one of the facilitators present the scenarios that allows the participants to gain practice with using the Self-Back Talk skill. Next, the facilitators should model this skill by using Self-Back Talk after the scenarios are presented. Please see below for a list of possible scenarios to use with this activity.

1. I get bitten by a bunch of bugs and think that no one will find me attractive because of all the marks.
2. I notice that I now have stretch marks and think that I’m ugly.

**Introduce the Body Image Distortions - Mind Misfortunetelling and Beauty Bound**

The body image distortions, Mind Misfortunetelling and Beauty Bound are useful with female juvenile offenders. The primary rationale for teaching skills to help with these body image distortions is because many incarcerated female youth have a history of body image disturbances (Rodgers, 2009; Williams & Currie, 2000). To introduce the topic of body image distortions, the facilitators should say something such as, “A body image distortion is when what we see or think about how our body is, is not what it actually is. For example, a body image distortion is when a person thinks that he or she is fat when he or she is not. Another distortion is when a person refuses to do certain things such as going to a school dance because he or she believes that he or she is too ugly. The first distortion that we are going to discuss is called Mind Misfortunetelling. This happens when you think you can tell that what is going to happen is automatically going to be bad. An example of Mind Misfortunetelling is when I wake up with acne and think my day is definitely going to be bad. Can anyone think of some examples? The next distortion we are going to discuss is called Beauty Bound. This involves limiting what
you can do because of how your body looks. An example of Beauty Bound is when I decide I cannot go to the beach because I think I look out of shape. Can anyone think of some examples? Now let us fill out the worksheet.”

To help the participants learn about these body image distortions, a worksheet will be used. The worksheet is designed to help the participants gain insight into some of the body image distortions that they may have by having the participants rate how strongly they agree with statements relating to body image distortions. This part of the session should take approximately 45 minutes. Before having the participants fill out the worksheet, ask the participants if they have any questions. After having the participants fill out the worksheet, remind the participants of skills that they can use to help reduce their body image distortions. Go around the room and ask each participant to think of at least 2 skills that they have learned so far that they can use to feel better when feeling distressed from a body image distortion. For instance, the participants could say that they could use Radical Acceptance to tolerate their body image so that they will not feel limited by what they can or cannot do. Another example of applying previously learned skills could include participants using the Improve the Moment skill when they are feeling distressed when they think that their day is going to be bad because they cannot get their hair the way they want in the morning. Please see Appendix T for a sample of a worksheet to use with introducing body image distortions.

Introduce and Discuss Termination Concerns

Next, the facilitators should introduce the topic of termination. This part of the session should take approximately 20 minutes. The primary rationale for addressing termination concerns in this session is because many female juvenile offenders have experienced some form of attachment issues (Battle, 2004; Cauffman, 2008; Croysdale, 2008; Yalom, 2008). To introduce the topic of termination, the facilitators should say something such as, “Now that we are getting closer to the end of the skills training program, we would like to talk about how people are feeling about the program coming to a close in 2 weeks. Does anyone have any questions or concerns about what is going to happen after the program ends?” The facilitators should answer any questions that the participants may have as well as to normalize feelings about termination. “Next, we would like to point out how much growth that we have seen with this group using its skills (point out specific examples). We would also like to let you know that if you ever feel that you need additional support with using your skills or to address other concerns, we can make a referral for mental health services. Also, we would like to mention that the last session should not be seen as an ending point, but rather the start of a new part of your life in which you will continue to use and strengthen your skills with improving the way you see your body, improving your self-esteem, and improving your relationships with other people.”

Explain and Assign Homework

The primary component of this week’s homework assignment is to try and be aware of when the participant is engaging in body image distortions. A secondary
component of this week’s homework is to continue using Self-Back Talk, Thinking in Greys, Radical Acceptance, deep breathing, and Improve the Moment skills. Remind the participants to fill out their diary cards by circling the day of the week that they used skills. After explaining the homework assignment, ask the participants if they have any questions. This part of the session should take approximately ten minutes.
Appendix J

Session 9: DBT Skills Review

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To problem solve by conducting a DBT solution analysis with individuals who did not complete their diary cards
4. To review body image distortions and previously learned DBT skills
5. Continue to discuss termination
6. To assign homework

Materials Required

- Mindfulness script
- Diary card
- Solution Analysis worksheet

Step Outline

1. 5 minute mindfulness activity
2. Review diary card homework
3. Review Body Image Distortions, Mind Misfortunetelling, Beauty Bound and other DBT skills as needed
4. Continue to discuss termination
5. Explain and assign homework

Reinforce the Mindfulness Skill: Observe without Judgment

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting a mindfulness activity as well as a sample of a mindfulness script.

Review Diary Cards and Conduct a DBT Solution Analysis if Needed

Before reviewing the diary cards, ask the participants if everyone filled out his or her diary cards. Praise the individuals who completed their diary cards to help reinforce this behavior. For participants who did not complete their diary card, conduct a DBT solution analysis (5 minutes per person). If more than half of the entire group did not complete the homework, the facilitators should try and identify common themes regarding the reasons why participants were not able to complete the homework. After identifying such themes, the facilitators should conduct a chain analysis with the
participants who had similar reasons for not completing the homework. Please see Session 3 on how to conduct a DBT solution analysis.

**Review Body Image Distortions and DBT Skills**

The next part of the session is going to be a review session. This portion should take approximately 60 minutes. The primary rationale for conducting a skills review session is because it gives participants an opportunity to practice previously learned skills with coaching (McKay, 2007). The review session is also an opportunity to help the participants with improving skills that the participants may have wanted to practice more, but did not have the chance to do so in previous sessions. To review previously learned skills, the facilitators should say something such as, “During this session, we are going to review the skills that you have already learned. Are there any skills that you are having trouble with? Let’s begin by practicing those skills that people are having trouble with. We will do this by practicing skills in the same way that you learned them. For example, in previous sessions, if we learned a skill doing a role play, then we will be doing a role play again to review the skill. You might remember, we had different activities such as role plays, worksheets, and group activities to help learn skills. Does anyone have any questions before we begin?” After explaining how the session will be run, ask the participants if they have any questions. The facilitators should then use two or three of these activities to practice the selected skills.

If the participants cannot think of skills that they are struggling with, the facilitators can review previous diary cards and say, “We noticed that based on the diary cards, (name specific skills) were not used very much. Why don’t we begin by practicing those skills in the same way that you first learned them? For example, in earlier sessions, if we learned a skill doing a role play, then we will be practicing that skill by doing a role play. You might remember, we had different activities such as role plays, worksheets, and group activities to help learn skills. Does any one have any questions before we begin?” After explaining how the session will be run, ask the participants if they have any questions. The facilitators should then use two or three of these activities to practice skills that participants would benefit the most from reviewing.

**Continue to Discuss Termination Concerns**

Next, the facilitators should continue the discussion of termination. Continue to ask the participants about how they are feeling regarding the upcoming termination. Please see Session 8 for instructions on how to address termination. This part of the session should take approximately 20 minutes.

**Explain and Assign Homework**

The primary component of this week’s homework assignment is to try and be aware of when the participant is engaging in body image distortions. A secondary component of this week’s homework is to continue using Self-Back Talk, Thinking in Greys, Radical Acceptance, Opposite to Emotion, DEARMAN and GIVE skills. Remind
the participants to fill out their diary cards by circling the day of the week that they used skills. After explaining the homework assignments, ask the participants if they have any questions. This part of the session should take approximately 10 minutes.
Appendix K

Session 10: Termination

Goals

1. To reinforce the mindfulness skill: Observe without Judgment
2. To review homework and provide reinforcement for completing it
3. To administer post-test measures
4. Termination
5. To conduct a closing ceremony and termination

Materials Required

- Mindfulness script
- Diary card
- Post-Test Measures
- Certificate of Completion

Step Outline

1. 5 minute mindfulness activity
2. Administer post-test measure
3. Discuss future individual sessions to review test results
4. Termination
5. Awards ceremony

Reinforce the Mindfulness Skill: Observe without Judgment

Every session will begin by doing a 5 minute mindfulness activity. Since this part of the treatment will be the same every week, please see Session 2 for a description of the rationale for conducting a mindfulness activity as well as a sample of a mindfulness script.

Administer Post-Test Measures

The rationale for administering post-test measures is that it allows the facilitators and participants to identify any improvements in the areas of body image distress, disordered eating, self-esteem, and social skills. While administering the measures, the facilitators need to remind the participants that they should take their time while completing the surveys and to be honest with their responses, as they will be kept confidential. It should also be noted that the surveys serve as a way for facilitators to track progress. Furthermore, it should be emphasized that the surveys can also help with treatment planning.
Before handing out the measures, the facilitators need to ask the participants if they have any questions about completing the surveys. Next, the facilitators should administer the Eating Disorder Examination - Questionnaire, the Rosenberg Self-Esteem Scale, and the Social Problem Solving Inventory – Revised: Short form. This part of the session should take approximately 25 minutes.

**Discuss Future Individual Sessions to Review Test Results**

Testing results will be discussed with each participant in a future individual session. The primary rationale for discussing the test results in future individual sessions is that it allows the participant to receive feedback on his or her results and ask any questions in a secure and safe environment. While one facilitator is scoring the test results, the other facilitator should begin telling the participants about how these results will be reviewed. Once the facilitator finishes scoring the measures, he or she should meet with each participant individually in a separate room if possible. If there are no rooms available, the facilitator could meet with the participant in the corner of the room. The purpose of this meeting is to provide a general overview of the results and highlight areas of growth, if any, in each participant. If there are no changes, the facilitators can highlight sessions in which the participants reported successfully using the skills, as well as focus on how the participants learned skills that they can use when feeling distressed. During each of these sessions, the other facilitator should remain with the rest of the group and can choose to review any skills or address any concerns the participants may have about seeking additional sessions. Depending on the facility, the participants may be allowed to participate in the treatment program again in order to increase their competency in the new skills.

To begin addressing this topic, the facilitator should say something such as, **“We would like to thank everyone for filling out these surveys. We really appreciate it. This will be very helpful for your individual therapy as well as for planning future groups. We will now go over the results with each of you one by one. While one of us (facilitator) is meeting with one of you, the other facilitator will stay with you all to review any skills that you would like more practice with or wanting more explanation of. The facilitator can also answer any questions about wanting to be in the program again during this time. Please try not to become upset if you did not see as much change as you wanted, as sometimes it can take a while to become comfortable with using these skills in your life. Lastly, if anyone would like to talk more about your results, you can schedule an individual session with your mental health care provider.”** This part of the session should take approximately 40 minutes.

**Termination**

Termination is the final component of this session and the overall treatment. The primary rationale for addressing termination concerns is that it allows the facilitators to help provide continuity of care. A secondary rationale for addressing termination is that it allows the participants to ask any remaining questions about the termination process. A
third rationale is that termination gives the participants the experiencing of appropriately ending relationships since many are likely to have had volatile and tumultuous relationships in the past. After the facilitators have finished addressing any final questions, the facilitators should praise the participants one last time on their progress made during the group sessions. This section should take approximately 15 minutes.

Awards Ceremony

The awards ceremony is the final portion of the treatment program. The primary rationale for conducting an awards ceremony is because it allows the female juvenile offenders to gain a sense of accomplishment and closure upon completing the treatment. A second rationale is that it provides an opportunity for the facilitators to encourage the participants to continue using their skills. To begin this part of the session, the facilitators should say something such as, “We would like to thank everybody for participating in the DBT for Body Image Disturbance, Self-Esteem, and Interpersonal Effectiveness group. Since the first session, we have seen growth among the group members. For instance, (point out concrete examples of such growth). We greatly appreciate the effort put forth by all group members in learning and practicing new skills and techniques. We have enjoyed working with you all and we hope that you will continue to practice your skills. Now, we would like to present all of you with certificates of completion to acknowledge the effort that was demonstrated by all group members who participated in this program.” Next, the facilitators should hand out the certificates individually and praise each participant for finishing the skills training program. Please see Appendix U for a sample of a Certificate of Completion to be used during the awards ceremony. This part of the session should take approximately 25 minutes.
Appendix L

Eating Disorder Examination–Questionnaire

Instructions: The following questions are concerned with the past four weeks (28 days) only. Please read each questions carefully. Please answer all of the questions.

Questions 1 to 5: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days) only.

<table>
<thead>
<tr>
<th>On how many of the past 28 days…</th>
<th>No days</th>
<th>1-5 days</th>
<th>6-12 days</th>
<th>13-15 days</th>
<th>16-22 days</th>
<th>23-27 days</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had a desire to have a totally flat stomach</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. Has thinking about shape or weight made it difficult to concentrate on things you are interested in (e.g., working, following a conversation, or reading)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. Have you had a definite fear that you might gain weight?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. Have you felt fat?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. Have you had a strong desire to lose weight?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Questions 6-12: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days).

<table>
<thead>
<tr>
<th>On how many of the past 28 days…</th>
<th>No days</th>
<th>1-5 days</th>
<th>6-12 days</th>
<th>13-15 days</th>
<th>16-22 days</th>
<th>23-27 days</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Has your weight influence how you think about (judge) yourself as a person?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7. Has your shape influence how you think about (judge) yourself as a person?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8. How much would it upset you if had been asked to weight yourself once a week (no more, or less, often) for the next four weeks?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
9. How dissatisfied have you been with your weight?

10. How dissatisfied have you been with your shape?

11. How uncomfortable have you felt seeing your body (e.g., seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?

12. How uncomfortable have you felt about others seeing your shape or figure (e.g., in communal changing rooms, when swimming, or wearing tight clothes)?

What is your weight at present? (Please give your best estimate)

What is your height? (Please give your best estimate)

If female: Over the past three to four months, have you missed any menstrual periods?

If so, how many?

Have you been taking the “pill”?
Appendix M

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>On the whole, I am satisfied with myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At times, I think I am no good at all.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I feel that I have a number of good qualities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I am able to do things as well as most other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I feel I do not have much to be proud of.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I certainly feel useless at times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I wish I could have more respect for myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. All in all, I SA A D SD am inclined to feel that I am a failure.

10. I take a SA A D SD positive attitude toward myself.
Appendix N

Interpersonal Effectiveness Measurement

Social Problem Solving Inventory –Revised: Short

Instructions: Below are some ways that you might think, feel and act when faced with problems in everyday living. We are not talking about ordinary hassle and pressures that you handle successfully in every day. In this questionnaire, a problem is something important in your life that bothers you a lot, but you don’t immediately know how to make it better or stop it from bothering you so much. The problem could be something about yourself (such as your thoughts, feelings, behavior, health or appearance), your relationships with other people (such as your family, friends, teachers, or boss), or your environment and the things that you own (such as your house, car, property, or money). Please read each statement carefully and choose one of the numbers below that best shows how much the statement is true of you. See yourself as you usually think, feel, and act when you are faced with important problems in your life these days. Circle the number that is most true of you. Do not erase if you want to change an answer, instead put an “X” through the answer you wish to change. Try to answer all of the questions.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at All True of Me</th>
<th>Slightly True of Me</th>
<th>Moderately True of Me</th>
<th>Very True of Me</th>
<th>Extremely True of Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  I feel threatened and afraid when I have an important problem to solve.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.  When making decisions, I do not evaluate all of my options carefully enough</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.  I feel nervous and unsure of myself when I have an important decision to make.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.  When my first efforts to solve a problem, fail, I know if I persist and do not give up too easily, I</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
will eventually find a good solution.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. When I have a problem, I try to see it as a challenge, or opportunity to benefit in some positive way from having the problem.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I wait to see if a problem will resolve itself first, before trying to solve it myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. When my first efforts to solve a problem fail, I get very frustrated.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. When I am faced with a difficult problem, I doubt that I will be able to solve it on my own.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Whenever I have a problem, I believe that it can be solved.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. I go out of my way to avoid having to deal with problems in my life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Difficult problems make me very upset.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. When I have a decision to make, I try to predict the positive and negative consequences of each option.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. When problems occur in my life, I like to deal with them as soon as possible.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
14. When I am trying to solve a problem, I go with the first good idea that comes to mind. 0 1 2 3 4

15. When I am faced with a difficult problem, I believe that I will be able to solve it on my own if I try hard enough. 0 1 2 3 4

16. When I have a problem to solve, one of the first things I do is get as many facts about the problem as possible. 0 1 2 3 4

17. When a problem occurs in my life, I put off trying to solve it for as long as possible. 0 1 2 3 4

18. I spend more time avoiding my problems than solving them. 0 1 2 3 4

19. Before I try solve a problem, I set a specific goal so that I know exactly what I want to accomplish. 0 1 2 3 4

20. When I have a decision to make, I do not take time to consider the pros and cons of each option. 0 1 2 3 4

21. After carrying out a solution to a problem, I try to evaluate as carefully as possible how
much the situation has changed for the better.

22. I put off solving problems until it is too late to do anything about them.

23. When I am trying to solve a problem, I think of as many options as possible until I cannot come up with any more ideas.

24. When making decisions, I go with my “gut feeling” without thinking too much about the consequences of each option.

25. I am too impulsive when it comes to making decisions.
Appendix O

Mindfulness Script

“Let’s begin this session by doing something called mindfulness. One component of mindfulness involves using deliberate attention while not being judgmental. Are there any questions so far *(Pause to answer any of the participants’ questions).* I want you to get as comfortable as you can and gently close your eyes if you feel comfortable doing so or turn look down towards the floor.

Make sure that your body is upright with your feet touching the ground *(pause for 10 seconds).*

Take a few moments to relax your body *(pause for 10 seconds).* This may involve breathing slower or opening up your hands so that they are not clenched. Try to make your muscles as loose as possible *(pause for 15 seconds).*

Now, I want you to take a deep breath in and hold it *(pause for 4-5 seconds)* and now breathe out *(pause for 5-6 seconds).* Keep breathing slowly and just notice how you feel before and after your breaths *(pause for 25 seconds).*

If you begin to notice your attention beginning to wander, simply bring it back to your next breath *(pause for 10 seconds).*

Continue to keep your eyes gently closed if you feel comfortable doing so or look down towards the floor. Become aware of the sounds in this room. Approach listening to noises with openness and curiosity. Pay attention to any sounds coming from inside this room *(pause for 25 seconds).* Listen, take it in and then let it go *(pause for 20 seconds).*

If you begin to notice your attention beginning to wander again, simply bring it back to your next breath *(pause for 10 seconds).*

Notice the sound of your own breathing *(pause for 20 seconds).* Just listen and observe *(pause for 30 seconds).*

As you bring your awareness to your breath, simply notice what sensations you experience as you breathe in and breathe out *(pause for 20 seconds).* Feel the air as it lightly touches the inside of your throat and simply observe the sensations *(pause for 20 seconds).*

If you notice your attention beginning to wander again, simply bring it back to your next breath *(pause for 10 seconds).*
Listen to the soft sounds of your own breathing (pause for 20 seconds). Allow your breath to take a natural rhythm and just breath easily and effortlessly (pause for 20 seconds).

Simply be aware of your breath and the sensations you feel (pause for 20 seconds).

Now, gradually open your eyes and allow yourself to slowly take in your surroundings.”
# Appendix P

**DBT Diary Card**

<table>
<thead>
<tr>
<th>Diary Card</th>
<th>Instructions: Circle the days you worked on each skill</th>
<th>Filled out in session? Y/N</th>
<th>How often did you fill out this side? ___Daily ____2-3X ___Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wise Mind</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Mindfulness Observe: just notice</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mindfulness Describe: put words on</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mindfulness Participate: enter into the experience</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Nonjudgmental</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Objective effectiveness: DEARMAN</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Relationship effectiveness: GIVE</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Opposite to emotion action</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Distract</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Improve the moment</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Radical acceptance (half-smile)</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Deep breathing</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Self “back talk”</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Thinking in greys</td>
<td>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</td>
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</tbody>
</table>
Appendix Q

DBT Solution Analysis

**Instructions:** Please use this illustration as a guide to conducting a DBT Solution Analysis.
Appendix R

Wise Mind Worksheet

Instructions: Please fill in some thoughts and phrases that are associated with the Emotional Mind, Reasonable Mind, and the Wise Mind.
Appendix S

List of Enjoyable Activities

1. Read a book
2. Take a walk
3. Take a nap
4. Draw a picture
5. Talk to someone you enjoy
6. Write some lyrics
7. Use mindfulness
8. Perform yoga or stretch your muscles
9. Use deep breathing
10. Listen to music
11. Watch television
12. Exercise
13. Play a game
Appendix T

Body Image Distortions

*Please select which number best represents you.*

0= Not at all like me 1= Slightly like me 2= Moderately like me 3= Very much like me 4= Extremely like me

**Misfortune-Telling:** This happens when you automatically think that what is going to happen is going to be bad.

_____ When you are trying to make friends, do you believe that you would not make any friends if you didn’t improve your physical appearance?

_____ When a friend invites you to go partying with her, do you believe that you will not have fun because you do not look as good as you could?

_____ Do you feel that if you were to go out dancing with some friends that no one would want to dance with you because you’re not attractive?

_____ If you were the new kid at school, would you think that no one would want to be friends with you because of how you look?

_____ If you have an interview or presentation, would you think that you would not do well because of your looks?

**Beauty Bound:** This happens when you limit what you can do because of how your body looks.

_____ Do you tell yourself that you cannot wear a swimming suit until you become your ideal body shape?

_____ Do you tell yourself that you will not date people until you look better?

_____ Do you tell yourself that you cannot hang out with people unless you wear make-up?

_____ Do you feel that you cannot wear certain types of clothing until your body changes?

_____ Do you tell myself that you cannot buy new clothes until you are at your ideal body weight?
Appendix U

Certificate of Completing the DBT for Body Image Disturbance, Self-Esteem, and Interpersonal Effectiveness Group

Certificate of Completion

IS PRESENTED TO

Participant’s Name

FOR COMPLETING THE DBT FOR BODY IMAGE DISTURBANCE, SELF-ESTEEM, AND INTERPERSONAL EFFECTIVENESS SKILLS GROUP

FACULTATOR NAME/TITLES

DATE