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# The effectiveness of Dialectical Behavioral Therapy for Children in Global developmental Delay

Burkan Owaid  
Rhode Island College

## Clients Overview

- MG1 (6-year-old girl) and her brother MG2(5 year-boy), Hispanic, bilingual (Spanish and English)
- Medical history: both have normal vaginal delivery, no significant medical condition except the boy born over weight due to gestational diabetes.
- Educational history: Both are in special education program(distance learning)
- Family medical history: mom suffer from hypertension and diabetes. No significant medical history for dad
- Family Psychological history: dad has history of bipolar. He was on treatment, but there is no available information about his current situation since he recently moved to another place. No history of mental illness for the mom.
- Sibling: they have one 22-year-old brother, and two sisters 19-year-old and 16-year-old who are all half-siblings and all live together with the clients.
- Substance abuse: no clear data available

## Presenting Problem

The initial diagnosis is Global Developmental Delay  
GDD is an umbrella term used when children are significantly delayed in their cognitive and physical development. It can be diagnosed when a child is delayed in one or more milestones, categorized into motor skills, speech, cognitive skills, and social and emotional development.

- Clients are very sensitive. They experience emotions on a different level, and much stronger than their peers. Little things irritate them, and their emotions may be so overwhelming that verbal or physical aggression occurs.
- Clients learn more slowly than other children same age.
- They also have difficulty communicating or socializing with others especially with their teachers and classmates.
- MG1 Kicked out of the class many times due to misbehavior.
- Both have problems remembering things.
- Inability to connect actions with consequences and difficulty with problem-solving or logical thinking.
- During assessment, I hypothesized that the boy had emotional and behavioral difficulties partially due to his inability to express himself. His language skills were so limited that it was exceedingly difficult to assess his expressive-receptive abilities.

## History of presenting problem

- ❖ Mom reported that she has noticed some abnormal behaviors around the age of 5 months.
- ❖ She noticed that her kids do not play games involving back and forth play
- ❖ They do not respond when calling by their names, and they do not recognize familiar people.
- ❖ At age of 9 months, she noticed that they were getting worse, and they do not want to play with other children or with toys.
- ❖ She first sought medical advice where their primary care doctor referred them to a psychiatrist. The initial diagnosis was Global developmental delay.

## Risk Factors

### Predisposing factors

- Dad has history of bipolar
- MG2 born over weight due to gestational diabetes
- Children of Immigrant parent

### Precipitating factors

- Mom and dad separation

### Perpetuating factors

- Living with 22-year-old brother, and two sisters 19-year-old and 16-year-old who are all half-siblings
- Environmental invalidation
- Speech delay
- Online schooling due to Covid-19

## Intervention

DBT-C was developed to address treatment needs of pre-adolescent children with developmental delay, severe emotional dysregulation, and corresponding behavioral dis-control(Behavioraltech,2020). DBT-C focuses on reducing emotional extremes, changing problematic thought patterns and teaching coping skills through a series of stages, Child Mind Institute (2021,January18)

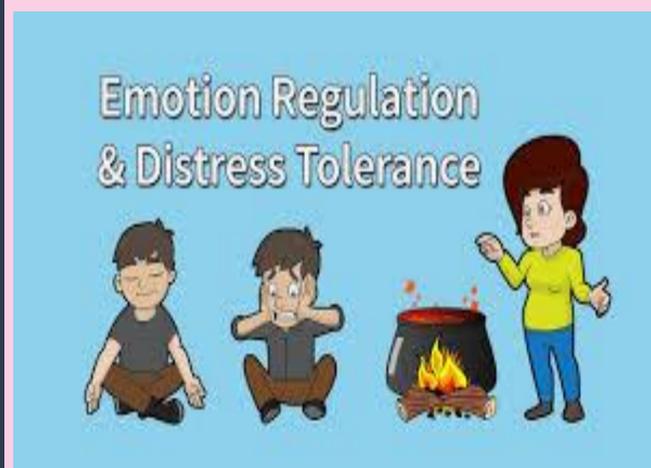
Since, DBT-C focuses on skills that help children and parents be more aware of their emotions and the impact of their behavior, so my approach is to focus on the behavioral and emotional part of the treatment plan for this case. . Children in a DBT-C program will learn skills to tolerate stressful situations and effectively express their thoughts and feelings. DBT-C presents coping skills and strategies in a way a child can understand and use. DBT-C therapy focus on the following areas:

- 1.Mindfulness
- 2.Distress tolerance
- 3.Emotional regulation
- 4.Interpersonal Effectiveness

### Intervention implementation

I had the opportunity to integrate some of these techniques during the sessions:

- Distress tolerance- distraction; I use watching TV show or movie activity and was very effective in keeping the clients calm.
- Emotion regulation- I use the breathing exercise. Was very effective in regulating client's emotions.



## Client's Response Assessment

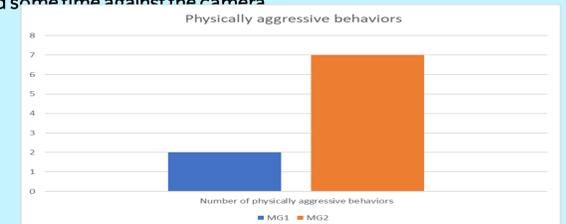
Since my internship site have the HBTS treatment log assessment tool so, I did not have the chance to utilize the BAC-C. The client's response assessment method structured based on working with the client to achieve fourgoals which are:

- 1.Increase coping skills
- 2.Decrease unsafe behavior
- 3.Increase social-emotional skills
- 4.Family goals

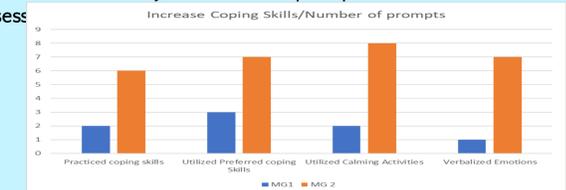
According to the agency directions, therapist reports these data to the agency on weekly bases and the treatment coordinator will assess the client's outcome evaluation every six months by putting these data on a specific chart

Below some examples that I created by myself based on the data collected from four sessions showing how we can assess the effectiveness of the intervention derives from the HBTS treatment log that I am using it currently for my clients in my internship site. Below are two charts which show two areas of assessment:

1.The number of physically aggressive behaviors (chart No 1); that measure the times when the client shows aggressive behaviors during the session over the four sessions. It is certainly clear that MG2 showed a lot of aggressive behavior during the sessions either toward his sister or his mom and sometime against the camera



2.The second example is the Increase coping skills goal (chart No2). This chart shows the number of prompts that I have done to enhance clients to do the activities. Prompts like showing the clients how to do the activity by showing them a picture or a cartoon animation to illustrate the activity. The chart showing that MG2 needed more prompts than MG1 for the four sections of the activity. The more the prompts the more the need for further assess



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