The Use of Dialectical Behavioural Skills Training Modules to Increase Emotion Regulation and Address Criminogenic Risk Factors for Individuals Involved in the Legal System

by

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Dedication

I would like to dedicate this thesis to my family for always supporting me throughout these past 4 years doing my undergraduate degree.
Abstract

Dialectical Behavioural Therapy (DBT) is a form of empirically validated individual treatment for those who struggle with emotional dysregulation and mental health symptoms. In sum, Linehan (1993) completed 4 modules which focus on Mindfulness, Emotional Regulation, Distress Tolerance and Interpersonal Effectiveness skills (using both individual and group formatting). For purposes of this research, five participants were chosen to participate in this study. The participants attended 6-weekly sessions, that were one hour long. It was hypothesized that the DBT training modules that were distributed over the course of 4 sessions would show a decrease in mental health symptoms such as stress, anger, sadness... etc. All results were gathered based on a questionnaire with a Likert scaler of 1-4 (1 being Poor and 4 being Excellent) based on their skills acquired and the efficacy of same. All of the scores were compared between the 4 modules. Descriptive statistics were completed to determine that there was an overall decrease in mental health symptoms based on the mean, median, and mode of the results from the questionnaire. Future studies should examine the time length needed to conduct the DBT modules so that the individuals will have time to learn all of the materials.
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Chapter I: Introduction

Mental Health and Addiction
Mental health issues affect approximately 1 in every 5 people in Canada (Vasiliadis, Lesage, Adair, & Boyer, 2005). Vasiliadis et al. (2005) state that out of these 1 in 5 people affected, nearly 60-75% of these individuals do not get the adequate treatment needed to manage and effectively treat their mental health condition (e.g. individual therapy; group therapy; medication consultation). Within mental health, addictions issues also known as Substance Use Disorders, or SUDS, are a subclass of recognized diagnoses pertaining to those with problematic drug, alcohol, caffeine and nicotine additions (Ratnasingham et al., 2013). Researchers found that a high proportion of individuals who struggle with mental health and addictions develop their illness during adolescence and early adulthood, which then persist throughout their adult life impeding upon their quality of life (Ratnasingham et al., 2013).

Mental Health Within the Criminal Population
According to Weisman, Lamberti, & Price (2004), researchers have displayed that there are many cases involving individuals with mental health disorders entering the criminal justice system. Statistically, it is shown that 6-15% of all offenders have been diagnosed with a mental health disorder, which equals out to three to four times more than the general population (not to mention those who remain formally undiagnosed). Each year, these statistics increase, and is becoming more of an issue amongst the correctional population (Weisman et al., 2004). Unfortunately, many of these individuals are released from incarceration with very minimal support, treatment, and/or any access to medications in both provincial and federal institutions alike (Weisman et al., 2004). Presently, there remain variance in the level of treatment services provided dependent upon level of security and type of institution (federal/provincial). Individual treatment is not a guarantee for those incarcerated.

Dialectical Behavioural Therapy (DBT)
Dialectical Behaviour Therapy (DBT), as stated by Feigenbaum, J (2008), is a type of empirically validated psychotherapy that was used originally for individuals who were diagnosed with Borderline Personality Disorder (BPD), a disorder which causes significant emotional dysregulation and potential self-destructive behaviors (e.g. self-injury). According to Feigenbaum, J (2007), the DBT model focuses on the specific stimuli that triggers any type of dysfunctional thoughts and helps an individual to find ways to help cope in a more effective manner (e.g. suicidal ideation and reducing self-harm behaviours). DBT has received a wealth of research and has been proved as an empirically validated treatment modality. As such, over the past years, it has since been modified, researched and altered for use with individuals with concurrent disorders (e.g. mood disorders, eating disorders, suicidality). At its core, the main features of this therapy are to enhance mindfulness, increase distress tolerance, increase interpersonal skills and improve self-regulation (Feigenbaum, J., 2008).

Rationale
The four pillars or modules of DBT include the aforementioned principles of: Mindfulness Training; Distress Tolerance; Interpersonal Effectiveness and Emotion Regulation Skills Training. In traditional practice, this has been attained through skill
acquisition in both concurrent individual and group therapy settings (Linehan, M et al., 2002). Many individuals who struggle with mental health and have been involved in the legal system may potentially lack many skills such as emotional regulation. These four modules will help teach this population how to regulate their everyday emotions and help them accept how they are feeling to help give them a more positive life.

DBT modules were created for this thesis to help individuals recognize and regulate their emotions. The purpose of this thesis is to provide clients involved in the justice system with increased effective pro-social coping strategies to increase distress tolerance and emotion regulation skills. This research will help determine whether this type of therapy will be helpful to provide enhancing coping strategies for individuals involved in the legal system. The research question asks if specific DBT modules will be an effective way to engage clients into treatment, and to focus them on increasing emotional regulation. It is hypothesized that DBT will be an effective treatment in helping individuals modify their emotions, and in doing so, modifying their behaviours in a pro-social manner.

**Thesis Overview**

The chapters covered in this thesis include the introduction, a review of empirical literature, methodology, results, and the discussion. The introduction provides and overview of what mental health and addiction is, and how it affects the population who are incarcerated, as well as explains the variables examined including DBT. The literature review discusses and demonstrates a review of empirically based academic literature focusing on DBT and Emotional Regulation. The methods section discusses the participants, the settings, and the procedures used for this thesis. The results section displays all the data collected throughout the study, as well as tables and figures to visually represent all collected data. The discussion section is to evaluate the summary of the thesis, the strengths and weaknesses, the limitations and ethical consideration, and suggestions for further research.

The Mental Health Diversion program is a program offered for individuals who have a current criminal charge and are involved in the legal system. Each individual is given instructions to agree to attend all scheduled appointments with their Court Support Case Manager for approximately 6 weeks, as well as must attend all remand court dates. This time period can be extended if their Case Manager believes they need more time to complete the program. They also must attend several addiction groups (if applicable) and participate in the DBT sessions each week by competing the in-session activities and completing all homework assignments. Each client will sign an agreement form stating they agree to the rules. Their Case Manager will then monitor their behaviour over the 6 weeks to inform the Crown whether or not their charges should be stayed (which indicates that the charge is not on their permanent record anymore, but if rearrested then the charge will be reactivated) or if they should be looking for more jail time. This program gives all clients an opportunity to make pro-social choices and provide them with the supports and resources necessary to successfully complete the program. This study fits the criteria of this program as DBT modules will be useful in helping educate them of multiple skills to help improve their behaviour as well as change their overall view of their life.
Chapter II: Literature Review

Relationship Between Criminal Behaviour and Substance Abuse

According to Fridella, Hesse, Jaeger, & Kuhlhornd (2008), research has found a relationship between criminal behaviour and concurrent substance use concerns. Miller, Levy, Cohen, & Cox (2006) reported in Canada, there were 8 million crimes that were influenced by the concurrent use of drugs and alcohol, and approximately 5.4 million crimes involving violence also while intoxicated (as cited by Fridella et al., 2008). For offenders, Brinkley-Rubinstein et al (2018) reported that 23% of incarcerated individuals admit to using drugs while being incarcerated, while 13% of individuals have reported using illicit substances on a regular basis prior to being incarcerated. These statistics continue to increase according to Brinkley-Rubinstein et al (2018), and more and more offenders are engaging in substance use while incarcerated (which is suggestive of a degree of accessibility in this regard). They found that the majority of individuals who abuse drugs have concurrent higher rates of criminality, and individuals who have previous criminal records have a higher chance of being a drug user again. Fridella et al (2008) stated that there are several theories previously written stating that there is a possibility that individuals get involved in criminal activity to earn money to afford drugs, or because they were abusing drugs during the time, they committed the offence. The characteristic that many of the individuals share that predispose them to offending is that they often have higher rates of antisocial personality disorder (Fridella et al., 2008).

Antisocial Personality Disorder (APD) within the Criminal Behaviour

Antisocial behaviour is defined by McCollister, French, & Fang (2010) as having risk-taking behaviours including theft, as well as having sexual, physical, and verbal aggression (as cited Murray, Waller, & Hyde., 2018). According to the American Psychiatric Association (2013), these traits are in association with emotional reactivity and impulsivity which is considered the primary diagnosis of APD stated in the Statistical and Diagnostic Manual of Mental Disorders (as cited by Murray, Waller, & Hyde., 2018). Researchers suggest that these individuals who engage in antisocial behaviour typically are involved in risky or illegal behaviour activities even though they may be aware of the potential consequences (ie. incarceration) (DSM V, 2018). According to Buck, Verhulst, van Marle, & van der Ende, 2013; De Coster & Heimer, 2001; Defoe, Farrington, & Loeber, 2013; Fagan & Western, 2003; Galbraith, Heimberg, Wang, Schneier, & Blanco, 2014; Mercer, Crocetti, Meeus, & Branje, 2016; Obeidallah & Earls, 1999; Sareen, Stein, Cox, & Hassard, 2004, a strong link has been determined between mental health (including depression and anxiety) and offending behaviours (as cited by Walker, Boden, Fergusson, & Horwood., 2018). It was also founded by Odgers et al. (2008), that both females and males who are struggling with mental health issues such as suicide attempts due to depression, as well as anxiety, tend to lead them down the pathway of antisocial problems (as cited by Walker et al., 2018).

Walker et al (2018) created a study that involved 1265 youth who were monitored for this study from when they were infants, in a longitudinal study which followed their progress into adulthood (35 years old). They examined the type of environment they were exposed to as children to see if it was in relation to their behaviour when they were older. The variables they were examining was their unusual behaviour as a child. This was done by providing their parents with a questionnaire asking questions based on specific situations (e.g. not being able to have a snack of their choice) and how their children
reacted to it (e.g. screamed when the parent said no) (Walker et al., 2018). When they were 12-16 years of age, each participant was required to complete a questionnaire based on their involvement with offending behaviour and had to fill out the same questionnaire between ages 18-21 (Walker et al., 2018). As a result, Walker et al (2018) used the questionnaires to determine if there were any major associations between the participants’ behaviour during adolescence and during early childhood and if their mental health had any significant bearing on their future adult life. Within the questionnaires, they found that there was a very high correlation involving the majority of the participants that noted that reoccurring offending behaviours were a significant component of their diagnosis of mental health (Walker et al., 2018).

**Dialectical Behavioural Therapy**

Dialectical Behavioural Therapy (DBT) is a recommended treatment targeted for both the female and male population who are diagnosed with disorders such as Borderline Personality, Anxiety, Eating Disorders and Depression (Russell & Siesmaa, 2017). This type of treatment has been proven to reduce depression, hospitalization, para-suicidal behaviour (such as self-mutilation behaviours) (Harned et al., 2010; Koons et al., 2001; Linehan et al., 1991, 2006; Neacsiu et al., 2010; van den Bosch et al., 2005; Verheul et al., 2003) and substance abuse (as cited by Russell & Siesmaa, 2017). They also report that this type of therapy has been used and successful on a variety of client groups including females diagnosed with eating disorders (Telch et al., 2001), couples involved in domestic violence (Fruzzetti & Levensky, 2000), female offenders who are incarcerated (Trupin et al., 2002), females who abuse substances (Dimeff et al., 2000; Linehan et al., 1999, 2002), and a wide variety of forensic clients (Evershed et al., 2003; McCann and Ball, 2000; McCann et al., 2000). DBT has been proven to positively affect a wide variety of disorders and client groups and can be generalized to more specific diagnoses (Russell & Siesmaa, 2017).

**The Four Pillars of DBT as Developed by M. Linehan and Associates (1993)**

1. **Mindfulness**

   A main component within DBT is the concept of mindfulness. Mindfulness is defined as a type of training specifically targeting mental capacities to have individuals experience a more non-judging environment which in theory can help clear thinking, compassion, open-heartedness, and mental calmness (Fortney, Luchterhand, Zakletskaia, Zgierska & Rakel, 2013). This type of therapy is useful in recognizing and practicing recognizing one’s unhelpful thoughts, as well as giving individuals the chance to form creative and new ways to respond in certain situations. Fortney et al (2013) recognized that there are many forms of mindfulness, and how it can focus on certain aspects such as mood, emotional exhaustion, burnout, stress, and emotional stability. Based on these different forms of mindfulness, they looked at creating a mindfulness intervention which could help improve quality of life, compassion in the workers and clients, as well as job satisfaction.
2. Emotional Regulation Skills Training

Emotional Regulation (ER), as stated by Berking and Wupperman (2012), is the process responsible for evaluating, monitoring, and modifying different emotional reactions. It is also seen as the ability to monitor one’s emotional response by identifying and accepting all emotions and continuing to work on goals even if negative emotions interfere (Eck, Warren, & Flory, 2017). The topic of emotional regulation is considered very popular in terms of mental health and psychotherapy. Berking and Wupperman stated that previous research has been proven to support that emotional dysregulation is an underlying cause of BPD (Berking & Wupperman, 2012). Berking and Wupperman (2012) demonstrate that individuals who suffer from BPD, have significant difficulties regulating their emotions, have poorer emotional awareness and identity issues; and experience lower thresholds for tolerating distress (often paired with problematic coping strategies, including, self-harm behaviours). This constellation of symptoms can cause individuals to make poor and impulsive decisions which may lend towards them being involved in the criminal justice system. A wide majority of individuals who are incarcerated have been diagnosed with borderline personality disorder. Berking and Wupperman (2012) not only is it in relation with BPD, but they also looked at how ER affects anxiety and depression. With depression, it is evident that individuals have a difficult time supporting themselves when they are experiencing a type of negative emotion. This also includes modifying emotions, tolerating these negative emotions, and lastly, identifying their emotions (Berking and Wupperman, 2012). When considering how to handle anxiety, individuals have a difficult time understanding their emotions, they have difficulty being able to relax and cope, as well as have a hard time trying to describe their emotions (Berking and Wupperman, 2012). One common trend amongst these types of mental health concerns is the inability to regulate emotions in an effective manner. In terms of substance use, Berking and Wupperman (2012) looked at how individuals widely use drugs and alcohol as a measure of coping with an unpleasant emotion; suppressing distress; or avoiding a situation. When conducting CBT as an effective therapy for an individual, it is important to stay focused on their emotional regulation skills as there was a high correlation with relapse involving drugs and alcohol when skills were not taught appropriately (Berking and Wupperman, 2012). It was also resulted that individuals who are cocaine-dependent are the people who have the most difficult time regulating emotions over people who can control their urge to use. According to their research, using intervention strategies that focus on decreasing one’s depressed anxiety or mood, has shown to decrease their use and relapse phases. According to the research presented by Weiss, Darosh, Contractor, Forkus, Dixon-Gordon, & Sullivan (2018), they had recruited female victims who had a difficult time regulating their emotions. In this study, two different scales were used to gather data including the Difficulty Regulating Positive Emotion Scale and the Difficulty Regulating Negative Emotion Scale. The data from the scales demonstrated that the majority of the female participants who had a high difficulty in regulating emotions tended to suffer with severe depression. They also reported a high use of drugs, as well as alcohol related issues (Weiss et al., 2018). By learning the emotional regulation skill, the individual may improve on their ability to identify and manage these negative and positive emotions thereby improving their overall quality of life.
3. Distress Tolerance

Distress tolerance (DT) refers to one’s ability to tolerate and effectively manage and cope with unpleasant emotions. It is an acquired skill that individuals learn in order to be able to manage their expectations, regulate their emotions and gain alternative perspectives to distressing situations (Bornovalova, Gratz, Daughters, Hunt, & Lejuez., 2012). For those who have difficulty tolerating distress, they often endorse high levels of avoidance in an effort to escape unpleasant emotions. While this can provide temporary efficacy, it is insufficient long term, and eventually one must learn to tolerate, process and effectively manage their distress in an active manner (Eck et al., 2017). This skill can be used to manage behaviours such as self-harm, maladaptive gambling, disordered eating behaviours, drug/alcohol use (Anestis et al., 2007; Bornovalova et al., 2008; Buckner et al., 2007; Daughters and Lejuez, 2005; Daughters et al., 2009, 2008; Ellis et al., 2010; Howell et al., 2010; Keough et al., 2010; Nock and Mendes, 2008; Zvolensky et al., 2009), and antisocial behavior (as cited by Bornovalova et al., 2012). According to Leyrp et al (2010), distress tolerance is also an important feature when discussing emotional regulation as there is a strong relationship between substance use and low distress tolerance (as cited by Ali, Ryan, Beck, and Daughters, 2013). Often, alcohol and drug use are still utilized as a means of avoiding or emotional suppression. (Buckner et al., 2007; Simon and Gaher, 2005; as cited by Ali et al., 2013).

4. Interpersonal Effectiveness Skills

Ricard, Lerma, & Heard (2013) state that the idea of interpersonal effectiveness is the idea of one continuing to maintain their values and any personal beliefs that they may have, as well as work towards improving social skills that may require negotiation and assertiveness. This skill can help individuals towards the idea of being able to control their emotions on a day-to-day basis and continue to work towards managing their reactions to stress and anger management (Ricard et al., 2013). Wilks, Valenstein-Mah, Tran, King, Lungu, & Linehan (2017) state that a major advantage to practicing and learning interpersonal effectiveness skills can include improving all relationships amongst family members, friends, colleagues..etc, as well as improve negotiating skills that will occur all throughout their lifetime in conflicting situations (such as arguments, disagreements..etc). Interaction skills can be taught to individuals in order to gain a better understanding of what is expected out of the conversation, and receive support from other people (Tran et al., 2017). Another way to gain better aspect of the conversation, is to improve one’s self-regulation.

Self-Regulation

Benyamini (2009) reported that self-regulation is seen as a type of skill an individual has in which they understand how to solve problems by creating goals for themselves. This is considered a form of coping strategy for individuals who have a difficult time solving problems in an appropriate manner. According to Grych, Hamby, & Banyard (2015) self-regulation is also an ability to be able to maintain skills such as emotional, behavioural, physiological, and cognitive control when an individual is distressed (as cited by Hagler, Grych, Banyard, & Hamby., 2016). Individuals who display low levels of self-regulation have a higher chance of developing internalizing disorders (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Garnefski & Kraaij, 2006; Silk, Steinberg, & Morris, 2003) such as anxiety and depression, as well as external disorders.
(Hill, Degnan, Calkins, & Keane, 2006), such as aggression and other problematic behaviours (as cited by Hagler et al., 2016).

**Gender Differences in Self-Regulation**

Research has identified gender differences in types of self-regulation behaviour between men and women (Hagler et al., 2016). It has been suggested that women are often diagnosed with a higher prevalence rate of mood disorders such as anxiety and depression; however, are better able to learn and acquire effective coping strategies compared to their male counterparts (Nolen-Hoeksema, 2012). This is interesting, as it has been suggested that based on psychosocial stressors, women may experience higher levels of perceived distress in comparison to males (as cited by Hagler et al., 2016). In theory, Nolen-Hoeksema (2012) stated that men tend to have higher rates of automatic regulation which means they can focus on the mental network of associations in order to make sense of what happens in the world (as cited by Hagler et al., 2016). While this is only one contributing variable, it is important to recognize that there are potential gender differences when discussing emotion regulation.

**DBT Interventions**

DBT, as described by Linehan et al (1997), was used based on treatment manuals that were later adapted for substance users (as cited by Linehan et al., 2002). The treatment manuals were initially targeted for suicidal females. Linehan et al (2002) stated that these DBT modules were considered a form of technique used to support characteristics such as empathy, reflection, acceptance, and also gives emphasis on the ability to think more internally. The dialectical aspect of DBT focused on being able to problem solve instead of validating the situation, as well as accepting positive and negative change (Linehan et al., 2002). Initially DBT focused on behaviours in the following order; “suicidal, therapy-interfering, substance use, and quality-of-life interfering behaviours”. All of these skills were then later changed by developing new behaviours through psycho-educational groups (Linehan et al., 2002).

**DBT and Forensic Populations**

Recent literature has proposed the efficacy of these identified skills for those with involvement with the legal system. In a study conducted by Russell and Siesmaa (2017), they recruited male clients from a community forensic treatment service to participate in the DBT program. All participants had a history of violent offending behaviour. Only 6 male participants had completed the 4 modules and were able to actively participate in the study. This program consisted of weekly two-hour sessions in which they rotated between 4 separate modules that focused on the main components of DBT which included: interpersonal effectiveness, mindfulness, distress tolerance, and emotional regulation (Russell and Siesmaa, 2017). The results of this study demonstrated that the majority of the participants found this type of treatment really motivating, and their motivation was due to the want/need to change, changing their maladaptive behaviours (destructive/violence behaviour), a sense of personal development, and lastly a sense of wanting to prove that they can make any change they want to. Russell and Siesmaa (2017) indicated that the participants enjoyed sharing each other’s stories as they gained positive perspectives from others including experience, opinions, advice, and knowledge. They benefited from this by feeling comfortable asking personal questions and developing positive relationships (e.g. healthy modelling). Lastly, the participants
reported on the importance of the professional relationship between them and the therapist (Russell and Siesmaa, 2017).

Flynn, Kells, Joyce, Suarez, & Gillespie (2018) created a study where they chose participants who were active patients at their Community Mental Health Services. These participants had to meet the eligibility criteria in order to qualify for the DBT sessions. The eligibility criteria stated that each participant had to have a diagnosis of BDP, willingness to actively participate in all 4 sessions in a 12-month intervention plan, as well as have suicidal and/or self-harm behaviours (Flynn et al., 2018). Four separate modules were used that focused on distress tolerance, mindfulness, interpersonal effectiveness, and emotional regulation (Flynn et al., 2018). The sessions were delivered over a 24-week period, and then were once again repeated. A major strength in conducting this assessment was that this study was run by a professional research team in order to reduce any examiner bias, as well as increase the quality and reliability of the collected data through feedback from all sessions (Flynn et al., 2018). As a result, Flynn et al. (2018) found four positive changes in the participants’ lives. These include a reduction of risky behaviours (e.g. aggression), an increase in skills (e.g. coping strategies), a reduction in interfering behaviours for treatment (e.g. being unfocused or unreliable), and lastly, a reduction in poor behaviours that influenced their life (e.g. stealing, fighting..etc).

In a study conducted by Barnicot, Gonzalez, McCabe, & Priebe (2016) researchers recruited participants who had a history of self-harm behaviours (such as cutting, biting..etc.), as well as a cohort of individuals who had concurrent disorders (such as anxiety, depression, substance abuse..etc). In order to be eligible for this particular study, individuals had to have self-harmed themselves within a 12-month period, they had to have already participated in DBT group sessions where they focused on skills and had successfully completed an assessment, they had to have a diagnosis of BDP, and lastly, participants must have joined a DBT programme. The main purpose of conducting this study according to Linehan (1993a, 1993b), was to hope that DBT will address five functions to these participants: being able to motivate themselves to use the DBT skills afterwards, to teach skills in general to actively use for behavioural and emotional regulation, to aid with seeing the world as a reinforcer when using the skills, being able to generalize these skills, and lastly, focusing on the therapists’ motivation and skills to continue to work with the participants (as cited by Barnicot et al., 2016). The study was conducted in the United Kingdom within a community personality disorder clinic. It was also considered a longitudinal study that was done on a weekly basis, for two-hour sessions (Barnicot et al., 2016), including an hour of therapy one-on-one with a counsellor. As a result, only half of the initial participants had fully completed the study within the 12-month timeframe due to many of the participants withdrawing from the study. The positive outcome of the DBT sessions were due to the length of the study, as it had the participants focus on their own skills for a longer period of time (Barnicot et al., 2016). Barnicot et al (2016) discussed how the more an individual uses DBT as a form of treatment, the less self-harm attempts and behavioural outbursts there were. Barnicot et al (2016) stated that the use of a longitudinal design was considered a huge strength for this study as it gave the therapists a lot of time to collect proper data, conduct follow-up assessments, and allowed for the ability to see how the DBT skills could generalize from a controlled area to the real world.

Based on previous literature, there are still many challenges in understanding the reason between individuals diagnosed with mental health and/or addictions and whether
there are specific reasons behind why people choose to make irrational decisions. There have been studies that do show an increase in quality of life for individuals who use DBT skills, and well as a more positive view on how they can handle their emotions on an everyday basis. With using DBT skills training modules, this will hopefully increase emotional regulation to help treat individuals who need it most (Linehan et al., 2002)
Chapter III: Methodology

Participants

The client sample for this study included a total of five participants, 4 males and 1 female. The inclusion criteria for this study were: participants must be 18 years of age or older; have been charged with a criminal/drug related offence; must attend appointments on a regular basis (no drop-out rate); and has concurrent self-reported mental health and addiction issues. The participants were recruited through the Justice Services program at the agency. This is a voluntary program that can last approximately 6 months depending on how well the client has progressed. This is meant to assist individuals in making positive changes to avoid any further conflict with the law; thereby reducing recidivism. This program receives referrals from many sources such as the police (both local and OPP), other clinical agencies around the Kingston area, different teams within AMHS, as well as self-referrals. This program was designed to help individuals, as well as their family or other supports, navigate through the court system and give them support. By supporting them, they can provide referrals to other sources such as housing, finances (assist with costs associated with replacing their ID, setting them up with Ontario Works or Ontario Disability Support Program..etc), lawyers and/or speaking with Duty Counsel. This program is designed to help these individuals be released into the community and receive support to assist with their mental health struggles.

Informed Consent Procedure

Prior to the onset of this study, approval by the St Lawrence College Research Ethics Board was garnered. For purposes of this study, an informed consent form was created, and was reviewed by the agency to ensure that all information met their standards and clients were thoroughly informed (see Appendix B). The consent form details the nature of the study, this student’s role, risks/benefits, voluntariness of participation and the limits to confidentiality. Verbal assent was also garnered. This information was reviewed verbally with participants and participants were encouraged to ask questions prior to consent. The consent forms were scanned into the system onto the clients’ chart and became part of their permanent record.

Throughout the overview of the consent form, all of the participants were informed of expectations and a summary of the program. The participants were informed they were required to complete homework every week that has them practice the skills they learned in the module. The purpose of this study was explained in detail outlining the risks and benefits to each of them, that they were able to discuss any concerns they may have with participating. The potential benefits for the participants included increased healthy coping strategies and emotion regulation skills (reduced distress, reduced reactivity and overall improved self-control). As noted in the literature review, studies showed significant impacts that Dialectic Behavioural Therapy had for individuals with mental health concerns, as well as associated factors to reduce antisocial behaviours and criminality (Russell and Siesmaa, 2017). The possible risk to the participants included changes in mental health symptoms due to some individuals taking more time to notice changes than others. A way to mitigate this risk was to let the individual go at their own pace, and not compare them to others that are a part of the study. They also had the right to withdraw at any time they wish to do so.

Participants were informed that data gathered through the questionnaire will be confidential, and securely stored and locked in a filing cabinet that only staff has access to, while other information will be stored on a computer client database with a password
protection system (encrypted and anonymized). Each staff member in the agency have all signed oath of confidentiality forms. All of the study consent forms were signed before the study began. Pre and post-test measures were completed throughout the study. No identifying information was included in the report. Due to the database being online, all client information is stored on the database permanently, even after their file is closed. The questionnaire will be stored up to 7 years after the placement duration.

**Design**

This study consisted of a single subject design, which included four DBT modules. Each module will consist of readings, questions to answer, and weekly homework in order to improve the knowledge on each specific module. These modules will help understand each participant understand how to take control of their mental health due to the modules. These modules are not cumulative, which specifies that they do not need to be conducted in the same order amongst all of the participants. A pre and post measure was completed by the BPSYC student to determine the change in emotion based on these modules. The participants learned how to identify their emotions through the DBT modules and found different ways to cope with these feelings in a pro-social manner. After the data was collected, a visual analysis was presented in a table (Table 1) to determine the differences in emotion before the module, and after the module.

**Setting and Apparatus**

This study was conducted at the office of the agency. A self-questionnaire sheet (Appendix C) was completed before the participants’ scheduled appointment at the agency. These questionnaire sheets were always given at the end of each session for data collection purposes and will be stored securely in their file.

**Measures**

Before each session, the participants were asked to fill out the questionnaire sheet (Appendix C) to display how much of the module they understood by answering close-ended questions on a Likert scale from 1 (*Not at All*) to 4 (*Absolutely*), as well as completing any assigned homework such as writing a story where they were able to identify their emotion and explain how they were feeling. The questionnaire sheet was compared during the pre and post test to determine any differences between the initial stage of the modules, and the after stage. DBT modules were also provided to the clients to review, and to provide education on new coping skills to help increase emotional regulation with the goal of reducing recidivism.

**Procedures**

The sessions occurred once a week, for approximately one hour each session, with a total of six sessions for each participant. In the first session, the student researcher and the client met to discuss the thesis project and went over the consent form in detail. At the beginning of the first meeting, the researcher introduced the topic for that week. If the participants agreed to participate, they just had to sign the bottom of the consent form. The participants also had the right to ask any questions at any time. On the questionnaire sheets, a Likert scale was provided in which they were asked questions based on their feelings of their overall mental health and they had to circle which level of comfort they felt for each question. Before each of the sessions involving the 4 modules, the participants had to fill out the pre-test questionnaire accordingly to their current use and
understanding of their mental health. The questionnaire was also given after they were taught the module as it gave the participants the opportunity to reflect, as well as give the researcher a better understanding on whether or not the education was encouraging overall behaviour change. Sessions Two to Five were dedicated for each of the four modules. The researcher would introduce the topic for that week, and then the participants were provided with the specific module. The researcher would then go over the module with them in full detail, reading each page, and having one-on-one discussions by answering the questions provided in each module, and providing their own life examples. Afterwards, they discussed their homework assignment that they had to complete throughout the week to ensure they understood the material and was able to generalize it to their life. The session would conclude by explaining what was happening for the next session, and what the expectations were in terms of the homework. For the sixth and final session, all participants had to complete the questionnaire based on the fourth module as well as have a follow-up discussion regarding their thoughts on each of the sessions. This discussion includes positive and negative feedback, things that could be altered, and what they enjoyed.
Chapter IV: Results

Data Collection

For this study, it was hypothesized that DBT training modules that were distributed over the course of 4 sessions (focusing on mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness) would increase emotional regulation. At the end of each week, all of the scores were added up for each participant and tabulated to calculate the overall median for that specific module. It was proposed that this questionnaire would be useful in determining the effectiveness of the modules and how any decreases in symptomatology.

Descriptive Statistics

First, the data was analysed using descriptive statistics. The post tests showed an increase in understanding the material from the modules. The results were demonstrated in Appendix D, Table. 1-4. The measures were based on a Likert scale of 1-4 (with increased scores indicating that their mental health became easier to handle). Each question was scored out of 4, and then were added up to display their overall score out of 40 to determine the how being educated on the module can help reduce mental health symptoms. For the post-tests, it was hypothesized that all of their scores would increase due to the teaching of the modules. By having a higher score on the questionnaire, this shows an increase in understanding the material and a decrease in mental health symptoms.

Module 1. The pre-test scores indicate that the average score amongst all 5 participants was 21.5 out of 40 resulting in 53% average of knowing the concept of Distress Tolerance. This indicates an average standing result of the participants having a general idea of the concept. The median score was 22, which indicated that the majority of the participants received a score of 22 or lower out of 40. The overall average for the post-test scores for the Distress Tolerance increased to 24.8 out of 40 based on the questionnaire, resulting in a 62% increase in understanding what Distress Tolerance is, and being able to manage their symptoms from stress. This is an overall decrease in distress tolerance levels as the percentage increased. This indicates an overall 9% increase in knowledge between the pre-post test scores, while their mental health symptoms decreased. The median for post-test was 25, which indicates a higher overall consistency of responses (see Table 1-4 for the Assessment Scores of each module).

Table 1. Module One Focusing on Distress Tolerance

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>1</td>
<td>18/40</td>
<td>24/40</td>
</tr>
<tr>
<td>2</td>
<td>22/40</td>
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<tr>
<td>3</td>
<td>24/40</td>
<td>26/40</td>
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<tr>
<td>4</td>
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<td>24/40</td>
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<tr>
<td>5</td>
<td>22/40</td>
<td>25/40</td>
</tr>
</tbody>
</table>
Module 2. The pre-test scores focused on the Emotional Regulation state of the participants with an average score of 24.4 out of 40 resulting in a 61% overall average. This score represents an average level of understanding what Emotional Regulation is. The Median score for the pre-test resulted in a 23 out of 40. The overall average for the post-test scores increased to 28.6 out of 40 which results in a 72% increase in understanding of Emotional Regulation and being able to manage these symptoms involving their emotions. This shows that their Emotional Regulation skills increased due to the module, while mental health symptoms decreased. This score indicates an overall 11% increase in managing emotions after completing the module. The Median score was 30, which also results in an overall higher score for each question.

Table 2.
Module Two Focusing on Emotional Regulation

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>1</td>
<td>23/40</td>
<td>30/40</td>
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<td>2</td>
<td>25/40</td>
<td>26/40</td>
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<tr>
<td>3</td>
<td>28/40</td>
<td>20/40</td>
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<tr>
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<td>5</td>
<td>23/40</td>
<td>27/40</td>
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</table>
Module 3. The pre-test scores for the third module focusing on Interpersonal Effectiveness Skills showed that the average score amongst all the participants was 22.8 out of 40, resulting in a 57% average of understanding what Interpersonal Effectiveness skills are. This again, is an average level of Interpersonal Effectiveness Skills. The Median score for the pre-test was a score of 23 out of 40. The overall average for the post-test scores of this module resulted in a 26.8 out of 40 marks, equalling a 67% increase in understanding communication skills. This shows that Interpersonal Effectiveness skills increased following completion of the module, while mental health symptoms decreased. There was a 10% overall increase between the pre-post test scores. The Median score for the post-test scores was a 28 out of 40. This indicates an overall positive trend comparison between the pre and post-test scores.

Table 3.
Module Three Focusing on Interpersonal Effectiveness

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<tr>
<th>Participant</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>1</td>
<td>26/40</td>
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<td>2</td>
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<td>3</td>
<td>25/40</td>
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<td>20/40</td>
<td>28/40</td>
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</table>

Figure 2. Pre-Post Test Results for Module Two: Emotional Regulation
Module 4. The pre-test scores for the fourth module focusing on Mindfulness showed an overall score of 22 out of 40 marks, resulting in a 55% average of understanding what Mindfulness was. The Median score for the pre-test was 22 out of 40 marks. The overall score for the post-test score was a 29.8 out of 40, resulting in a 75% increase in awareness of Mindfulness skills, and being able to use these skills in real life. This shows a significant increase in the understanding and application of Mindfulness, while showing a decrease in mental health symptoms. The results indicated an overall 20% increase in understanding between the pre-post test scores of the 5 participants. The Median score for the post-test was a 30 out of 40. The 20% increase indicates an overall positive trend in the results from the pre and post-test scores.

Table 4. Module Four Focusing on Mindfulness

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tr>
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<td>29/40</td>
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<td>2</td>
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<td>24/40</td>
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<tr>
<td>5</td>
<td>22/40</td>
<td>32/40</td>
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</tbody>
</table>
Figure 4. Pre-Post Test Results for Module 4: Mindfulness
Chapter V: Discussion

Summary

The purpose of this study validated the effectiveness of the DBT training modules for increasing emotional regulation in participants who are involved in the legal system. Each of the participants had great difficulty managing their emotions and stress levels, resulting in them getting in conflict with the law. They were released into the community to work towards improving their behavior, and their overall quality of life. After conducting the six-sessions of DBT, the participants overall Emotional Regulation did increase. In all four modules, the results demonstrated an increase in understanding the material in all four specialties (Mindfulness, Emotional Regulation, Distress Tolerance, and Interpersonal Effectiveness). This type of treatment not only increased Emotional Regulation, but it also decreased quite a lot of mental health diagnosis symptoms such as anxiety, stress levels, depression...etc. The majority of the participants noted a change in their lives when their mental health symptoms reduced based on the development of knowledge they gained from the sessions. The participants stated that they seem happier and were able to manage their emotions more easily than before.

This study fully supports other empirical research that used DBT as a form of treatment to help individuals who were originally diagnosed with BPD, and later to help minimize mental health symptoms. The participants were able to recognize the purpose behind conducting this form of treatment and having weekly sessions to learn the different skills of DBT. From the feedback provided, the participants stated that they felt more comfortable receiving other supports around the community such as other meeting with other counselors and/or doctors, taking prescribed medications...etc. Participants also noted that they began to recognize that some of their reactions around their peers and family were unjust and felt the modules have improved their reactions to stressful situations, as well as how they communicate with others.

One participant in particular commented how their parents truly noticed a difference in their mental health, and they found they were more open to suggestions and getting the proper help that they need. For instance, after the DBT sessions were concluded, the participant began seeking services with a counselor that focused more on Mindfulness techniques, as they found this specific module to be the most useful for them when it came to regulate their emotions, even though originally it gave them a lot of anxiety to seek support. The participant explained that they were willing to continue practicing the mindfulness exercises that were provided in the module and planned to continue working with their counselor. The 5 participants explained that their goal at the end of treatment is to be able to educate others who may be struggling with mental health and help teach them about DBT as a form of therapy.

There were several statements that were made by the participants in the very last session that were very cognitive in their thinking patterns. Many of them shared these thoughts as they found tremendous changes to their everyday lives with themselves as well as with the others around them. The following is feedback that was provided by participants: “I found the homework to be super useful to do during the week when I was stressed out but could not figure out why”, “I thought coming here every week was going to be the longest hour of my life but I started to see a different side to why it is important to come and see you every week”, “I thought these modules were going to be super boring and I never had motivation until you explained to me how you guys are just providing us with information so that we are able to teach ourselves and others in the...
community”. Their overall reactions were positive, and their learnings appear to have made them more motivated to continue to move forward with their recovery.

Relevance to the Literature Review

Mindfulness, as explained by Fortney et al (2013), is a very broad form of therapy used in order to help individuals recognize that what they are feeling at that exact moment is not necessarily aversive, there are ways to be able to cope with that negative feeling without having it take control over the specific individual (e.g. behavioural reaction or aggressive response). Based on the results of this current thesis, participants were able to recognize how mindfulness works, and how it is a type of technique that requires time and practice in order to be fully aware of how to cope with negative feelings. Mindfulness was also the most successful module that was taught in DBT as clients found it to be the most beneficial for them.

Linehan et al (2002) described DBT as a way for individuals to demonstrate empathy towards others, accepting the realization of the world around them, and provides individuals the ability to truly think more to what is happening internally rather than externally. Participants discussed that with the exercises, they will continue to think more about themselves rather than others and continue to build on their skills and eventually teach others how to do it as well. The individuals who participated in the study concluded that making charts as an exercise made it much easier for them to organize everything and found it beneficial.

Strengths

The initial target goal for the total amount of participants for this study was three but resulted in having a total of five. This was considered to be a significant strength to this study as it is a large sample size for this population. It is very difficult normally to get individuals to attend all appointments each week due to lack of motivation. This study was also fully voluntary, and participants could have decided to withdraw as well not attend the weekly appointments which would have fluctuated the results of the study. All of these participants cooperated very well with the set weekly scheduled times, and the completion of the homework. This shows that the clients developed a good sense of therapeutic rapport with the student researcher.

Another strength that was explained by one of the participants was the layout of the module. They explained that they enjoyed the fact that each of the modules had a section of information, and then a section where the participants had the chance to answer questions based on their own personal life, and there was a lot of room for discussion and real-life examples, and lastly the homework. Quite a few of the participants were initially uneasy about completing homework after the session was over each week as most of them had poor motivation. In the end, participants described the homework as being beneficial. They stated it gave them the chance to practice what they had learned, and they had the chance to discuss their success over the week by being able to talk about the homework at the beginning of the next session.

Another strength of this study was the overall increase of data from the questionnaires. Everyone is different and by utilizing the different modules it allowed for different personalities, and a difference of opinion or preferences. Adding the homework section to each of the four modules impacted the results as well as it gave all the participants a chance to practice all of the skills at home. The purpose of the session is for the instructor to provide the purpose of the modules to the participant, and it is up to them
whether they want to continue using these skills in their life or not. With the great results of the homework practice, and their overall thoughts on the increase in mental health, it is hoped that they will all continue to achieve success and improve the overall quality of their life.

Limitations

As with all studies, there are always limitations. One of the biggest limitations was the time frame to conduct this study. The initial goal was to conduct at least two sessions per module, so the participants were able to learn the content at an appropriate pace for them and have more time for discussion. For the final product, the modules were only distributed over one session each for one hour. This gave each of the participants the chance to learn the content of the module, give their own examples, and have their homework explained to them. The majority of the participants had agreed that it would had been more beneficial to have more time spent on each of the modules, so they were able to learn the content at a slower pace. This would have also given them an opportunity to more thoroughly review previous modules if there were any questions or concerns. Participants explained that it was quite a lot of information to learn in a very short time period.

Another limitation to this study was that 3 out of 5 of the clients had already been involved with counselling services prior to being a part of this study. This means that the majority of the clients had already been exposed to the idea of Cognitive Behavioural Therapy (CBT), and working with their thoughts, behaviors and emotions. It was noted that with some of the exercises that were provided in these sessions, participants had already worked on these skills previously, and may or may not have found them very beneficial, which could explain why the scores on the pre-test were all within average range were. Even though the two types of therapies are different, there are many concepts that intertwine with one another. It was also found that participants had learned the concept of mindfulness and distress tolerance before conducting the study, and by learning the same concept by several people made the topic a little more confusing for them as each worker teaches at their own discretion, and with their own techniques. Using real-life examples made it a little easier for them, but it was still noted to be confusing at times.

Another limitation could simply be the lack of motivation from the client to continue using these skills in their own life. Not all clients want to continue making a change and find that it is easier to continue living their lives the way it was before these sessions. This will also impact the overall generalization of the skills and being able to educate others within the community.

Limitations were not only found in the conducting of the sessions, but also in the questionnaire assessment. When the questionnaire was originally created, questions were chosen based on what was needed to be assessed in-regards to mental health symptoms. Overall, the assessment was successful, but the questions could have been more modified to fit the specific module better. The same questionnaire was distributed amongst all 4 modules, which meant the participant continuously filled out the same questionnaire each time. It was noted that not all of the questions necessarily related to the specific module. By creating different questionnaires for each module, this could gather more accurate data regarding how their mental health was really affected by the weekly modules.
Multilevel Challenges Perspective

Working with a population where the study is fully voluntary can come with many multilevel challenges. Many of these challenges come from addiction related issues, as well as those who suffer from mental health symptoms. This study is comprised of four levels of challenges including client, program, organization, and society.

**Program Level.** In order to qualify to be a part of this study, participants had to meet the requirements of the Diversion program. In order to qualify participants had to be 18 years of age or older; have been charged with a criminal/drug related offence; must attend appointments on a regular basis; and has a concurrent mental health and addiction issues. This indicates that only a small sample of clients on the case manager’s caseload were offered to be a part of this study and many other individuals involved in this program could have benefitted from partaking in the study.

**Organizational Level.** At the agency, there was no formal counselling room where the workers were able to take their clients to conduct the intake for this study, or to conduct any of the modules. There were different rooms available to book and take clients in to do one-on-one sessions, but the rooms would change each time. This could have caused the clients to feel unease due to the change in environment each session.

**Societal Level.** Education is continuing to increase everyday regarding the stigma behind mental health and addictions, but it is still an ongoing issue. For this specific level, this type of problem is challenging for the participants as they try to continue to grow and make life changing decisions, but there will always be others influencing their behaviours due to their diagnosis. In terms of this specific thesis, the participants are relied heavily on continuing the work on their own time and working with real life examples. Peers and family members can have a significant impact on how the participants progress in regard to learning DBT skills. In order to continue reducing stigma, it is very important to continue to educate others on mental health and addictions so everyone can seek the support they need, and can generalize all of the information so that eventually others can learn from them.

**Client Level.** One of the main challenging issues with this level was that the study was fully voluntary using a population of clients who were within a larger court mandated program. All of the participants knew ahead of time that they were able to withdraw at the beginning of the sessions, but it was made very clear to them that they had to attend all of the sessions weekly as this project was time-based. The issue occurred with some of the participants as they did not show up for a couple of the sessions, which resulted in having to make many adjustments with the schedule in order to fit them within the time frame of the study.

Implication for the Behavioural Psychology Field

This study benefits the behavioural psychology field as it examines the use of DBT as a form of treatment. This study demonstrated how successful it is to teach DBT skills in this field with individuals with concurrent disorders. Therefore, DBT training modules to teach Emotional Regulation was an accurate tool to use. This study also demonstrated the importance of being able to transfer learned skills to real life, whether it being at home, out in the community…etc. After generalizing the skills, these individuals have the potential to educate others and work towards a greater quality of life. Based on the current study and those included in the review, it appears that as more individuals use the DBT modules as a way to cope with their emotions, future recidivism rates should reduce.
Recommendations for Future Research

DBT training modules were demonstrated to be an effective type of therapy that has been gaining new perspective, and furthermore appears to be increasing in usage with a wider range of target population. Originally, it was only used for females diagnosed with Borderline Personality Disorder (BPD), and now it has been adapted as a broader type of therapy to help aid individuals manage their daily emotions. To ensure that this type of therapy continues to succeed, more research needs to be conducted in order to fill any major gaps, particularly in extending this type of treatment to vulnerable populations (such as those with SUDs).

For this particular thesis, the participant count was successful due to the type of population that was involved. Furthermore, a greater number of participants could enhance the overall effect of the DBT modules. A way to enhance the learning aspect could be to hold group sessions where all of the participants could participate and provide insight instead of conducting the modules one-on-one. Group work would allow for peer support and this could give each individual more motivation to continue making the change.

As mentioned earlier, the time frame for the distribution of the modules was quite short for the participants. For further studies, they should allow more allotted time for the participants to work on and learn each and every module. Extra time would also assist with developing therapeutic rapport with all of the participants as it can be quite difficult to do so with some of the client population.
References


Appendix A

Modules

Module One: Distress Tolerance

By: Nikki Way
St Lawrence College
2018

*Based on the work of Dr. Marsha Linehan and her Research Team
Introduction

The purpose of this Distress Tolerance module is to help give you a sense of how to be able to handle certain situations in a more effective and healthy manner. Many individuals with very low distress tolerance may become overwhelmed in distressing situations (e.g. traffic; disagreements with others; daily hassles). For many people, when they feel stressed or overwhelmed, they may handle it by acting out in a negative way such as; aggression, both physically and mentally, making impulsive, irrational or poor choices (e.g. drug of alcohol use; yelling; physical aggression). These types of behaviours are not helpful in resolving conflicts in an ideal manner.

- For you, have you ever handled situations in a way that you later thought may have been unhelpful? What types of negative behaviours do you display when you are feeling stressed or overwhelmed about a situation? Do you avoid it or take charge (list a maximum of 4)?

1. 
2. 
3. 
4. 

Based on the behaviours listed above, please provide an example of a stressful situation below, and fill out the chart by stating the specific behaviours you perform, and write how these behaviours could make the situation better (pro) and how it can make the situation worse (con):

Situation: ____________________________________________________________

<table>
<thead>
<tr>
<th>Situation/Behaviour</th>
<th>Pros</th>
<th>Cons</th>
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<tbody>
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</table>

*Figure 1. Pros and Cons List*
Why Do People Get Distressed?

Distress (or unpleasant emotions) is a very common feeling that many individuals have. There are many different reasons why people get distressed such as past trauma, family issues, money, housing, relationships, and many more. Mental Health can really have an effect on people look at things. Certain situations can make people feel sad, and many individuals do not know to handle to situation properly. Everyone is different, so everyone handles stress in different ways. People also react differently when they are experiencing stress such as getting hives, difficulty breathing, fatigue, looking pale, muscular spasms and many more.

What are some situations that you experience when you are stressed?

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________

It is good to be able to recognize these situations as it gives you more of an idea how to handle your reaction to stress. Sometimes, writing them down helps people, and sometimes it doesn’t.

What are specific symptoms that you experience when you’re stressed?

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
Acceptance

One of the key factors to help with Distress Tolerance is the concept of Acceptance. The concept of acceptance refers to experiencing a certain situation, and just being able to accept the reality of not being able to change how you feel about your emotions. Being able to practice acceptance can help a person feel more comfortable about their feelings and being able to manage negative emotions.

Emotional Acceptance is considered a better decision rather than avoidance because being able to accept your emotions gives you power over yourself. This is to help acknowledge that in that exact moment that event is not a good or bad thing, but something that has been building over time. This can help with any goals or values that you may have made for yourself. Avoiding the situation can close you off from seeking supports in the community and can lead to more emotional problems.

I want you to come up with an example of how you are feeling and let’s practice Accepting Emotions in the following examples below by saying “It is ok that I feel this way, things will get better”:

1. ________________________________ IT IS OK THAT I FEEL THIS WAY. THINGS WILL GET BETTER

2. ________________________________ IT IS OK TO FEEL THAT WAY. THINGS WILL GET BETTER

3. ________________________________ IT IS OK TO FEEL THAT WAY, THINGS WILL GET BETTER

4. ________________________________ IT IS OK TO FEEL THAT WAY, THINGS WILL GET BETTER

5. ________________________________ IT IS OK TO FEEL THAT WAY, THINGS WILL GET BETTER
Distractions

Having a distraction can help in multiple different ways. A simple way to help tolerate your distress is by finding an activity that can distract you from what is simply making you feel distressed. An example of this can include a physical distraction such as finding a hobby that makes you feel happy and good about yourself (such as walking, playing sports..etc). You want to find an activity that fully separates you from the distressing situation for a period of time.

Complete a list of possible things that you could do to distract yourself from a distressing situation:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________
6. __________________________________________________________
Homework Activity

Below is a Distress Tolerance activity sheet. I want you to take this sheet home and practice when you are feeling distressed. In the situation column, please describe what is happening to make you feel distressed. Then, in the next column, explain what about the situation is making you feel stressed. You have to learn to accept the distress, and answer whether you feel you can accept this. In the last column, I want you to think of a strategy to help distract you from the distressed situation.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Why are you Distressed?</th>
<th>Can you Accept This?</th>
<th>Distraction</th>
</tr>
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Day Completed: __________________
Module Two: Emotional Regulation

By: Nikki Way
St Lawrence College
2018

*Based on the work of Dr. Marsha Linehan and her Research Team
In this next module, you will learn different skills to help regulate your everyday emotions. Many individuals struggle with how to regulate emotions on a daily basis, and by doing so, this can cause more stress in your life. Everyone experiences negative emotions such as anxiety, stress, anger and frustration. When we feel these emotions, a lot of times we will let them overwhelm us and then they begin to control you.

What types of negative emotions do you feel control your actions on a daily basis?

There are different techniques that have been proven to help with taking control of your emotions such as mindfulness, meditation, and stress management. These can work on some people, but not others, so being able to identify what technique works is by trying to see what feels more comfortable for you. These techniques also come with extra benefits such as compassion, self-worth, empathy, and increased positive moods.

*Let’s Answer the Questions below:

**What is Self-Awareness?**

**What is Self-Management?**

Both of these skills work together to help you be able to describe and recognize different things you are feeling, and the take charge and work on how you are able to handle these emotions.
Naming and Describing the Emotion
Let’s start off by asking this question:
How do you feel today?

________________________________________________________________________
________________________________________________________________________

What types of Emotions have you felt today/lately?

Typically, people would normally answer the first question with using words like “good” “fine” “could be better”. For the second question, people would normally by listing off different emotions. The reason for this is because most people have a very difficult time simply labelling their emotions that we have on a daily basis.

Something that can truly help is simply naming and labelling the specific emotions that you are feeling. Simply writing down your emotions can truly help you to realize what you are feeling, and to figure out what the best next plan of action can.

Let’s practice below by simply naming an emotion you have felt lately, and describe that emotion in as much detail as you can:

<table>
<thead>
<tr>
<th>Name the Emotion</th>
<th>Describe the Emotion</th>
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<tbody>
<tr>
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Coping Strategies

First, we want to identify what coping means. Coping are the actions and thoughts we use to deal with all of our emotions. Many individuals have coping strategies, but they may not be the best coping strategies.

Can you think of a time where you and a friend were both stressed about the same situation? (e.g. a presentation, or a test to study for). Chances are, you are both stressed, but for different reasons. The specific situation could be new for you, but maybe not for your friend. So, this theory explains why different coping strategies work differently for everyone. Some strategies are better for one person, but not the other.

Two Effective Coping Strategies:

1. Problem-Focused Strategy: this strategy focuses on someone tackling the situation that may be causing you stress. Example of this include; Analyzing the Situation which refers to paying attention, and to not take on more than you can handle. Talking to the person about the problem can have a huge impact on the situation instead of avoiding it. If you lose a job, use the previous skills and steps you have, and apply them to the next job you apply to.

*Can you think of any examples of this type of strategy that you tackled before?

2. Emotion-Focused Strategy: this strategy focuses on how to handle any type of feelings that may be distressing you instead of the identified problem. Focus on the emotion such as being sad about failing a test or being angry that you got caught and ended up in jail. For some people, this type of strategy may not work, but for others it can work.

Types of Positive Coping Strategies:

- Accept Yourself- nobody is perfect, this world is evolved around making mistakes
- Be Positive- look at all experiences as a learning experience
- Maintenance- keep on practicing
- Make Connections with Others all Around You- social supports are key
- Communication- don’t keep everything inside, don’t be afraid to say what you need to say

What Types of Coping Strategies For You

1.___________________________________________________________
2.___________________________________________________________
3.___________________________________________________________
4.___________________________________________________________
5.___________________________________________________________
6.___________________________________________________________
7.___________________________________________________________
Homework Activity

For your homework assignment, I simply would like you to write a story/event where you were able to identify either a positive or negative emotion and explain how you were able to cope with this emotion.

Day Completed: ________________________________
Module Three: Interpersonal Effectiveness

By: Nikki Way
St Lawrence College
2018

*Based on the work of Dr. Marsha Linehan and her Research Team
Introduction

This next module focuses on how to control one’s own thoughts, behaviours, and emotions in order to accomplish future and long-term goals. We will also discuss the topic of interpersonal effectiveness.

What is the most important skill for a person to have?

There are obviously many skills that are all important for each individual to know and to learn over time, but the most important skill is considered communication. This skill we use on a daily basis, even if you don’t think you do. Communication includes physically talking, texting, emailing, body gestures, sign language...etc.

What does the term Interpersonal Effectiveness mean?

Interpersonal Effectiveness simply refers to the ability to interact with others. The types of skills we use include building a sense of self-respect, balancing the “wants” and “shoulds”, maintaining a balance between priorities and demands, and lastly attending to relationships. These skills are super important because the way we interact with everyone determines the quality of all of the relationships we have. The idea of Effectiveness refers to the goal or purpose of an interaction. An example of this could be that a friend or family member want you to call them when you are home safe and sound. This shows a deep understanding of a Relationship Effectiveness.

3 Main Goals to Interpersonal Effectiveness

1. Gaining our Objective

2. Maintain our Relationships

3. Keeping our Self-Respect
ACRONYMS

As stated above, there are three different types of effectiveness that one must take into consideration when addressing interpersonal exchanges:

1. Objective Effectiveness
   D – Describe: Describe the situation in concrete terms and without judgment.
   E – Express: Express feelings, conveying to the other party how the situation makes you feel.
   A – Assert: Assert your wishes, i.e. clearly state what you do or do not want.
   R – Reinforce: Reinforce why the desired outcome is desirable, and reward people who respond positively to the request.
   M – Mindful: Be mindful and present in the moment, focused on the current goal.
   A – Appear: Appear confident, adopting a confident posture and tone, and maintain eye contact.
   N – Negotiate: Be willing to negotiate and give in order to get, with the understanding that both parties have valid needs and feelings

2. Relationship Effectiveness
   G – Gentle: Approach the other party in a gentle and nonthreatening manner, avoiding attacks and judgmental statements.
   I – Interested: Act interested by listening to the other person and not interrupting.
   V – Validate: Validate and acknowledge the other person’s wishes, feelings, and opinions.
   E – Easy: Assume an easy manner by smiling and using a light-hearted, humorous tone.

3. Self-Respect Effectiveness
   F – Fair: Be fair to yourself and to the other party, to avoid resentment on both sides.
   A – Apologize: Apologize less, taking responsibility only when appropriate.
   S – Stick: Stick to your values and don’t compromise your integrity to gain an outcome.
   T – Truthful: Be truthful and avoid exaggerating or acting helpless to manipulate others.

*All of these skills will take time to learn, but they have been proven to significantly increase positive outcomes, makes ideas and objectives more easily clear, and enables one to be able to speak with respect and dignity while also considering the thoughts and wishes of others*
Self-Regulation

Do you have any short-term/long-term goals?

This skill includes taking a pause between the feeling and the action and taking the time to truly think about what you are doing before it. Adults who struggle with self-regulation may lack self-esteem and self-confidence, as well as have a hard time managing stress. This may come out as a form of anger or frustration, and sometimes can result as a diagnosis of mental health.

*Do you feel that Self-Regulation is a skill that we are born with or a skill that develops over time? Why?

The Development of Self-Regulation

The ability to self-regulate as an adult comes from the development of your childhood. This is considered learnt through nature not nurture; something that you are not born with, but a skill you learn over time. This explains why certain people may be able to self-regulate better than others. This skill is important to learn as a child because it helps with developing emotional maturity, as well of social importance later on in life.

Example: A child throws a tantrum in a grocery because they did not get the candy they wanted. Due to this, this child will then learn how to tolerate an uncomfortable feeling which will then lead them to understand how manage these uncomfortable feelings when they become adults. The concept of maturity makes you understand the ability to face social, emotional, and cognitive threats.
List of Skills We Hope to Accomplish Using Both Interpersonal Effectiveness and Self-Regulation

1. ______________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

4. ______________________________________________________________________

5. ________________________________________________________________

6. _______________________________________________________________________

A List of Interpersonal Skills Includes:

- **Verbal Communication** - What we say and how we say it.
- **Non-Verbal Communication** - What we communicate without words, body language is an example.
- **Listening Skills** - How we interpret both the verbal and non-verbal messages sent by others.
- **Negotiation** - Working with others to find a mutually agreeable outcome.
- **Problem Solving** - Working with others to identify, define and solve problems.
- **Decision Making** – Exploring and analyzing options to make sound decisions.
- **Assertiveness** – Communicating our values, ideas, beliefs, opinions, needs and wants freely.
Homework Activity

For your homework, I want you to fill out the chart below based on what you believe is the best approach for each. Under the Alone Focus section, I want you to develop self-regulation skills that outline positive and negative things. Under the Relationship Focus, I want you to come up with skills that focus on the other person in the relationship (e.g. spouse, friends), that outline positive and negative things. This exercise is to help you be more aware of yourself and others.

*Interpersonal Effectiveness Skills Chart*

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alone Focus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ex: mindfulness, exercising, laughing, positive self-talk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ex: Giving up, negative self-talk, addictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship Focus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ex: shared humour, being mutual with feelings, celebrating the other (birthday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ex: dismissing the other person, blaming the other, quitting the relationship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Day Completed: __________________________________________
Module Four: Mindfulness

By: Nikki Way
St Lawrence College
2018

*Based on the work of Dr. Marsha Linehan and her Research Team
**Introduction**

The last module focuses on how to be fully aware of your surroundings. By doing so, this means you are aware of what you do and where you are, as well as not being overwhelmed or overly reactive to what is happening around you. Whenever you take the time to bring awareness directly to what you are doing including what you are directly experiencing and your state of mind, this is considered being mindful. It’s been scientifically proven that when you train your brain to be mindful, this is remodeling the physical structure of your brain.

**What are some ways to practice mindfulness?**

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________

Mindfulness is a type of skill that is something we all naturally possess but practicing this skill on a daily basis will make it more readily available to you when you need to use it. This type of therapy also involves accepting your thoughts and feelings without judging them. Think of it as a way that there are no “rights” and “wrongs” in the exact moment of time. We want you to think of mindfulness as a “in the moment” thought rather than bringing up past traumatic experiences.

*Have you ever had a time where you were driving/walking and you arrived at your destination and didn’t realized you made it there?*

This is considered putting our minds on “autopilot” which is when your mind wanders off into another universe, and we aren’t “present” in our own lives. When we are in “autopilot” mode, we get lost, and so we find ourselves striving to get our stuff done instead of truly living our life.

**Can you think of a time where this happened to you?**

________________________________________________________________________

________________________________________________________________________

*Apparently this occurs approximately 47% of the time without us even knowing it!!*
**Mindfulness Difference Chart**

<table>
<thead>
<tr>
<th>What It Is</th>
<th>What It Isn’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness; Attention; Something to Focus On</td>
<td>A relaxation exercise</td>
</tr>
<tr>
<td>Noticing a thought or feeling (then maybe choosing to focus on something else)</td>
<td>An attempt to change the world or yourself</td>
</tr>
<tr>
<td>A skill that takes a lot of practice</td>
<td>Something you need to be a Zen Buddhist to do</td>
</tr>
<tr>
<td>First step of getting out of depression and other skills</td>
<td>Having perfect focus, while never getting distracted</td>
</tr>
<tr>
<td>Everyone can be mindful (whether you know it or not)</td>
<td>A quick fix</td>
</tr>
<tr>
<td>An exercise in maintaining focus</td>
<td>A skill you learn all at once</td>
</tr>
<tr>
<td>A non-judgemental acceptance of reality (may lead you to make changes)</td>
<td>Blocking or pushing away a thought or feeling</td>
</tr>
<tr>
<td>Choosing to try to keep your focus even though distractions will come back again and again</td>
<td>A mystical and mysterious quality</td>
</tr>
</tbody>
</table>


*This chart shows the differences between what mindfulness looks like and what it doesn’t look like. This may help you if you feel like it is not helping in the way you want it too*

**Two Other Parts of Mindfulness**

1. **Attention:** We live in a fast-paced world where everything happens around us, and there are probably times where you have multiple demands competing for our attention. Due to this, there is a lot of regret about the past and present. By overthinking, we don’t notice the small things right in front us that may bring you happiness and joy. We want to give more attention to the present/future rather than living in the past.

2. **Curiosity:** We tend to immediately pass judgement on our thoughts, our feelings, and our experiences. A misunderstanding with a friend can lead to the thought that they don’t really like us. This uncomfortable sensation can lead to feelings of frustration/fear.

Someone who is just starting to learn about mindfulness might say, “I started to think about that deadline. What if I can’t get everything done? I wish this thought would just go away. I can’t handle this!” They will likely notice many different reactions to these thoughts, too. They might feel tense, upset and maybe even a little hopeless. They might find it difficult to concentrate or sleep that night.
Someone who regularly practices mindfulness might use their attention skills to recognize the same thought: “What if I can’t get everything done?” They might respond by saying, “Oh look, it’s that thought. I notice how the thought is making me feel: I can sense my shoulders tensing up and my breath changing. This thought makes me feel a bit overwhelmed at this moment, and that’s okay.” Of course the situation has importance—both people need to meet the same deadline. The difference is in the way our two examples dealt with the situation. The second person was more aware of the thought and how it was making them feel and could likely use different tools or strategies to help them manage the feeling of being overwhelmed.

**Mindfulness Exercises**

1. **Mindful Breathing**

   This exercise can be done standing up or sitting down, and pretty much anywhere at any time. If you can sit down in the meditation (lotus) position, that's great, if not, no worries.

   Either way, all you have to do is be still and focus on your breath for just one minute.

   1. Start by breathing in and out slowly. One breath cycle should last for approximately 6 seconds.

   2. Breathe in through your nose and out through your mouth, letting your breath flow effortlessly in and out of your body.

   3. Let go of your thoughts. Let go of things you have to do later today or pending projects that need your attention. Simply let thoughts rise and fall of their own accord and be at one with your breath.

   4. Purposefully watch your breath, focusing your sense of awareness on its pathway as it enters your body and fills you with life.

   5. Then watch with your awareness as it works work its way up and out of your mouth and its energy dissipates into the world.

2. **Mindful Observation**

   This exercise is simple but incredibly powerful because it helps you notice and appreciate seemingly simple elements of your environment in a more profound way.

   The exercise is designed to connect us with the beauty of the natural environment, something that is easily missed when we are rushing around in the car or hopping on and off trains on the way to work.

   1. Choose a natural object from within your immediate environment and focus on watching it for a minute or two. This could be a flower or an insect, or even the clouds or the moon.
2. Don’t do anything except notice the thing you are looking at. Simply relax into watching for as long as your concentration allows.

3. Look at this object as if you are seeing it for the first time.

4. Visually explore every aspect of its formation, and allow yourself to be consumed by its presence.

5. Allow yourself to connect with its energy and its purpose within the natural world.

3. Mindful Awareness

This exercise is designed to cultivate a heightened awareness and appreciation of simple daily tasks and the results they achieve. Think of something that happens every day more than once; something you take for granted, like opening a door, for example. At the very moment you touch the doorknob to open the door, stop for a moment and be mindful of where you are, how you feel in that moment and where the door will lead you. Similarly, the moment you open your computer to start work, take a moment to appreciate the hands that enable this process and the brain that facilitates your understanding of how to use the computer.

These ‘touch point’ cues don’t have to be physical ones.

For example: Each time you think a negative thought, you might choose to take a moment to stop, label the thought as unhelpful and release the negativity.

Or, perhaps each time you smell food, you take a moment to stop and appreciate how lucky you are to have good food to eat and share with your family and friends.

Choose a touch point that resonates with you today and, instead of going through your daily motions on autopilot, take occasional moments to stop and cultivate purposeful awareness of what you are doing and the blessings these actions brings to your life.

4. Mindful Listening

This exercise is designed to open your ears to sound in a non-judgmental way, and indeed to train your mind to be less swayed by the influence of past experiences and preconception. So much of what we “feel” is influenced by past experience. For example, we may dislike a song because it reminds of us of a breakup or another period of life when things felt negative. So the idea of this exercise is to listen to some music from a neutral standpoint, with a present awareness that is unhindered by preconception.

Select a piece of music you have never heard before. You may have something in your own collection that you have never listened to, or you might choose to turn the radio dial until something catches your ear.
1. Close your eyes and put on your headphones.

2. Try not to get drawn into judging the music by its genre, title or artist name before it has begun. Instead, ignore any labels and neutrally allow yourself to get lost in the journey of sound for the duration of the song.

3. Allow yourself to explore every aspect of track. Even if the music isn’t to your liking at first, let go of your dislike and give your awareness full permission to climb inside the track and dance among the sound waves.

4. Explore the song by listening to the dynamics of each instrument. Separate each sound in your mind and analyze each one by one.

5. Hone in on the vocals: the sound of the voice, its range and tones. If there is more than one voice, separate them out as you did in step 4.

The idea is to listen intently, to become fully entwined with the composition without preconception or judgment of the genre, artist, lyrics or instrumentation. Don't think, hear.

5. Mindful Immersion

The intention of this exercise is to cultivate contentment in the moment and escape the persistent striving we find ourselves caught up in on a daily basis. Rather than anxiously wanting to finish an everyday routine task in order to get on with doing something else, take that regular routine and fully experience it like never before. For example: if you are cleaning your house, pay attention to every detail of the activity. Rather than treat this as a regular chore, create an entirely new experience by noticing every aspect of your actions: Feel and become the motion when sweeping the floor, sense the muscles you use when scrubbing the dishes, develop a more efficient way of wiping the windows clean.

The idea is to get creative and discover new experiences within a familiar routine task. Instead of labouring through and constantly thinking about finishing the task, become aware of every step and fully immerse yourself in the progress. Take the activity beyond a routine by aligning yourself with it physically, mentally and spiritually.

6. Mindful Appreciation

In this last exercise, all you have to do is notice 5 things in your day that usually go unappreciated. These things can be objects or people; it’s up to you. Use a notepad to check off 5 by the end of the day. The point of this exercise is to simply give thanks and appreciate the seemingly insignificant things in life, the things that support our existence but rarely get a second thought amidst our desire for bigger and better things.

For example: electricity powers your kettle, the postman delivers your mail, your clothes provide you warmth, your nose lets you smell the flowers in the park, your ears let you hear the birds in the tree by the bus stop, but…
Do you know how these things/processes came to exist, or how they really work? Have you ever properly acknowledged how these things benefit your life and the lives of others? Have you ever thought about what life might be like without these things? Have you ever stopped to notice their finer, more intricate details? Have you ever sat down and thought about the relationships between these things and how together they play an interconnected role in the functioning of the earth?

Once you have identified your 5 things, make it your duty to find out everything you can about their creation and purpose to truly appreciate the way in which they support your life.
Homework Activity

For your homework assignment this week, I simply want you to try at least two of the mindfulness exercises listed above and practice them this week. Next week we will discuss how you felt about them. Make sure to record the day you practiced them!

Day Completed: _______________________________
Appendix B
The Use of Dialectical Behavioural Skills Training
Modules to Increase Emotion Regulation and
Address Criminogenic Risk Factors for Individuals Involved in the Legal System

Principal Name: Nikki Way
Name of Agency Supervisor: Kristin MacLeod
Name of Supervisor: Dr. Melissa Bolton, C. Psych.
Name of Institutions: St Lawrence College
Name of Institution/Agency: Addictions and Mental Health Kingston

Invitation
I am a student who is completing my 4th year of the Honours Bachelor of Behavioural Psychology program at St Lawrence College in Kingston. This letter is an invitation to be a part of my research study. Currently, I am at a placement at Addictions and Mental Health downtown Kingston, and as a part of my placement, I am completing a research study. This consent form will outline all of the information about my project should you decide to participate. Please read carefully and I encourage you to ask any questions if you have any questions or need clarification.

Purpose of the Study
The purpose of this study is to help provide clients involved in the justice system with increased effective prosocial coping strategies to increase distress tolerance and emotion regulation skills. Dialectical Behavioural Therapy (DBT) is a highly researched type of therapy that helps those with a variety of concerns. It includes skills that help to increase one’s ability to control their emotions, tolerate distress and communicate better with others. Research has suggested that it is helpful for those with substance use concerns, impulsivity, and behavioural concerns. It is structured and skills-based learning (as modules address: mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation skills). It is believed that increased coping strategies may help reduce risky behaviours and recidivism. You will be asked to complete homework modules that highlight different types of coping strategies and later rate how helpful it was for you and your wellbeing.

Potential Risks/Benefits
Some benefits of taking part in this study include the chance to develop more coping strategies, as well as emotion regulation skills. These skills can help reduce distress, reduce reactivity, and improve overall self-esteem. The risk of participating in this study is very minor, however, some of the participants may feel frustrated with their sense of progress. It is important to remember to go at your own pace, and not compare yourself to other
Confidentiality and Privacy
We will make every attempt to keep any information that identifies you strictly confidential unless required by law. You will be assigned a code number to enter on the questionnaires and your name will not be used. Informed Consent Forms will be stored securely at Addictions and Mental Health office for 10 years. The results from the research are part of my thesis and will be made available at the St. Lawrence College library. They may also be published in professional journals or presented at professional conferences, but any such presentations will be of general findings and will never breach individual confidentiality.

Voluntary
It is very important to be aware that this study is fully voluntary, and it is up to you whether or not you would like to participate. If you do agree that you want to take part in this study, I ask that you read over the consent form and ask me questions before signing. You have the option to withdraw from this study at any time without any explanation or any consequences (has no bearing on your involvement in the larger program). If you decide to withdraw from the study, you can also ask to not use any of your data for the results of the study. If you do decide to withdraw, this has to be 1 month after completing the study.

Contact Information
This research study has received an ethical clearance through the Research Ethics Committee for Behavioural Psychology (REC-P) under the authority of St Lawrence College Research Ethics Board (SLC-REB). This study will be supervised by Kristin Macleod, Court Support Case Manager, at Addictions and Mental Health Kingston. If you have any questions or concerns about participating in this study, please feel free to contact me, Nikki Way, at any time Nway13@student.sl.on.ca, or my thesis supervisor Kristin MacLeod, kmacleod@amhs-kfla.com. Also, if you have any questions regarding your personal rights being a participant of this study, please contact the St Lawrence College Research Ethics Board (SLC-REB) Chair at reb@sl.on.ca.
If you wish to take part in this research study, please complete the form below, and return it as soon as you can. The original copy of this will be kept at the agency, while you will also be given a personal copy of it for your personal records.

By signing this form, I agree to the following:

_____ I consent to participate in the research study

_____ I do NOT consent data collected as part of this study to be used within the study,

_____ I consent for the data collection as part of this intervention/project to be presented at a conference

_____ I consent for the data collected as part of this intervention/project to be published in a peer reviewed journal or professional publication

I, ___________________________ have read all information above and give permission to be a part of this study.
Participants Signature: ________________________________________________

Date: ____________________________________________________________
Appendix C
Questionnaire Pre-Post Sheet

1) Did you find the module to be helpful?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

2) Do you believe things should be changed in the modules?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

3) Would you recommend giving this module to another participant who struggles with mental health?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

4) Have you noticed that things are easier to handle?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

5) Have these modules reduced your stress levels?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

6) Have you noticed any reductions in your symptoms?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

7) Have other people commented that you can handle stress better?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

8) Do you feel better about yourself in general?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

9) If we gave you the modules to keep, would you continue working on them after our sessions are completed?
   1 Poor  2 Satisfactory  3 Good  4 Excellent

10) Do you feel better as a person completing these modules and having weekly sessions?
    1 Poor  2 Satisfactory  3 Good  4 Excellent
Appendix D
Results Tables

Table 1. Module One Focusing on Distress Tolerance

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<tr>
<th>Participant</th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tr>
<td>5</td>
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Table 2. Module Two Focusing on Emotional Regulation

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Table 3. Module Three Focusing on Interpersonal Effectiveness

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### Table 4. Module Four Focusing on Mindfulness

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<tr>
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