

Teen Talk

Issue #12

Our aim is to deliver programs that are clinically effective, evidenced based and meet the needs of the children and families we serve. We pay close attention to the kinds of problems that children and youth are experiencing when they come to the Centre and adjust our clinical programming to meet these needs. For example, there are concerns that suicide rates among youth are rising and the visits to emergency departments have nearly doubled in the last 10 years for urgent mental health concerns related to self-harm and suicidal ideation. Indeed, 10% of the youth who present for service at the Community Clinic struggle with suicidal ideation and self-harm. In response, since 2017, we have worked to train a number of our clinicians to deliver Teen Talk, an evidence-informed therapy group for adolescents aged 15-17 who are overwhelmed by their difficult emotions and who struggle with symptoms such as these.

The content and structure of our *Teen Talk* therapy group is based on the Dialectical Behaviour Therapy (DBT) model of care. DBT is a skills-based, cognitive-behavioral treatment that has been proven effective in treating those who have serious, longstanding problems with managing their own difficult emotions. Typically, their emotional dysregulation is to the point that they are engaging in impulsive, self-destructive behaviours (e.g., substance abuse, self-harm) that put them at high risk for serious bodily harm and/or death through suicide attempts.

The main purpose of our adolescent group is to teach them the skills that have been proven effective in DBT, including mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. The emphasis is on using these skills to handle distressing situations, improve relationships, and create a *life worth living*. These skills are explored within an empathic, validating setting that recognizes each adolescent's strengths. Adolescents are

required to complete homework assignments in which they practice the skills taught during the weekly sessions. Our current experience running *Teen Talk* has confirmed that when treatment is delivered in a group format, it often decreases the isolation and stigma in relation to mental health problems.

Elena, 15, presented with suicidal ideation, suicidal gestures, hospital visits, and significant self harm. At the start of treatment, Elena was unable to tolerate her own thoughts and emotions and due to significant shame, was unable to share her suicidal thoughts, gestures and self harm with her parents or even with clinical staff (dramatically increasing the risk for her). Teen Talk taught her to tune into these difficult thoughts and feelings and to tolerate the shame behind these thoughts, feelings and behaviours. Elena was able to open up about her distress and disclosed significant safety concerns, which were addressed in a single acute stabilization inpatient stay in hospital. Very significantly, Elena has not been hospitalized since, is no longer engaging in suicidal behaviours, and is more open with professionals and her family about her thoughts and feelings, allowing others to help her cope with these tremendously difficulty feelings when they occur. This case represents the kind of mental health gains that may be realized with appropriate outpatient treatment and illustrates the tremendous financial savings to the health system by diverting clients from hospital stays to community outpatient treatment.

