CAMHS Dialectical Behaviour Therapy Service

A national and specialist service, dedicated exclusively to the expert assessment and treatment of self-harm and symptoms associated with borderline personality disorder in adolescents.
Before, when I was upset or stressed I used to cut myself. Now I stop and think about which of the coping skills I have learnt that I can use to help me calm down. « Sandra
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Service overview

Our service specialises in the assessment and treatment of young people who have a history of self-harm and symptoms associated with borderline personality disorder, like impulsiveness, unstable relationships, anger, difficulties controlling emotions and feelings of emptiness.

Our one-year programme involves weekly individual therapy and group skills training for the young people. The young person’s family or carers also take part in a dialectical behaviour therapy (DBT) skills support group.

Treatment methods are subject to high levels of quality control and all of our therapists receive individual clinical supervision and group consultation to ensure the quality of our therapy.

King’s Health Partners

Our service is part of the Child and Adolescent Mental Health Clinical Academic Group. SLaM has joined with King’s College London, Guy’s and St Thomas’ NHS Foundation Trust, and King’s College NHS Foundation Trust to establish King’s Health Partners, an Academic Health Sciences Centre. King’s Health Partners involves bringing clinical care, research and education much more closely together. Our aim is to reduce the time it takes for research discoveries and medical breakthroughs to become routine clinical practice. This will lead to better care and treatment for patients.

Visit www.kingshealthpartners.org for more information.
Our philosophy

We aim to accurately identify traits associated with an emerging borderline personality disorder and prevent more entrenched symptoms in adulthood.

Our hope is that through early identification of these traits and the provision of skills to help the young person and their family or carers manage their difficulties, that these historical relationship patterns and dysfunctional ways of managing emotions and events will diminish.

We use a therapeutic approach which optimises engagement with young people who may have had difficulties in engaging with services in the past. To support this we also provide support to parents and carers as part of the programme.

Dialectical behaviour therapy (DBT) works with young people and their parents or carers to identify extreme emotions and behaviours as well as difficulties in managing their relationships. It focuses on equipping them with the skills to manage these difficulties more effectively and less destructively. Our overall aim is to help young people to realise, and work towards, building a life worth living.

» I can manage my distress more now, and my relationships. « Andrew
Who is our service for?

We offer services to young people who have a history of self-harm and experience difficulties with managing their emotions, impulsivity, unstable relationships and feelings of emptiness which may be associated with an emerging borderline personality disorder.

**Eligibility**
- 12 and up to 18 years
- Male or female
- At least one episode of self-harm in the past six months
- Presents with symptoms associated with an emerging borderline personality disorder

**Exclusion**
- Current diagnosis of schizophrenia or psychosis
- Substance dependency (not misuse)
- Presence of another psychiatric disorder or problem requiring more urgent assessment or treatment
- Previous exclusion from our service in the past three months

» DBT helped me understand more about what my son is going through and why. «  Parent
Interventions

Our service provides a comprehensive DBT package for young people and their families or carers. DBT is an intensive psychological treatment that focuses on enhancing a person’s skills in regulating their emotions and behaviour. It aims to address and alter patterns of behaviour by finding a balance between extreme positions. This is what is meant by ‘dialectical’.

Diagnostic assessment
A comprehensive assessment with the young person and their family or carers providing greater clarity regarding diagnostic status, in particular whether the young person meets the criteria for an emerging borderline personality disorder. Self-harm behaviours and suitability for DBT are assessed. An assessment report is completed and sent to the young person, their family or carers, and the referrer.

DBT pre-treatment
A series of up to six individual sessions with the young person to orientate them to DBT, assess and strengthen motivation, clarify goals of treatment and for the young person to decide whether they wish to commit to engaging in DBT.

Medication and psychiatric review
Many of the young people we see may also be on medication for co-morbid difficulties like depressive symptoms. Our psychiatrists offer regular medication reviews to monitor and review medication and other associated medical needs.

DBT treatment
Weekly therapy consists of an individual therapy session and a skills training group. Telephone skills support and crisis management are available if needed.

DBT individual sessions
Individual therapy focuses on balancing acceptance and acknowledgement of the young person’s difficulties and where they are now, facilitating the change of unhelpful and dysfunctional behaviours.

DBT skills groups for young people
There are four key components of the skills training within DBT:

Mindfulness
Mindfulness is a technique intrinsic across all DBT modules. It helps young people take a step back, observe and describe what is happening inside (thoughts, feelings, sensations), and all around them. It teaches being in the ‘here and now’, rather than the past or future. This helps young people observe their thoughts and impulses and let them pass, rather than acting on them impulsively.

Managing your emotions
The goal of this module is to help young people identify and label their emotions, as well as manage difficult feelings like anger, fear, shame and sadness. The importance of nurturing positive emotions and increasing the number of pleasant events in life is also emphasised.
Distress tolerance

Distress tolerance helps young people endure a stressful situation without making it worse. This module provides a number of strategies to distract attention during moments of stress. The strategies are positive, rather than the destructive patterns of managing that young people may have developed, like planning suicide attempts, self-harming or using drugs or alcohol. There is also a philosophy of learning to accept difficult feelings and situations prior to being able to change things.

Managing your relationships

These skills are designed to increase young people’s abilities to effectively ask others to meet their needs in a more positive way, assert their limits and problem-solve around resolving relationship conflicts.

By helping young people have a more positive outlook on their environment, their relationships and themselves, it is anticipated that there will be a decrease in interpersonal chaos and fears of abandonment.

Through generalising skills training in managing emotions, distress tolerance, managing relationships and mindfulness, it is hoped the young person will feel more able to manage everyday stressors and social interactions effectively, and reduce their use of crisis behaviours as a means of managing their distress and communicating their needs.

DBT skills support groups for parents and carers

Parents and carers are expected to attend a 26-week programme of weekly DBT groups. The aim is to help parents and carers to help young people apply their coping skills in everyday situations.

DBT telephone consultation

Each young person has access to phone support between 9am and 5pm weekdays. This offers direct contact with their individual therapist, who can support the young person in generalising their skills, addressing barriers within therapy application and managing suicidal and self-harm urges.

» I can actually have a proper conversation and make my feelings known without being anxious or scared. «  Alice
Our care model

ASSESSMENT
› Diagnostic
› Risk assessment
› Validated self-report questionnaires

PATIENT
› Understanding how their established behaviour patterns function to meet their needs
› Helping them to develop alternative, more adaptive skills to effectively manage emotions and distress and reduce their use of more destructive and impulsive ways of managing, e.g. self-harm and suicidal behaviours
› Helping to reduce difficulties in managing relationships and improve their relationship, negotiation and assertiveness skills
› Increasing self-esteem and confidence and decreasing their identity confusion

FAMILY AND CARERS SKILLS GROUPS
› Psychoeducation around emerging borderline personality disorder and DBT skills
› Parent and carer support
› Consultation to enable parents and carers to support their young person in acquiring and using their skills

TELEPHONE SUPPORT
› Supporting DBT skills acquisition and generalisation
› Helping to address relationship repair issues
› Facilitating engagement through text messages and reminders
› Managing urges to engage in self-destructive behaviours

INDIVIDUAL DBT
› Psychoeducation around emerging borderline personality disorder and DBT
› Establishing a hierarchy of target behaviours to work towards changing in therapy
› Generalising and supporting skills acquisition
› Facilitating progress and engagement through a balance of acceptance and change

GROUP DBT
› Mindfulness
› Managing emotions
› Distress tolerance
› Managing relationships

LIAISON
› Consultation with other teams
› Family work when needed
› Case management and network meetings
Our care pathway

- Referral received and funding approved
- Referral reviewed
- Assessment
- Report sent to young person, family and referrer
- DBT pre-treatment
- Young person commits to 12-month DBT programme
- Discharge with progress report

Branches:
- Not suitable for treatment, referred elsewhere
- Criteria not met for treatment, referred elsewhere
- Young person does not commit, referred back to local services
Outcomes

Our service aims to help young people gain control over their self-harm and suicidal ideation, as well as reduce other symptoms associated with emerging borderline personality disorder.

Outcomes may include:

- Decreased suicide rates
- Reduced frequency of inpatient admissions
- Reduced self-harm and suicidal ideation
- Decreased impulsivity
- Improved mood
- Increased mindfulness and distress tolerance skills
- Improved interpersonal skills and emotion regulation
- Improved quality of life

Research

We utilise a range of standardised measures that offer clinical information and treatment outcomes, including:

- Diagnostic status
- Severity of symptoms
- Co-morbid difficulties
- General functioning
- Family functioning
- Parental stress
- Skills acquisition
- Mindfulness

Our facilities

Based in the Michael Rutter Centre at the Maudsley Hospital, our service is designed around the needs of young people and their families or carers.

Our clinic has both individual and group therapy rooms that are equipped with observational and audiovisual equipment to help with treatment, enable training and learning opportunities, and to ensure good clinical outcomes by allowing close supervision of therapists. This also enables team consultation and input with minimal intrusion for young people and their families or carers.

» We are the only national child and adolescent DBT service. «
Our team

Our team consists of professionals from a variety of backgrounds, including clinical psychology, psychiatry and nursing. All team members are trained in intensive DBT, cognitive behavioural therapy (CBT) and other therapeutic models.

Dr Troy Tranah  BSc, MSc, PhD
Consultant Clinical Psychologist | Clinical Head of Dialectical Behaviour Therapy Service | Head of National and Specialist Child and Adolescent Psychology

Dr Tranah is a consultant clinical psychologist and clinical head of our service. He is head of child and adolescent psychology for outpatient services at the Michael Rutter Centre and the four inpatient CAMHS units at the Trust. He is also an honorary lecturer in clinical psychology at the Institute of Psychiatry, King’s College London.

Other roles
Dr Tranah is the lead psychologist for National and Specialist Child and Adolescent Mental Health Services (CAMHS), and is a member of the academic team that runs the doctorate in clinical psychology course at the Institute of Psychiatry.

Background
Dr Tranah completed his PhD at the University of London. He then went on to complete his masters (MSc) in clinical psychology at the Institute of Psychiatry. As a consultant clinical psychologist, he has developed a number of new successful clinical services including forensic, childcare and DBT services.

Research
Dr Tranah’s current research interests include an evaluation of DBT in the treatment of borderline personality disorder in adolescents, the measurement of empathy in young offenders, and the assessment of adolescent fire-setters.
Dr Mima Simic  MSc, MD, MRCPsych
Consultant Child and Adolescent Psychiatrist | Joint Head of the Eating Disorder Service

Dr Simic is joint head of the child and adolescent Eating Disorders Service at the Trust and a consultant psychiatrist with our service.

Other roles
Dr Simic has been active in teaching, training and research in the United Kingdom and abroad, and has been involved in multicentric research studies on anorexia nervosa and self-harm.

Background
She completed her doctor of medicine (MD) qualifications at the University of Belgrade in the former Yugoslavia, followed by specialised training in child and adolescent psychiatry.

Dr Simic moved to London in 1994 and retrained as a consultant psychiatrist at the Maudsley Hospital and St George’s Hospital. She also completed her training in family therapy, group analysis and DBT.

Since 2001, Dr Simic has been a consultant child and adolescent psychiatrist for the child and adolescent Eating Disorders Service at SLaM, and a consultant for our service since 2009.

Research
Dr Simic is collaborating with Professor Ivan Eisler, Professor Ulrike Schmidt and Professor David Cottrell on research testing the outcomes and cost-effectiveness of CBT and family therapy in treating eating disorders and self-harm in adolescents.

She is also involved in a pilot study that is developing CBT treatment for adolescents who self-harm.
Dr Katrina Hunt  BSc (Hons), DClinPsych  
Specialist Clinical Psychologist

Dr Hunt conducts individual and group therapy, and works with young people and their families.

Dr Hunt was involved in setting up the group component of the child and adolescent Eating Disorders Service intensive treatment programme and continues to contribute towards the programme.

Other roles
She supervises other clinical psychologists and has conducted teaching and training with clinical psychology trainees, junior doctors and other mental health professionals on topics including DBT, mindfulness, assessment of self-harm and social approaches to psychology.

Background
Dr Hunt worked as a clinical and research assistant with a drug and alcohol psychology service in Sydney, Australia before completing a psychology undergraduate degree (BSc) in Sheffield.

She went on to complete a doctorate in clinical psychology (DClinPsych) at the University of East London. She completed her 12 month specialist placement at the Child and Family Department of the Tavistock Clinic, which included a family therapy observation course and a live supervised systemic therapy course.

She has completed training in multi-family group therapy and intensive training in DBT.

Research
Dr Hunt’s research interests focus on evaluating the efficacy of DBT delivery and the efficacy of CBT and DBT groups that are part of the intensive treatment programme for the child and adolescent Eating Disorders Services.
Dr Lucy Taylor  PGDip CBT, DClinPsych, MPhil, BSc (Hons)
Specialist Clinical Psychologist

Dr Taylor’s areas of interest include CBT, self-harm and adolescents.

Dr Taylor is an accredited child and adolescent member of the British Association for Behavioural and Cognitive Psychotherapies (BABCP). She is registered with the Health Professions Council (HPC), and is a member of the British Psychological Society (BPS).

Other roles
Dr Taylor has supervised on the CBT Child and Adolescent Postgraduate Diploma course at King’s College London and has led supervision, teaching and training programmes for child and adolescent mental health service teams nationally.

She continues to teach and supervise on the Doctorate in Clinical Psychology course at the Institute of Psychiatry, King’s College London.

Background
Dr Taylor completed a psychology honours degree at Portsmouth University in 1992. She then went to Cambridge University to complete her masters degree in criminology. For two years, she worked as an assistant psychologist before spending three years at the Institute of Psychiatry, where she obtained a doctorate in clinical psychology (DClinPsych).

She became lead psychologist for the Croydon adolescent team, where she worked between 2001 and 2009. Here, she took the lead research role in developing and piloting a CBT manual for young people who self-harm and their families or carers.

Research
Dr Taylor’s current research interests include the evaluation of DBT in treating borderline personality disorder in adolescents and CBT treatment for self-harm in adolescents.
Training and consultancy

Consultation is available to other clinicians and teams regarding self-harm, risk management and issues regarding young people who present with behaviours associated with borderline personality disorder.

Consultation may involve meeting with staff, the young person and their families or carers, examining available notes, chairing a professionals meeting and treatment planning, depending on the aims of the consultation. A comprehensive report of the consultation, including recommendations regarding case management, can also be provided.

We welcome training opportunities and offer training on a range of topics including managing risk, mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance and DBT. Other related training can be arranged upon request.

For more information about available training, contact the DBT team on 020 3228 3381/2749 or email dbtservicecamhs@slam.nhs.uk

» This has made me more aware of how [my daughter] feels and how to manage better. « Parent
Becca, 17

“Self-harm felt like a close friend, but one of those friends you don’t really need.”

I had daily issues with self-harm and was experiencing very low moods and mood swings. It’d been going on for so long that I’d developed ways to function, but things were definitely getting worse.

I’d tried lots of services and no one had come up with any real conclusions. There were so many different opinions and answers – some people even said what I was going through was normal for my age. No one seemed to know what to do with me and I’d lost a lot of faith in it all.

Then I was sent to the local CAMHS service. Though they had a good idea what was wrong, they said they weren’t the best people to help and referred me to the Maudsley.

“This referral had to work or I would have given up and got on with life as I was.”

By this stage, I didn’t know what to do with myself either. I had a bit of paranoia about the referral because I’d had referrals before and nothing had happened. But as soon as I walked in the room for the first meeting at the Maudsley, I knew things were going to be different. They clearly knew what they were doing.

It was a breath of fresh air but it also made things quite scary because I knew I’d have to think seriously about the self-harm. I was quite nervous about starting group therapy too because I hadn’t done it before. I imagined I’d have to speak directly to people in the group about what was going on for me, but it didn’t work out like that at all. In fact, the groups were more about everyone sharing at the same time, and I didn’t have to talk about things if I didn’t want to.

That first meeting at the Maudsley was really bizarre, thinking about it. I didn’t think I’d see either of the two people I met again, but one of them became my group therapist, which was really good.

“The first thing was to get to grips with what was going on.”

After that first meeting, I started with six weeks of pre-treatment so I could get to know my individual therapist and we could understand what was going on for me. After the six weeks, I carried on individual therapy and joined the group sessions. I was at college at the time so the way I did it was to have all my therapy on the same day; individual for an hour and two hours of group therapy later. Some people thought that sounded a bit heavy, but it worked for me.
In the group, we learnt new life skills like how to live with self-harm and how to deal with troubling relationships. I hated talking about these things at the time because I felt I already knew what they were telling us, but looking back, I realise what they were doing was showing us how we could apply these things to real situations.

I became really close with the others in the group. I made new friendships – these people understood the same things.

“It was so nice not to be judged for the self-harm.”

The individual therapy was really different to previous experiences – much better. I never felt I was being judged, which was really important. He accepted me and the self-harm and never told me I shouldn’t do it. Obviously, he didn’t give me praise for the self-harm either, but telling me it was wrong would have made matters worse... and I knew he knew that.

At the Maudsley, each of the therapists has a work mobile number you can call them on if you need some support during the week. I only used that number once or twice, but it was nice to know it was there.

I started the programme in March, about 10 months ago, and in the past couple of months I’ve felt that things have really come together. One thing that’s helped me recently is moving out of my parents’ house and in with a friend. I’ve always been very independent so this has been a big thing for me. Actually, my independence has been difficult for my parents at times because they’ve wanted to help me but I’ve wanted to do things on my own.

“My low moods and mood swings disappeared completely.”

I’m not sure why the therapy helped, but it did. My low moods and mood swings disappeared completely, so we changed our main goals in the individual therapy and started focusing on my anxiety. Then that disappeared too!

After a re-assessment, my therapist told me I didn’t meet the criteria for help anymore. I’d been in and out of services for five years, so that felt good.
Eileen (mother of Charlie)

“We didn’t see he had any particular problems.”

He was a good little boy and really popular with people and the other children at school. Though, I do remember him being sensitive if he hurt himself in some way.

He’s 16 years old now. His sister is five years younger than him and she had cancer at the age of two-and-a-half, which meant Charlie had to go and stay with his friends a lot. He coped though. When I asked him recently if he thought what happened had an effect on him, he said he didn’t think so.

In secondary school he had his first serious girlfriend and after six to nine months they both decided to end the relationship. I remember thinking they dealt with it really sensitively, but two months later he asked if he could talk to me about something.

“He told me he’d started getting bad feelings in his chest.”

He felt worthless, he felt that no one liked him, and he didn’t see any kind of future for himself. I was so sad about what he’d told me and couldn’t help but think that it was something I’d done. His dad had been working a lot and I wondered if I’d leant on him too much. It tore me apart that he felt like that.

“Charlie has always been very clever, but he was finding it difficult to concentrate at school.”

He had to drum his fingers on the desk or dig his pen into his hand to stay focused. He also had a new girlfriend who lived next door to us and that made him want to stay off school. He was quite obsessed really – he’d agree. When he heard her through the wall, he said it upset him because he wasn’t with her. He got quite unkempt in his appearance actually because he wanted to be around there all the time.

Then, that relationship also ended suddenly. From being with her all the time, one day he said ‘I just don’t love her anymore’ and cut his feelings off completely.

“He said he didn’t feel safe at school.”

His school attendance had dropped to around 50 per cent and he said he didn’t feel safe there. He’d started to hear a voice in his head that told him to hurt people, so he was really worried he might harm someone.
“It got to the stage where he used to come into my bedroom late at night when I was on my own to talk about his feelings.”

He self-harmed to distract himself from how bad he felt, and in the end I used to dread going to bed – though I felt bad about that. It made me so sad that I couldn’t make him better.

In theory, one night he also took an overdose, though luckily they weren’t really the kind of tablets that would have a fatal effect. I’ve asked him ‘did you really want to die?’ and he said that at that moment he did.

We’d already been referred to child and adolescent mental health services (CAMHS) and there was a psychologist at school and a school liaison officer, who were both very good. But the doctors felt the voice in his head should be investigated further so Charlie, his dad and I went to a psychiatry appointment, where he was referred onto the Dialectical Behaviour Therapy Service at the Maudsley.

DBT works well because it’s about trying to deal with the emotions. So, rather than drowning in emotions or not feeling emotions at all, it’s about tolerating them.

“Charlie is now 10 weeks in on the programme and I think it’s already helped him hugely.”

He’s still not fully letting the emotions in, but I feel like I can talk to him more, and I’ve spoken to a lot of mums who have said the programme really works.

“He’s with people who understand.”

What’s really helped him is not being on his own with what he’s going through. He’s with people who understand much more than his dad and I can. He says it’s brilliant having others to talk to who have gone through the same things. He also gets on well with his DBT therapist.
I remember Charlie wanting to watch the film *Shaun of the Dead* when he was a bit younger. He ended up hating the film because of all the gory parts and had to hide his eyes at certain bits. Since becoming ill, he is having those kinds of gory thoughts himself, about harming people. It’s horrible for him and he can’t just cover his eyes. But we can now talk about these kinds of things. We’ve spoken about the people who write these films – that it’s OK to have these thoughts, you just don’t put them into action.

“I can see the difference in me as well as him.”

We have a parents’ skills group, where we’re taught the same things as they are in their group. It’s been so useful because we’ve learnt about managing emotions, tolerating stress when you’re in situations in which you can’t walk away, and normal and exaggerated responses. It’s helped me to understand Charlie.

At first, I couldn’t think of anything worse than involving myself in things like role-plays. I also didn’t think my husband would want to take part in the activities, but he’s said it’s been really good.

At times it’s really destroyed me to see Charlie feeling so sad and hopeless. I wanted to go into things in detail to sort things out, but now I understand I don’t have to solve everything myself.

“I want him to be happy and not frightened about how he feels.”

He’s a lovely person and I hope that he’ll meet someone where he can manage the emotions well. I so want him to be happy and not be frightened about how he feels.

Charlie said he couldn’t see a future for himself before, but he’s trying now. His teachers at school have also been good. They were worried because they like him as a pupil, but in the past months they’ve said he’s really come a long way.

He really looks forward to his individual and group sessions. Even when it’s half-term he still wants to go.
Charlie, 16

“I do really enjoy it. It’s useful.”

I was sceptical about the programme at first and thought ‘what if it makes me worse?’, but I do really enjoy it. It’s useful and the skills are quite helpful.

We all have different problems, so my individual therapy sessions are personal to me. I value them highly because it’s a chance to spill out all my feelings without feeling guilty. They’re there to listen and my therapist has become one of the most trusted people in my life.

In the sessions, I tell him what’s been going on, he asks me more to get to the root of it, and then we come up with techniques that help.

“One technique is particularly good: mindfulness.”

Sometimes I feel the other young people in the group aren’t particularly sensitive to how I am, but I like all of them and it’s always helpful to know I’m not the only one going through certain things. The focus is on what goes through our heads in certain situations. Hearing what others are thinking in these situations is helpful; then we speak about the techniques that can help us deal with them.

Some techniques work better than others, but one particularly helpful one for me is mindfulness. If you don’t know what mindfulness is, it’s about being in the moment. It teaches you to try and step back in a situation, to look at your emotions and try to separate yourself from them – to look at why you’re feeling what you’re feeling. It depends on the situation, but it usually helps me to cope with my emotions better.

“When the programme’s run its course, I should be better.”

My aim is to learn to cope well with my emotions, whereas they’ve always got the better of me before. Part of me doesn’t want the programme to end because I’ve really taken to it. When the programme has run its course though, I should be better.

I really didn’t want to do it at first. I hated talking to other people, especially in group situations, but after the first week I could tell it was a caring service. I’d really recommend the programme to others. I’d say, just try it out.
Referring to our service

We accept referrals from consultant psychiatrists, mental health professionals, GPs and GP consortia.

Dialectical Behaviour Therapy Service
Michael Rutter Centre
Maudsely Hospital
De Crespigny Park
London SE5 8AZ

T: 020 3228 3381/2749
F: 020 3228 5011
dbtservicecamhs@slam.nhs.uk
www.national.slam.nhs.uk

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Dr Troy Tranah