

[00:00:00.650] - Lisa Qualls

Welcome to the Adoption Connection Podcast, where we offer resources to equip you and stories to inspire you on your adoption journey. I'm Lisa Qualls.

[00:00:10.390] - Melissa Corkum

And this is Melissa Corkum. Don't worry, we get it, and we're here for you.

[00:00:18.720] - Lisa Qualls

Hi, friends. Welcome to episode 149 of The Adoption Connection Podcast. Today we are learning about another modality of therapy that can help our kids in our families called Dialectical Behavior Therapy, or DBT. We get a lot of questions in our Facebook group, which you are welcome to join the Adoption Connection Facebook group. We get a lot of questions about different therapies such as CBT, which is cognitive behavioral therapy and DBT, which I just mentioned, and whether these therapies that are based on behavior can actually work together with connected parenting and TBRI. Okay, lots of acronyms today. If you don't know TBRI, it's trust based relational intervention, but we are very focused on connected parenting and TBRI. And the question is, can these other therapies like CBT and DBT work with it, or are they in complete contrast or even opposition to TBRI? So we're going to explore that today in this interview with Carol Lozier.

[00:01:22.420] - Melissa Corkum

Yeah. Carol, I've been following Carol, I feel like forever in the adoption world, and I knew that she had published some DBT workbooks for practitioners, and actually I think they're friendly enough for parents as well. And so I reached out to her because I was curious and so it's fun to be able to kind of have some of these questions answered here on the podcast. So Carol is a psychotherapist and author of four books. She is a clinical social worker in private practice in Louisville, Kentucky. She has spent over 30 years counseling children, teens, and adults, and she focuses on trauma, adoption, and foster care, so we really value experience here at The Adoption Connection, and so she certainly has a lot of that. And she has a lot of training in DBT. So I think you're really going to find this interview with Carol fascinating.

[00:02:24.340] - Melissa Corkum

Hi, Carol, welcome to the Adoption Connection Podcast.

[00:02:27.480] - Carol Lozier

Hey there. Thanks for having me.

[00:02:29.110] - Melissa Corkum

We're going to jump right in because there's so much that we can talk about, and I want to make sure that we fit it all in. Will you start by just kind of giving us like for those of us who have never heard of DBT or DBTC, what are they?

[00:02:43.140] - Carol Lozier

Okay. So DBT stands for Dialectical Behavior Therapy. It's a particular type of therapy that was created by Dr. Marsha Linehan and originally was created just for adults and for people who were chronically suicidal and also had either been diagnosed or had some criteria of borderline personality disorder. So as far as DBTC is concerned, which would be for children ages six to twelve. You know, DBT is a behavioral based type of therapy. Those are therapists in general and practitioners who are very precise people. A lot of them are very research type oriented people and practitioners and so DBTC, just like all the rest of DBT, is based on research. So DBTC, in particular, was headed by a group of practitioners and researchers that took all those DBT skills for adults and created it for children.

[00:03:54.380] - Melissa Corkum

Okay. Perfect. So the C in DBT just means it's been adapted for children.

[00:03:59.300] - Carol Lozier

Correct.

[00:04:00.060] - Melissa Corkum

So what could a family maybe expect in a session? Like what does a DBT session look like? Or maybe how is it different than maybe other types of language based or talk therapies? Either just, you know, visiting with your therapist or counselor or I know a lot of other people have also talked in groups about CBT.

[00:04:22.030] - Carol Lozier

Right, and CBT and DBT are very different. I don't have a ton of training in CBT, so I can't speak a lot about it. But I do know that DBT has components of CBT within it. DBT is more broad, CBT is more about the way people think, and DBT is about the way we think, but also actions and behavior. In a therapy session, the child would always have the parent with them, which, if you know anything about the way I do therapy, I do that anyway. I think that's hugely important, especially for adopted kiddos. The parent is in the session at all times with the child because as we're teaching these coping skills, so DBT has four different groups of coping skills. It's really cute because a lot of times when I see kids after they've come back from hospitalization, I'll say, alright, what did you learn? Tell me what you, their little mantra is always coping skills and I'm like, alright, so tell me about the coping skills. And that's pretty much as far as they get. They know they learned coping skills, but they can't tell me much more. Learning DBT, those kids will be able to list them off, right. They know exactly what those coping skills are, they know what they mean, they know how to use them, they know when to use them. So I love DBT because it really flushes out what coping skills are. And it teaches them to kids who did not learn them naturally on their own.

[00:06:07.500] - Melissa Corkum

Okay, perfect, so what are the four?

[00:06:09.570] - Carol Lozier

Okay. So the four are mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

[00:06:20.200] - Melissa Corkum

Okay. I'm thinking check, check, check, check, check. All the things we want our kids to have, right.

[00:06:25.430] - Carol Lozier

Right, right and so one of the things that happens is children who have a lot of trauma, you know, they're doing their best to just get through life, right? Because they've got all these things pulling at them and so what I've noticed and the reason I learned DBT was because once we help kids heal that trauma, they sort of missed all these coping skills. So then we have to go back and teach them.

[00:06:52.460] - Melissa Corkum

So what does it look like? Does it directly address those like practice like same mindfulness exercises with the kids or how do we, you know, I'm thinking a lot of parents are probably thinking, like, what did you say? Like, increased stress tolerance...

[00:07:11.720] - Carol Lozier

Distress tolerance.

[00:07:12.740] - Melissa Corkum

Distress tolerance, like, how do we get that in our kids?

[00:07:15.900] - Carol Lozier

So there's a couple of different ways you can learn DBT. One is that you can start at the very beginning of the book and just work your way through. And that would just be module by module, right. Mindfulness is always first because every single skill has mindfulness in it. Or you can just pick out the ones that are most needed and kind of do that approach instead. Like, right now that child is having a lot of meltdown, so let's teach them some distress tolerant skills, right, to help deal with those meltdowns. And then we can go back to the very beginning of work through.

[00:07:55.260] - Melissa Corkum

Okay, so what's an example of teaching a stress tolerance build to a child? What does that look like, or what's one specific piece of that?

[00:08:04.640] - Carol Lozier

Okay, well, the distressed tolerant skill that I love the most is called TIP skills. And like all of them, this one based on research showing that this is as effective as if you were to give an individual, like, PR in medicine. So PR in medicine just means like an extra medicine to help them calm down, which obviously, if we can teach our child a coping skill rather than having to rely on extra medicine, obviously, we want to do that. So TIP Skills, like a lot of the DBT Skills is an acronym. So each letter stands for a different thing to do. So the T is TIP the temperature of the body, so they're going to hold something cold to their face, like ice wrapped up in a towel or paper towel, a little ice pack, something like that to cool off the body in the face. The I stands for Intense exercise. So really getting that heart rate going so they could do ten jumping jacks, they could do some burpees, they could go outside for a minute, depending on how distressed they are. Go outside for a minute, shoot some basketball, do a short walk, and then the P is Paced breathing. So think about a square, right. If you start at the top left corner and make your way around, the first top part of the square as you breathe in, then you go down to the next side and pause across the bottom as you breathe out, kind of like when you blow out birthday candles. And then the last side is pause again and you do it four times around.

[00:09:50.440] - Melissa Corkum

I love that they're so body based that it's not just, you know, try harder, think differently. It starts with a cognitive piece of here are your options. But they're all, like you said, research based ways that we know help. You know what I call pattern interrupt that this regulation, they trigger the polyvagal nerve, like all those physiological signs and signals to our body.

[00:10:23.710] - Carol Lozier

Exactly.

[00:10:24.370] - Melissa Corkum

To regulate.

[00:10:25.720] - Carol Lozier

Yeah. And it's super cute when I have kids in my office doing their little burpees. It's adorable. But when you're in therapy, that's one of the things we want the therapist doing. Yes, we want the therapist explaining it to you, but you want to actually do the skill, right. Explaining is the first part, then actually doing it right there, so the therapist can help make little corrections. And then the last is that your homework. That's what you're going to be working on, because it's like anything else. If you don't practice it, then you're definitely not going to be able to do it when the child is dysregulated. So practice, practice, practice.

[00:11:11.260] - Melissa Corkum

Yeah. And I work a lot with families about these things that we know calm the body to work them into a routine. So almost do them, like, always do 10 burpees before dinner, always do something cold on your face right before school, so it's kind of a routine, so they're there anyway, because I know that for our kids who struggle the most, we would pull these tools out when they were kind of already over the edge, and they were like, I'm not doing that, like, I'm not doing that. So if we could make it fun and make it part of the routine makes it a little bit stronger.

[00:11:41.690] - Carol Lozier

Right. Right. And it's also that body memory, right. So even if part of them is saying no, the body memory is already kicking in a little bit, so they're more likely to go along with you. And so we really want parents to do it alongside the child, right. So maybe they could even say something like, you know, hey, let's do homework together, or I'm feeling a little bit frustrated. I think I'm going to go ahead and start doing my TIP skill. Would you like to do it with me? And so the other thing about the TIP skills, you want to do all three and keep doing all three until the child is in a calmer state.

[00:12:21.740] - Melissa Corkum

Okay, so does that order matter? So you want to do temperature first, increase your heart rate or intense activity, and then pace breathing and then just keep cycling through.

[00:12:33.510] - Carol Lozier

Right. And, you know, I mean, life gets in the way, so you might be in the car. Obviously, you can't do exercise in the car, but you could do two out of three. So I just tell families do as much as you can, given where you're at and also let kids know sometimes they're in the classroom. Well, you know, some kids are allowed to have a water bottle so they could put that to their face and then do their pace breathing. So again, it depends on where you are and what you're able to do.

[00:13:07.590] - Melissa Corkum

So, Carol, what is the youngest age that you've seen DBT start being effective?

[00:13:13.280] - Carol Lozier

I mean, it's researched with six to twelve. So I think the behavioral people would say six to twelve. I would say, you know, I've done, I'm trying to think, you know, I do teach it to parents who have younger kids, because typically with younger than that, it's hard to expect the kids to be able to sit and listen and practice it. But I think it's something that parents can learn and begin doing. It's, like with a three and a four year old, you want to begin talking about feelings, too. So we're not going to expect a three or four year old to be able to do the TIP skill. But maybe we could do, like, for example, I do like, so I hold up my thumb and I make a little flower and I say, snip the flower and then blow out the candles. You can begin doing little bits of it until they get older, and then they're able to put it all together.

[00:14:15.100] - Melissa Corkum

Yeah. So it's more like we're modeling it for them as adults, for, like, the little itty bitties before they can really cognitively get their mind around because I'm thinking we live with our two year old granddaughter, and we're already doing some of these things naturally. You know, take a deep breath if she's upset or if she's running around our house, like acting all crazy, then we'll kind of harness that and turn it into something more productive, but usually something high energy, right. We'll do races, we have a rancher with a long hallway, so I'll kind of get her in the hallway and we'll start racing up and down the hallway, so at least then she's not running around in places that are less convenient for the family.

[00:14:58.700] - Carol Lozier

Right, exactly.

[00:15:00.020] - Melissa Corkum

Carol, I noticed you said, like, a lot of times we help our kids heal, and then they're kind of missing this cognitive piece of knowing how to cope. And I think it's interesting to really think of those as two different pieces. So how the parents look at what's going on in their family and know that DBT is a good place to start for their family. Is there something kind of first that needs to happen in terms of that healing or can this happen kind of parallel? How do we look and say our kids maybe way too dysregulated all the time to even consider something like this? Is that even a thing?

[00:15:39.440] - Carol Lozier

I would say a lot of times I will teach it parallel. It depends on where the child is at and what's most pressing. And if the child is that dysregulated, I think the other thing parents want to think about is the possibility of medication. I know being a parent and a grandparent myself, I wouldn't want my own kids to have that be the first thing we go to. But we have to look at each child individually. And, you know, if there's that dysregulated that we can't help them kind of learn these DBT skills or work on their trauma through EMDR or other types of therapy, then you would want to also look at medication, but so once they're not so dysregulated, that like, for example, they're having meltdowns every day, multiple times a day. Once those meltdowns are shorter, less intense and less often, then yes, you can definitely teach them the DBT skills and also work on that trauma piece.

[00:16:46.660] - Melissa Corkum

Okay, perfect. So we've talked a lot about body type therapies here on the podcast, so things like, I walk a lot of parents through the Safe and Sound protocol, which is a pretty low ask for kids. We we always talk about it as the gateway therapy. Like, it's not necessarily the end all be all. So I can see, like after kids, especially because SSP often increases language and comprehension. Like all these other foundational pieces, that something like DBTC would be a great next step to kind of teach the skills that now the foundation has been built, that their nervous system can handle. Right?

[00:17:23.490] - Carol Lozier

Yeah, definitely. And in the book too, I also, the last section I talk about skills specifically for parents to use with the children. So like how to shape behavior, how to reinforce behavior, how to purposefully decrease behavior. So that's something that they would want to consider as well knowing purposefully how to change their child's behavior.

[00:17:52.080] - Melissa Corkum

Yeah. How does this, are you familiar with TBRI?

[00:17:55.090] - Carol Lozier

Mhm.

[00:17:56.250] - Melissa Corkum

Okay, so talk about how this all, like how it all fit together because I know a lot of times sometimes it feels like we hear these different resources and sometimes it feels like they compete against each other, sometimes it feels like natural fits, so talk to parents because a lot of the parents who are listening are using TBRI principles in their house, so can you kind of illustrate for us where that fits in the puzzle with the other principles?

[00:18:26.520] - Lisa Qualls

We're interrupting this episode to make sure you know about our upcoming blocked care coaching group. If you feel like you're running out of compassion and you're really discouraged, this group is for you.

[00:18:37.400] - Melissa Corkum

We are inviting you to join us for the six week group starting the first week of November. Besides finding empathy from other parents in the same boat as you, you'll also learn some really cool brain science and simple practices designed to renew your hope for your family. For more information or to register, go to [theadoptionconnection.com/group](http://theadoptionconnection.com/group). Now, back to this week's episode.

[00:19:06.120] - Melissa Corkum

Can you kind of illustrate for us where that fits in the puzzle with the other principles?

[00:19:10.980] - Carol Lozier

Sure. And it's so funny because when I think about TBRI, I went to training with Dr. Purvis before she even had TBRI, and I can remember just, you know, it's so interesting because she was such a sweet, kind person and you could really see it in the type of therapy she did and how she worked with families and kids. I think they can all work together. I don't think necessarily, like if a family already has training in TBRI, I don't think they need to throw their hands up and say, oh, my gosh. Forget that, I need to move on and learn this other thing. I think you want to look at your child individually and what works well and take pieces of each that work well for your child. Like, let's say in TBRI, you know that one of the things that really worked well is to have them do a redo. Well, that's something to take forward. Then let's say that was the most impactful thing. So actually, that's one of the things I do with people in DBT, that was a really impactful thing for me and I think it's so important to say to kids, hey, you know, can you try that again? Let's start over. Let's go back. Like if kids run in my office and they leave the parent behind, that's always a redo. Hey, let's go back and try that again. And then they come back to the office, and then we go ahead and jump into the DBT. It's not like now that I'm a trained DBT therapist that I don't use any TBRI. I use all of it. Whatever works best.

[00:20:57.480] - Melissa Corkum

Yeah. And I can even imagine a situation, like, where a kid gets upset and so they throw something across the room and you're like, oh, I can see you're really upset, but let's try that again. And now you have DBT skills, right. So you can try again with a specific set of skills instead of throwing the book across the room, let's go grab an ice pack and do some jumping jacks.

[00:21:23.440] - Carol Lozier

Absolutely. Or there's also the stop skill, which I love in DBT. So, it's STOP, so knowing that if they've thrown something, they know they know right away they're on that Oops road. That does not end well. So we want to Stop, take a deep breath and think. The O is what are three options to solve this problem and then three outcomes? And then the P is pick the best one and proceed. So it's really one of those skills that help them be less impulsive and also problem solve.

[00:21:58.970] - Melissa Corkum

I'm thinking, Carol, I think I need STOP, right. So my kid just threw something across the room, think about what's going on, what are my options? What are the outcomes? And then we'll pick the best one to proceed.

[00:22:13.510] - Carol Lozier

Seriously, and that's why I said early on that DBT skills were originally created for adults because every single skill that I have in my book for kids was originally researched with and used for adults because, so what we know is, yes, parents can also use these skills. I love DBT skills. I use them all the time. I think they're amazing and I think, oh, my gosh, I wish as a middle schooler I would have had them. Like, I think they would have been so helpful.

[00:22:44.360] - Melissa Corkum

Well, what I love about it is in some ways, it's not anything new, right. So a lot of the stuff is stuff that we've seen or heard in other contexts, but it gives it really clear acronyms, clear direction and when our brains are stressed, we need a really clear, simple path.

[00:23:05.640] - Carol Lozier

Exactly

[00:23:05.640] - Melissa Corkum

So I think again, like this, none of this is like, huge, like the stop the idea of stop and don't react but respond. But the fact that now that word stop gives me four really simple things to do is really helpful to my brain.

[00:23:25.100] - Carol Lozier

Exactly. And one of the things I love to do with kids is write the word stop on their hand, so that it's right there in front of their face. And they know that's the scale they're working on.

[00:23:36.540] - Melissa Corkum

Good idea. Okay, so you referenced your book a couple of times. It's called the DBT Therapeutic Activity Ideas for Kids and Caregivers. So is this really a parent facing book? Like this was not written to professionals for DBT. Is this really something that parents can pick up and start to implement with their children?

[00:23:56.970] - Carol Lozier

Yes. It actually was written for both. It's definitely something that I wanted other therapists to have and the reason I wrote this book is because I was adapting these skills for the kids that I work with. And all of a sudden, I have this stack of handouts and worksheets, and I'm like, okay, I'm writing a book. This is going to be my next one because there's so many therapists that maybe want to learn DBT, but don't have access or, you know, these trainings are expensive, and a lot of newer therapists don't always have that extra money to be able to do, you know, like, I went through an intensive DBT training. It was like 15 months long and it was expensive. And so that was another thing I wanted younger therapist or therapists who want to learn DBT to be able to access it. So it's definitely something that therapists who don't understand DBT can read and learn. And it's also something that

parents can read and learn.

[00:25:06.720] - Melissa Corkum

Yeah. And I know we have a lot of parents listening who are self help Kings and Queens. They're the ones on the Facebook groups and on blogs and listening to podcast and they'll really take that to heart. For parents who love having the extra accountability or who need a third party to encourage their kids to do something new, I know we pan that off, like if mom suggested it, you know, Johnny was never going to do it. But a doctor professional, someone who they looked up to in the community or they felt had authority said, this is what I need you to do, there's a better chance that it might happen. So how can parents find a DBTC practitioner in their area?

[00:25:54.900] - Carol Lozier

They could go to [behaviortech.org](http://behaviortech.org). And that's where there's a list of therapists you've had training. And then I think there's also therapists that have had training that maybe wouldn't it be listed on that site and so you would just want to ask the therapist what's their training? How many kids have they worked with DBTC? And also there's a really important piece as a therapist in doing DBT, and that is being on a team. As long as you're practicing DBTC or any level of DBT, it's part of being an adherent practitioner is that you are on a team with other DBT practitioners. So every week, I'm on a Zoom call with six other DBT therapist, and we all get together and talk about cases and how we can use DBT with that client.

[00:26:56.390] - Melissa Corkum

So go to [behaviortech.org](http://behaviortech.org), but also, if you're already working with a therapist or therapist in a practice, just ask if they're not listed, which we always want to have a good list of questions when we're, you know, kind of interviewing a new mental health practitioner anyway, and then also know that a lot of therapists, not even just DBT practitioners I know, are in, you know, case consult type groups. And so if your practitioner doesn't have DBT skills, they may know someone in their network who does.

[00:27:34.870] - Carol Lozier

Definitely. And I think at the same time, you know, there are practitioners who will say that they're doing DBT and I don't think it's a purposeful misuse. I think they maybe thinking, because I know in the beginning I did, too. I thought it was a pretty simple modality, and it's really not. The more you know about DBT, the more layered you realize it is. And so they might know a couple of skills and say that they're a DBT therapist. So you just want to ask a few questions about their training and just to know for sure whether or not they truly are a DBT practitioner.

[00:28:11.400] - Melissa Corkum

Before we wrap up, at the very beginning you said DBT was researched for ages six to twelve, and then that originally DBT by itself was kind of for adults. And I know that we have a lot of folks who are raising these teens, young adults, adolescents. So how does that role fit? And what would you recommend to parents? The other thing that happens in the teenage years, right? Is that teenagers get less and less compliant. When you have a five year old, you put them in the car, you take them to OT or speech or whatever, or DBT, right, and they might throw a little fit. But generally you kind of scoop them up and take them to where they need to go. When we're working with, like, 15, 16, 17 year olds, and they're trying to say you can't tell me what to do and we really can't. We can't control our big teenagers. So where should parents start, who might be struggling with a child who is showing those early symptoms of maybe borderline personality or maybe they have addiction in their background or something like that. What would you say to a parent?

[00:29:24.360] - Carol Lozier

Well, I would say there's also DBT for teens. And I also have another book that's the DBT for teen books. So this one's called DBT Therapeutic Activity Ideas for Working with teens. And this one is researched ages 13 to 18. Again, I think one of the things to consider, and I agree with you, like, we can't make anybody even the littles, right. We can't make anybody do anything, but I would say over time, like, if they've gone to therapy and they're really refusing it, then I would really question how much they're getting out of it because, you know, like any of us, if you're going to therapy and you feel like you're not making progress, you're not learning what you need to learn, why go, right? I mean, yes,

therapy is hard. And I know that there's difficult things for some of our children to talk about because it's hard. The traumas they've experienced are tough. And so in that respect, they may say they don't want to go just because it's emotionally difficult to do. But if they're really refusing to go, that would be one question I would ask myself, is, is my child or my teenager getting enough out of the therapy?

[00:30:47.100] - Melissa Corkum

Right. So then maybe what you're saying is trying maybe a different modality, maybe someone who has DBT skills, if that's not something they've tried, or maybe someone who has brain spotting or EMDR skills or kind of try not just a new practitioner, but maybe a practitioner who has a different set of skills.

[00:31:06.640] - Carol Lozier

Right. And I think the other thing is, you know, when we're working with kids who have a lot of trauma, you want to find a practitioner who has a lot of experience. Truth be told, you know, therapy is an art form, and it takes a good 15-20 years to really get a good handle on it, especially in working with kids who have a lot of trauma. You know, if the child doesn't have as much trauma and it's something you know, not as life changing, then I don't think you need to be as vigilant in looking for a therapist who's got a lot of Gray hair, right. But if it's something like complex trauma, you want somebody who's got years of practice.

[00:31:56.060] - Melissa Corkum

Yeah, I used to tell people, like, just look for someone who's trauma informed. But I'm realizing that complex trauma plus the specifics of adoption trauma and the nuances of attachment and all of those things like you almost have to find the unicorn therapist who really does have experience in all of those that really matters to understand everything that's going on.

[00:32:20.080] - Carol Lozier

It really does, well, I mean, there's so many things that come into play. As a therapist, you have to know how to do family therapy, individual therapy with a child, you have to have different modalities to work on the trauma and the coping. I mean, there's just a lot, you know, that takes years of practice.

[00:32:40.520] - Melissa Corkum

Yeah, absolutely. Carol, do you work specifically just with families in your area in Kentucky, or do you do consult or work with families outside of your area?

[00:32:53.090] - Carol Lozier

During COVID, so there was before COVID, during COVID and now after. So before COVID, I felt like there weren't many rules for us doing online therapy. And so I did have people that I would see out of state and, you know, even sometimes out of country. And then during COVID, all of a sudden they started saying, hey, you need to have your license in different places, but it was very lax because of COVID. So even still, I could see people in different States. Now it's getting a little more strict again, and they're really asking us to have a license in the state where the client lives. So it's not a law, but it's an ethics kind of role. So I do have some families that I've been working with for a very long time who live maybe just across the river from me. Those families have continued to see, even if it's sometimes on Zoom just because I see them in person some. But just because again, it wouldn't be ethical not to keep seeing them, but for a new family outside of Kentucky, I really can't work with them now just because of all the new guidelines, ethical guidelines about seeing people outside our state.

[00:34:16.320] - Melissa Corkum

Alright, perfect. Well, I'm glad we asked the question then about how they can find a person in their area. Carol, I know you're a busy lady and I really appreciate the experience you bring to us because I know you've been doing this for a long, long time and for the time and effort you put into both of those books because I know they're check full of just they're kind of worth their wait in gold. So I really appreciate all the work. It's not easy writing a book. So thank you so much for your time and sharing your expertise about DBT and possibly just opening up parents, opening their eyes to another tool in the tool belt of all the things we can have to know as parents to help our kiddos.

[00:34:57.940] - Carol Lozier

Right. Well, thank you so much for having me. I really appreciate it.

[00:35:05.780] - Lisa Qualls

Well, I appreciated this interview. I had known about DBT, but I really didn't know the details and especially did not know about DBT for children. So you know, it's just another potential, helpful tool and therapy. I loved the one acronym she shared that I found most probably interesting and helpful was the one where she talked about TIP, T I P. And T was tip your body temperature. So you know, we talk about how giving your child something cold to eat like a popsicle can help with regulation. And in here, Carol talked about putting something cool on their face. If you have a child who is dysregulated, that's a pretty small ask. Like you might get their cooperation if you said, would you like a popsicle or can I give you this cool cloth to put on your face? They might be willing to do that. And then I was intense exercise. Maybe you can get your child to go out and jump on the trampoline with you or do some dancing or anything to get their heart rate up. She even talked about shooting hoops, which I don't know how much my boy's heart rates get up when they're shooting hoops, but I do think that is a calming and regulating exercise.

[00:36:15.840] - Melissa Corkum

Or if they're feeling like really aggressive, like sometimes like leaning into that, like leg wrestling or arm wrestling or something like that. That kind of has a little bit of that, I don't know. Like if your kid doesn't want to do something with you, they might want to do something against you?

[00:36:34.940] - Lisa Qualls

Well, yeah, you know, you might be able to find something fun or have a pushup contest, which my boys would win by a mile or anything. You know, anything that's going to get that intense exercise feeling. And then last, the third one was the paste breathing where she talked about breathing in the shape of a square. I think if a child is dysregulated, that might be your harder one to get them to do, but I can remember using the using my hand and making like a little flower shape kind of bring all my fingers and my thumb together and you smell the flower. And my little guys would breathe in to smell the flower and then blow the candle where you hold up one finger and it's like a birthday candle. And that worked well for really little guys and could help with some regulations. So, you know, there are so many great tools out there. You may have heard something in this interview that would help you and, hey, add it to your toolbox.

[00:37:29.170] - Melissa Corkum

Yeah, absolutely. If you are interested in connecting with Carol or finding out more information, she has a ton of great information on her website, actually. Her website is [carollozierlcs.com](http://carollozierlcs.com). She's also on Facebook and Instagram, and she has a bunch of books like we mentioned, but we will have all of that in the show notes if you're driving or I can't write it down right now. The best place to get the show notes, I go straight to [theadoptionconnection.com/149](http://theadoptionconnection.com/149). Before you go, we'd love to connect with you on social media. You can find us on Instagram as [@theadoptionconnection](https://www.instagram.com/theadoptionconnection). Or better yet, join our free Facebook community at [theadoptionconnection.com/facebook](http://theadoptionconnection.com/facebook).

[00:38:27.220] - Lisa Qualls

Thanks so much for listening, we love having you. And remember, you're a good parent, doing good work.

[00:38:34.860] - Melissa Corkum

The music for the podcast is called New Day and was created by Lee Rosevere.