Integrating Dialectical Behavioral Therapy (DBT) in a PROS Setting

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Outline/Goals

- Mindfulness Exercise and commitments
- Basics of Dialectical Behavior Therapy
  - To be “comprehensive” or not to be “comprehensive” – that is the question
- Starting from Scratch
  - Training and consultation
  - What you will need to have a DBT program – therapists, clients, resources you can use
- Using PROS services as “adjunct” or “case management” services for DBT
  - The “Life Worth Living” and PROS Individualized Recovery Plan
  - Services that support DBT in PROS
- Special cases – “therapy vacations,” “egregious behavior,” “mental hygiene arrests,” and “the 4 miss rule”
- Questions and Comments
AUDIENCE

PARTICIPATION TIME!

meme-generator.net

www.stuphblog.wordpress.com
Mindfulness Practice...

No presentation on DBT is complete without a discussion of mindfulness and a practice.

Soles of the feet meditation

Observe the bottoms of your feet for as long as you can – don’t think about them, just notice what is going on – just sit for as long as you can and when you get distracted by something, let go and return to your feet.
What just happened?

Whenever you lead mindfulness....

- Begin with a context story that reinforces the skill you are teaching
- Pick one area of focus
- Ensure that your audience understands the directions
- Do not do this for too long with people new to the practice (less than 5 minutes)
- Only use the singing bowl to signify the start and finish of mindfulness – never to punish or bring attention back
The Basics of DBT

- Dialectical Behavior Therapy (DBT) was developed by Marsha Linehan, Ph.D., ABPP, in the 1970s.
  - It is a comprehensive cognitive-behavioral treatment (CBT) that was originally developed to treat chronically suicidal individuals suffering from borderline personality disorder (BPD). DBT has been found especially effective for those with suicidal and other multiply occurring severely dysfunctional behaviors. Research has shown DBT to be effective in reducing suicidal behavior, psychiatric hospitalization, treatment dropout, substance abuse, anger, and interpersonal difficulties.
    - combines cognitive and behavioral therapy, incorporating methodologies from various practices including Eastern mindfulness techniques.
Why do it?

- Behaviors to decrease
  - Interpersonal chaos
  - Labile emotions/moods
  - Impulsiveness
  - Confusion about self, cognitive dysregulation

- Behaviors to increase
  - Interpersonal effectiveness skills
    - stronger relationships, better skills at negotiating to get your needs met
  - Emotional regulation skills
    - more “even” moods, acceptance of feelings, control over feelings
  - Distress tolerance skills
    - healthy choices when under stress, increased ability to handle pain & stress for longer periods of time
  - Core mindfulness skills
    - stronger sense of self, better attention span, control over thinking
For example, in PROS....

A participant living with Borderline Personality Disorder experiencing functional deficits due to emotional instability, self-injury, inability to resolve conflicts in the workplace

May receive services in DBT that would include Clinical Counseling and Therapy (Individual therapy, DBT skills training)

An example of an objective might be, “___ will maintain period of 14 consecutive days with no self-injury over next three months as shown by report on DBT diary card”
To be COMPREHENSIVE…

Your program would need to offer the following for every participant:

- **Skills Group** (1 session per week – 1-2 hours in duration) – 2 facilitators
  - Classes that teach you skills for coping with very painful experiences in order to improve your relationships, to help you better focus on the things that are important to you and to help you to manage your emotional ups and downs more effectively without resorting back to problem behaviors (suicidal ideation, substance use, non-suicidal self injury, etc).

- **Individual DBT Sessions** (1 session per week – usually 1 hour in duration)
  - This is where you will learn to apply the skills that you learn in Skills group to your very individual and unique life experiences.

- **Skills Coaching** *(including after hours)*
  - This additional service is offered after hours for you to be able to contact your individual DBT therapist at times where you are feeling unsafe.
    - The coach does not abandon the team at game time.

- **Consultation team** *(therapists who are seeing DBT participants meet at least twice every month- usually 1 hour in duration)*
  - This work is difficult for both you and your therapist. Your individual therapist and skills group facilitators will meet weekly in order to maintain the most effective treatment for you.
To be DBT “informed”
aka non-comprehensive

Your program will need to have elements from the previous slide, however not necessarily all of them (for example, skills coaching but not after hours, or maybe just skills training but no individual DBT therapy, etc)

It is very important:

- That participants are aware that they are not “getting DBT” because they are not
  - Participants are only receiving DBT if it is a comprehensive program
- That participants are aware that DBT isn’t for everyone. They may benefit from the services, however sometimes DBT just isn’t a “good fit” and it doesn’t mean THEY failed.
What you are about to hear next, is VERY important..
No matter what you decide, you need training!!!

Training Resources:

- [www.practiceground.org](http://www.practiceground.org)
  - Online trainings – DBT topics and information- mentalization therapy – functional analytic psychotherapy

- [http://behavioraltech.org](http://behavioraltech.org)
  - Online trainings (webinars) – live training if you can travel – 2 day trainings specific to skills training, individual therapy

- [www.portlanddbt.com](http://www.portlanddbt.com)
  - New organization – online resources and information - current trainings are local to Portland, OR

- [www.ticllc.org](http://www.ticllc.org)
  - Treatment Implementation Collaborative – online resources, training information
Training (con’t):

If you choose to begin a comprehensive program:

- Intensive Training Course in DBT offered by Behavioral Tech [http://behavioraltech.org](http://behavioraltech.org)

  - 2 weeks with DBT experts
    - 1 week face-to-face training with your team
  
  - 6 months to implement DBT in your program
  
  - 1 week face-to-face training with your team, reporting and presenting your program and DBT implementation with a case review
    - You will be assigned “homework” in between sessions
      - Each trainee is expected to complete all DBT worksheets (the same worksheets completed with your participants in DBT group)
      - There is a DBT lead in your team; their role is to help facilitate your meetings over the 6 months and complete individual evaluations on you and your team members

This is a very **high quality** training, although it is expensive and requires a significant time commitment.
Whenever possible...

- In our experience, it has been very helpful to have a “mentor” during this process
  - An intensively trained staff to guide you and your team, join your consultation team, answer questions, offer support and reassurance…
  - So… it is our recommendation to start small, ESPECIALLY if you do not have a “mentor”…
The bare necessities...

- **Participants**
  - (wait, doesn’t that go without saying?)
  - You should be careful about your “inclusion criteria”
    - Who should be welcome and why?

- **Therapists** – for individual DBT sessions you will need **more training** (behavioral analysis, dialectical strategies, commitment strategies, contingency management, etc)
  - but for simple skills training, it is more straightforward and easier to implement without the additional training

- **Resources**
  - texts, internet, listserv for intensively trained folks, skills manuals (copy expense), diary cards, space (“decorations” – DBT themed posters)
The “Life Worth Living”

When people enter into PROS, they are assessed for what is interfering with getting what they want out of life.

In DBT, this has always been a focus called “a Life Worth Living” – that is a life free from urges to suicide or self-injure as it no longer is regarded as a solution to life problems, tragedy, and intense feelings.
“Life Worth Living” (con’t)

- Additionally, DBT seeks to “break the mold” of the traditional belief, that it is good enough for individuals living with BPD to stop at stability.
  - We are seeking for them to live the fullest life possible by working, going to school, or making other positive life changes

- “House of DBT”
  - moving through the “hell” in order to stop problem behaviors all the way up to the top
How does DBT fit in with rehabilitation programs?

- Given that PROS is unique to New York State, there isn’t currently a known study of the efficacy of DBT in a PROS program.

- However in 2010, a study was conducted at Harborview Mental Health in Washington State:
  - ACES (“Accepting the Challenges of Exiting the System”) has a similar goal/mission to PROS (pursuing life after stabilization).
  - In this program, participants received one year of “traditional” DBT (1:1 therapy, skills training, skills coaching, case management, therapists in consult) and then 1 year of ACES.

How does DBT... (con’t)

- In order to enter ACES, clients had to express an interest in leaving public mental health services and find work, and who were stable enough to participate (sound familiar?)
  
- Contingency management was used in individual therapy to “block avoidance behaviors and reinforce progress toward recovery goals” (still sounding familiar?)
  - Participants were given a 1 year deadline to reach goals or face a “therapy vacation”

- Participants were given, in conjunction with DBT, the following services:
  - “goal setting, problem solving, reinforcement, dialectical thinking, reducing perfectionism, anger, depression and anxiety and strategies for working with healthcare providers (Comtois et al 2010)
How does DBT… How did it go???

- The results from the study revealed that individuals engaged in ACES, along with DBT, displayed significant improvement in the likelihood to be successful at working 20 or more hours.
- 18 out of 28 participants had left the public mental health system and were receiving private services!!
- Overall quality of life was rated to be significantly higher.

Success.
Parallels to PROS

The ACES model suggests that providing additional services to serve as adjunct to DBT therapy can be effective in leading participants toward the accomplishment of recovery goals.

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<thead>
<tr>
<th>ACES</th>
<th>PROS</th>
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<tbody>
<tr>
<td>Problem Solving Skills</td>
<td>Wellness Self Management</td>
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<td></td>
<td>Problem Solving</td>
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<tr>
<td>Goal Setting</td>
<td>Individualized Recovery Planning</td>
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<td>Dialectical thinking, reducing perfectionism</td>
<td>Wellness Self Management Stress Management/coping</td>
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<td></td>
<td>Clinic – Counseling and Therapy (skills training)</td>
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<td>Anger, depression, anxiety</td>
<td>Intensive Relapse Prevention,</td>
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<td></td>
<td>Wellness Self Management, Basic Living</td>
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<td>Skills Training</td>
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<td>Strategies to work with healthcare providers</td>
<td>Wellness Self Management</td>
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<td>Health Assessment</td>
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Special Cases

... how PROS supported DBT in specific circumstances

- **“Therapy vacation”**
  - a term used in DBT that describes the use of a break agreed upon between therapist and participant
    - it is done in order to avoid termination from therapy –
    - terms are set, and the participant comes back when they are met (ie: no non-suicidal self injury in 30 days = returning to your DBT therapist)

- **How does PROS help?**
  - Intensive Relapse Prevention to provide “TAU” during a time of distress
  - Clinical Counseling and Therapy with another therapist to “check in”
How PROS supports DBT
Special Circumstances… con’t

• “Egregious Behaviors”
  ◦ in other words, something really bad (self-injury on site, selling drugs on site, threatening therapist when feeling angry, etc.)

• How does PROS help?
  ◦ Crisis management is on site and can be integrated into treatment
  ◦ Intensive Relapse Prevention services
  ◦ a milieu that provides numerous opportunities for “correction/overcorrection”
How PROS supports DBT
Special Circumstances… con’t

- **Mental Hygiene Arrests**
  - people living with Borderline Personality Disorder can exhibit behaviors that lead to such increased imminent risk that it may be necessary to secure safety immediately

- **How does PROS help?**
  - You’re not alone! Crisis management services, on-site clinic services
How PROS supports DBT
Special Circumstances… con’t

• “The 4 miss rule”
  ◦ in DBT, it is not allowable that a participant miss 4 consecutive skills trainings or individual sessions no matter the reason why (obviously within therapist limits)
    • Example: hospitalization lasting 1 month (use your skills to preventing needing an admission or use your skills to be discharged quicker!)

• How does PROS help?
  ◦ Intensive Relapse Prevention during the time that they are unable to participate in DBT
  ◦ ongoing rehabilitation services and TAU – there isn’t far to fall!
Case Examples: (success stories)

- “Beth”
  - chronic suicidal acts, urges, threats
    - “therapy vacation” to mitigate against 4 miss rule – multiple hospitalizations and emergency room visits

- “Mary”
  - chronic substance use, suicidal thoughts, non-suicide self-injury using razors, impulsive risky behavior
Questions, comments, concerns...
Resources...

**Western/Upstate Questions:**
- Matthew Rynkiewicz
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**Additional support outside of PROS:**

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