NASDDDS Teleconference

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Dialectical Behavior Therapy:
An Evidence-Based Treatment Option for
Individuals with Dual Diagnosis

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Change in believing that people can benefit from treatment & therapy.

Change in believing that staff can act differently.
**DBT Assumptions**

- Person is doing best they can.
- Person wants to improve.
- Person needs to do better, try harder, and be more motivated to change.
- Person may not have caused all of their own problems, but she has to solve them anyway.
- The lives of emotionally dysregulated individuals are unbearable as they are currently being lived.
- People must learn new behaviors in all relevant contexts of their lives.
- Person cannot fail in DBT.
- Staff treating emotionally dysregulated persons need support.
- Person is not fragile.
DIALECTICAL BEHAVIOR THERAPY (DBT)

- aims to change problem behavior
- teach new skills
- improve quality of life
- help people learn to value themselves and each other
DSM-IV Diagnostic Criteria
For Borderline Personality Disorder

- A pattern of intense and unstable interpersonal relationships
- Frantic efforts to avoid real or imagined abandonment
- Identity disturbance or problems with sense of self
- Impulsivity that is potentially self damaging
- Recurrent suicidal or parasuicidal behavior
- Affective instability
- Chronic feelings of emptiness
- Inappropriate intense or uncontrollable anger
- Transient stress-related paranoid ideation or severe disassociative symptoms
EMOTIONAL DYSREGULATION

- Affective Dysregulation
  Problems with Anger

- Interpersonal Dysregulation
  Chaotic Relationships
  Fears of Abandonment

- Self Dysregulation
  Identity Disturbance/Difficulties with Sense of Self
  Sense of Emptiness

- Behavioral Dysregulation
  Serious Behaviors/Threats
  Impulsive Behaviors

- Cognitive Dysregulation
BECAUSE YOU FEEL EMOTIONS MORE INTENSLY THAN OTHERS YOU HAVE:

EMOTION VULNERABILITY

This means that you have...

• A High sensitivity
  – Your feelings get hurt more easily
  – You often have an emotional reaction when others do not

• A High reactivity
  – Your reactions are more extreme than others
  – When your emotions are so intense it becomes difficult for you to think clearly

• It takes a long time for you to CALM yourself down and return to normal
  – Your reactions are long lasting
  – This makes you more vulnerable to the next situation
Emotion Dysregulation is a combination of Emotional Vulnerability and Inability to Modulate Emotions.
Biosocial Theory of
Borderline Personality Disorder

A pervasive dysfunction of the emotion regulation system

Biological vulnerability to emotions

• Transacting with.....

Invalidating environments

• Yields.....

Behavioral problems:

• Impulsivity
• Interpersonal conflicts
• Emotional instability
• Confusion about self

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DBT says “watch out” for Invalidating Environment

Communication that penetrates or reflects to the individual, that his or her emotional displays and communication of private experience, are incorrect, inaccurate, faulty inappropriate or otherwise invalid.

This experience alone is painful and dismisses the person’s individual interpretations….teaches the person that others know better NOT you.
Emotionally Invalidating environments are generally intolerant of displays of negative feelings/emotions, .... especially when such displays do not match what others think the environment supports the emotion to look like!

The attitude communicated:
“You can pull yourself up by your bootstraps”

Belief:

Any individual who tries hard enough can make it!
“Talking about problems just makes problems worse.”
“A child cries on the playground ... Adult says, “I’ll give you a real reason to cry”.
What Happens in DBT?

- Commitment
- Dialectical process of change
- Problem solving
- Acceptance
- Validation
- Mindfulness, Interpersonal Effectiveness, Emotion Regulation, Distress tolerance skills
- Chain analysis
- Insight
- Discrimination training
- Expanding behavioral repertoires
- Stimulus control
- Contingency management
- Contingency clarification
- Cognitive modification
- Dialectical strategies
- Irreverence/warmth
- Relentless/loving therapist/staff
- Radically genuine therapists/staff
- Compassion and non-judgment
- Hope
- Person “start stopping” in their life
- Speed, movement, & flow
- Unpredictability of therapists/staff
- Responding differently than other therapists & staff have
- Exposure, response prevention, opposite action to urges
- Person & Staff tolerating aversive states

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Behavioral Therapy vs Zen

Cognitive Behavioral Therapy  Zen Practice

Technology of Change  Technology of Acceptance

Problem Solving  Validation

Rationality  Intuition

Logic  Paradox
Dialectical Communication

Change

Irreverent

Problem Solving

Reciprocal

Acceptance

Validation

Core

Consultation to the Client

Environmental Intervention

Team Consultation

Case Management

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Balance Skills

Emotion Regulation

Mindfulness

Change

Acceptance

Self Regulation

Interpersonal Effectiveness

Distress Tolerance

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DBT’s aim in creating a validating environment is to teach the individual to trust and validate her own emotions, thoughts and activities.

The DBT Model suggests to focus on skills training and behavior change, as well as on the validation of the individual’s current capabilities and behaviors.
DIALECTICAL SYNTHESIS

Pre-treatment Targets: Commitment

🌸 Orienting and AGREEMENT ON GOALS

1\textsuperscript{ST} Stage Targets: Stability, Connection and Safety

1. Decrease SUICIDAL BEHAVIORS
2. Decrease THERAPY INTERFERING BEHAVIORS
3. Decrease QUALITY OF LIFE INTERFERRING BEHAVIORS
4. Increase BEHAVIORAL SKILLS:
   🧘 MINDFULNESS CORE SKILLS
   🧘 INTERPERSONAL EFFECTIVENESS
   🧘 EMOTION REGULATION
   🧘 DISTRESS TOLERANCE

2\textsuperscript{nd} Stage Targets: Exposure and Emotionally Processing the Past

5. Decrease POST-TRAUMATIC STRESS

3\textsuperscript{rd} Stage Targets: Synthesis

6. Increase RESPECT FOR SELF

7. INDIVIDUAL GOALS
Why Learn a New Treatment?

- The old one doesn’t work (or doesn’t work well)
- Alternative have better outcomes
- Alternative is more efficient (financial or human resources)
- Alternative is preferred by providers (lower burnout) or is more humane and is at least as effective and efficient

Why Dialectical Behavior Therapy?

Who should considered for:
- The other treatments do not have established efficacy for individuals who have serious mental, behavioral and social issues and meet the criteria for Borderline Personality Disorder & or similar characteristics

DBT consumers outcomes
- reduces suicidal or other severe self-injurious behaviors
- reduces additive behaviors’
- reduces severe negative emotions
- improves social functioning
- over time- global improvements

EFFICIENCY & COSTS
- Cost for DBT is approximately 50% of treatment as usual
  1. significantly fewer inpatient days
  2. fewer and less severe parasuicidal behaviors
  3. fewer other types of severe behaviors that are threatening
  4. fewer emergency medical visits
  5. less therapy dropout
Abstract

Dialectical Behavior Therapy (DBT), a form of cognitive-behavioral therapy, has been shown in clinical trials to be an effective treatment for clients who suffer from borderline personality disorder or borderline-type behaviors. Although originally developed as an outpatient model, DBT is increasingly being incorporated in many other settings. This presentation describes the use of DBT in community residential group homes for adult females and males who are mildly mentally retarded and met criteria for borderline personality disorder but may also display similar characteristics. Pre-post analyses indicate that DBT was effective in achieving a significant reduction in externalized and internalized behaviors, and in the number of days clients spent in psychiatric hospitals and mental retardation centers. The project lasted 13 months.

The study also performed pre-post analyses on residential staff’s tedium state (burnout) in regards to physical, emotional, and mental exhaustion. Pre-post analyses were also completed on the residential staff’s commitment to learn DBT, sense of agencies support and retention rates. This lead to increasing job satisfaction.

Overall, DBT has proven to be extremely useful in the treatment of mildly mentally retarded adults suffering also from Borderline Personality Disorder and/or similar traits, as well as supporting and providing skills training for the residential staff that are employed to work with them.
The Cornerstone Program at Aacres and The Discovery Program at Liberty Corner Enterprise (LCE) Offer a Comprehensive Adaptive Dialectical Behavior Therapy (DBT) Residential Program for People with Intellectual & Developmental Disabilities & Mental Illness
Client Profile
May 2000 to March 2001 (10 months)

Diagnoses
- Borderline Personality Disorder or Borderline traits
- Mild/Moderate Mental Retardation, Asperger’s Syndrome, FAS/FAE, PTSD, Major Depression, PTSD, Bipolar, Schizoaffective Disorder, Attention Deficit Disorder, Impulsive Control Disorder, Anxiety,

LCE
- 8 Clients (7 female/1 male)
- I.Q. Range 58 - 83
- Ages of 23 - 5
- Living Arrangements
  - 4 clients live in 1 home with 3 shifts of staff
  - 2 clients live in 1 home with 3 shifts of staff
  - 2 clients live in individual home with 3 shifts of staff
- All clients work part-time employment

Aacres
- 6 clients (5 females/1 male
- I.Q. Range 67 - 85
- Ages of 21 - 43
- Living Arrangements
  - Each client lives in individual home with 1 staff working 7 day on/7 days off
  - 3 clients work part-time employment

Admission Process for DBT Treatment:
- Application completed by case manager
- Review of behavioral data for severity
- Each person interviewed twice
- Completed Emotional Problems Scales
In utilizing DBT as a treatment model interventions included:

- Weekly individual therapy
  - Processed chain analysis by using adaptations (drawings)
  - Process dialectics of person/staff relationships
  - Weekly adapted diary cards

- Weekly DBT skills training groups

- Telephone consultation involving skills coaching
  - LCE provided by on-call staff
  - Aacres provided by residential therapist
Emotional Problems Scales (EPS)
• Used with individuals 18 years old or older
• I.Q. scores of 55 – 85+
• Consists of 2 instruments:
  • Behavior Rating Scale (BRS)
  • Self-Report Inventory (SRI)

BRS yields 12 clinical scales:
• Thought/Behavior disorder
• Verbal aggression
• Physical aggression
• Sexual maladjustment
• Non-compliance
• Distractibility
• Hyperactivity
• Somatic concerns
• Anxiety
• Depression
• Low self-esteem
• Withdrawal

SRI yields 6 scales:
• 1 validity scale
  • Positive Impression
• 5 clinical scales
  • Thought/Behavior Disorder
  • Impulse Control
  • Anxiety
  • Depression
  • Low Self-esteem

*Approximately 15 minutes to complete
*Approximately 30 minutes to complete

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Aacres and LCE Client Projects

In utilizing DBT as a treatment model client interventions included:

- Weekly individual therapy
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  - Weekly adapted diary cards

- Weekly DBT skills training groups

- Telephone consultation involving skills coaching
  - LCE provided by on-call staff
  - Aacres provided by residential therapist
Aacres and LCE Staff Projects

Staff Profile
May 2000 to March 2001 (10 months)

LCE
- 54 staff (6 males)
  - 3 administrative staff (college graduates)
  - 5 supervisors (high school graduates)
  - 46 direct care staff (high school/GED)
- Ages of 19 - 54
- Length of employment 6 months - 14 years (average length 3 years 3 months)

Aacres
- 20 staff (2 males)
  - 3 supervisors (high school graduates)
  - 17 direct care staff (high school graduates)
- Ages of 22 - 49
- Length of employment 3 months - 5 years (average length 8 months)

Each staff member was required to:
- Sign confidentiality form
- Sign a “Participant Contract”
- Complete the following instruments:
  - The Tedium Measure - Burnout: Tedium to Personal Growth
  - Staff Survey - The Council of Quality and Leadership in Supports for People with Disabilities
In utilizing DBT as a staff intervention for decreasing staff Tedium and burnout, the following interventions were implemented:

- Weekly DBT skills training (64+ hours over the 10 month period)
- Weekly process and support groups
- Staff completed weekly diary card
- Staff completed homework assignments
- Staff tested at the end of each DBT module for comprehension of material
- Staff received an hourly rate increase upon completing each module with a score of 90% or above and missed no more than one class per module

LCE and Aacres established a weekly DBT Consultation Team
Adapted DBT Models

Skills Mentoring

Process Group DBT Skills Training

Skills Coaching (Direct Care Staff)

Individual DBT Therapy

DBT Group Skills Training

Staff Development

DBT Consultation Team

Individual Treatment

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Teresa

EPS Profile: Behavior Rating Scales

- TD - Thought/Behavior Disorder
- VA - Verbal Aggression
- PA - Physical Aggression
- SX - Sexual Maladjustment
- NC - Noncompliance
- HY - Hyperactivity
- DS - Distractibility
- AN - Anxiety
- SC - Somatic Concerns
- WD - Withdrawal
- DP - Depression
- SE - Low Self-esteem

EPS Profile: Self-Report Inventory

- PI - Positive Impression
- TD - Thought/Behavior Disorder
- IC - Impulse Control
- AN - Anxiety
- DP - Depression
- SE - Low Self-esteem

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EPS Profile: Behavior Rating Scales

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<tr>
<th>Significant</th>
<th>Notably Elevated</th>
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Hospitalization Days for Teresa

Start DBT Project

End DBT Project

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The Tedium Measure

Tedium is defined in regards staff’s experience of physical, emotional, and mental exhaustion.

Pre-Project
Mid Project
Post Project

LCE
Aacres

No Burnout
Moderate Burnout
High Burnout
Unable to Cope

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Commitment from Staff at Aacres

Commitment is defined as class attendance, turning in homework and completing diary cards.
Commitment from Staff at LCE

Commitment is defined as class attendance, turning in homework and completing diary cards.
Aacres Staff’s Impression of Support from the Staff Survey

By The Council on Quality and Leadership in Supports for People with Disabilities

![Graph showing the staff's impression of support from pre-project to post-project. The x-axis represents the time period (Pre-Project, Mid Project, Post Project), and the y-axis represents the level of agreement (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). The graph shows a decrease in support perceptions from pre-project to post-project.]

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LCE Staff’s Impression of Support from the Staff Survey

By The Council on Quality and Leadership in Supports for People with Disabilities

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LCE Staff Retention

54 Employees originally signed up for the class:

- Left due to pregnancy: -1
- Left due to illness: -1
- Left due to termination: 2
- Left on free will: 2
- Number that completed class: 48

LCE Employee Retention

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Aacres Staff Retention

Aacres Employee Retention

20 Employees originally signed up for the class:

Left due to pregnancy       -1
Left due to illness         -1
Number that completed class 18

Aacres Employee Retention

5% Pregnacy
5% Illness
90% Completed Class
Results of Project
Aacres and LCE projects

Clients
- Significant deductions in admissions to psychiatric hospitals (LCE clients had none during project)
- Emphasis on skills usage offered an effective means of coping with stressful periods and resisting urges to engage in and other behaviors.
- Successful in increasing clients’ motivation to remain in treatment and reducing the impression they were forced into treatment
- Asking for and tolerating DBT coaching when client is in distress

Residential Staff
- Notable to significant level of commitment to attend DBT classes, complete homework and diary card
- Increased retention of residential staff within the group homes
- Decrease the components of tedium (physical, emotional and mental exhaustion)
- Increased staff’s sense of support by employer
- Overall organizational benefits
Thank you