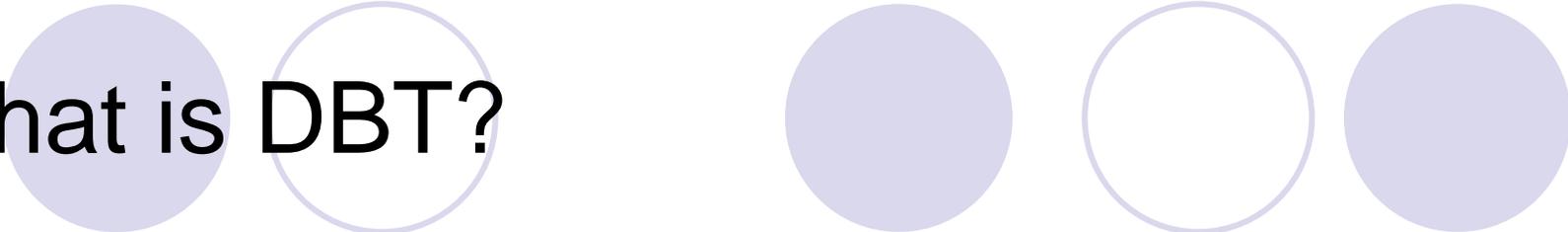


Integrating DBT Skills Coaching and Dialectical Interventions in ACT Services

Presented by:

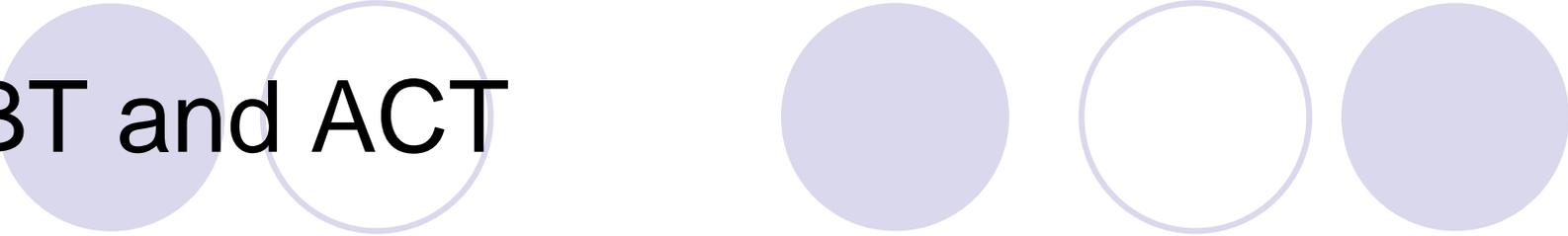
Holly Raymond, MSW
Michelle Carroll, Ph.D., C.Psych

What is DBT?

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- Dialectical Behaviour Therapy is a treatment designed to help clients learn to accept themselves for who they are while changing in order to move towards a life worth living.

DBT and ACT

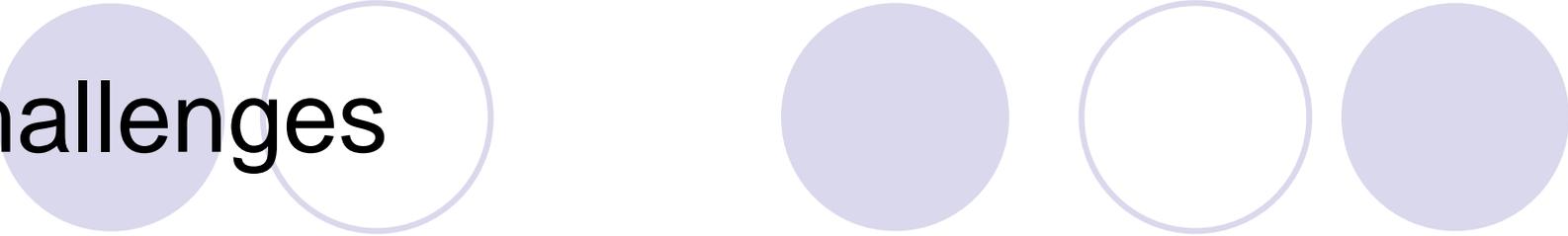


- *DBT for Assertive Community Treatment teams content in this presentation is based on the work of S.K. Reynolds, R. Wolbert, G. Abney-Cunningham and K. Patterson (2008)*
- Both ACT and DBT were developed to help rehabilitate individuals with severe and persistent mental health problems.
- Currently a DBT track has been implemented as part of ACT services in at least 5 US States and 1 Canadian Province.

Individuals with BPD often present in the ACT system as:

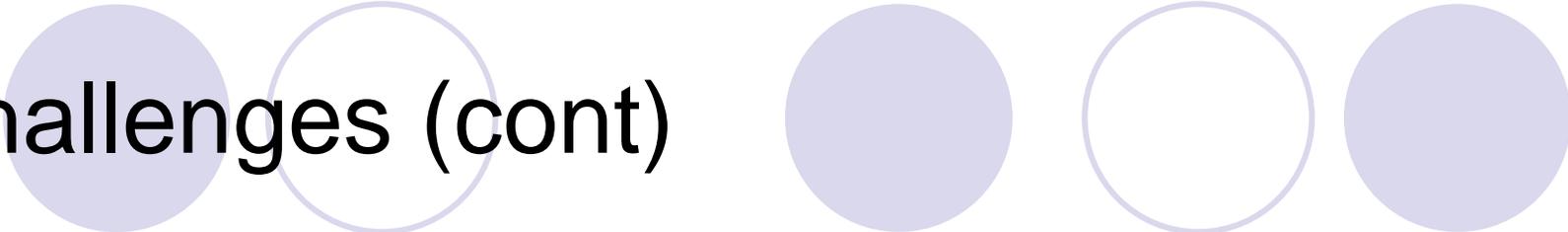
- Clients who make frequent use of emergency services
- Being the client that no services feel they have the resources to work with
- Having complex needs
- Frequent attempts of self harm
- Addiction issues
- Trauma
- Chronic or impulsive suicidality

Challenges



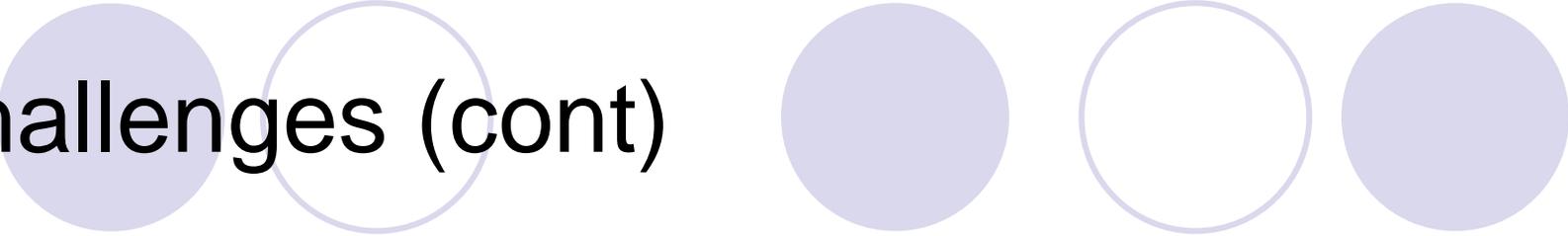
- Often times individuals with co-morbid diagnoses may find that DBT is not intensive enough to help them
- Schizophrenia + BPD is a combination that may not be accepted in outpatient clinical or ACT involvement may be an exclusionary criteria
- It is important to note that 30-60% of people with a psychotic disorder have a co-morbid personality disorder.

Challenges (cont)



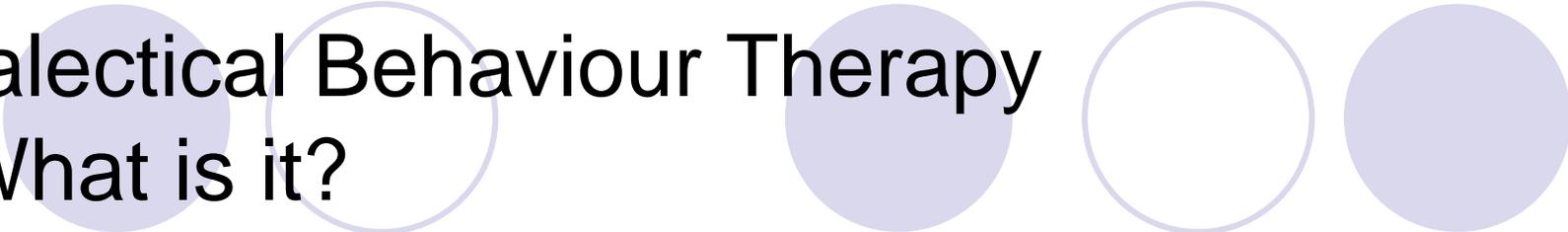
- While ACT has been shown to be evidence-based for clients with schizophrenia and bipolar disorder, it's success with clients with personality disorder diagnoses has been questioned (Bonds et al., 2001, Jones, 2002)
- This may be due to the finding that a co-morbid diagnosis of BPD often predicts a poorer prognosis and the utilization of a disproportionate amount of service time.

Challenges (cont)



- When ACT clients present with acute needs (i.e., increased suicidality) level of support is usually increased
- Given that many clients with BPD tend to be chronically or impulsively suicidal, such increased service provision may serve to inadvertently reinforce suicidal communication
- DBT is designed to teach the chronically suicidal client ways to handle crises without resorting to self-harm/suicidal behaviours

Dialectical Behaviour Therapy



- What is it?

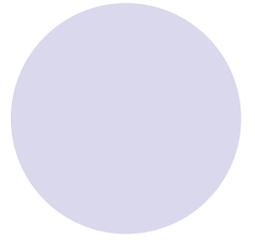
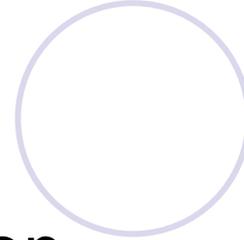
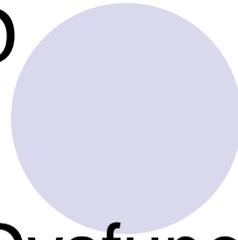
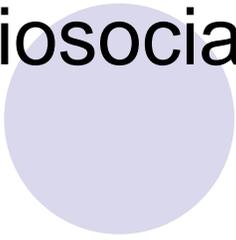
- Originally described as Cognitive Behavioural Treatment for Borderline Personality Disorder
- DBT combines a focus on behavioural change balanced with acceptance, compassion and validation

Dialectics

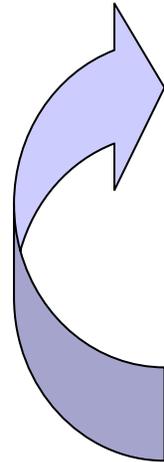


1. Dialectics = philosophy
2. Dialectics is the process of change whereby a thesis interacts with an antithesis leading to a reconciliation of opposites, or synthesis
3. The whole can be understood by studying the opposites within it
4. Synthesis of opposites: black and white does not necessarily equal grey
5. Dialectics strives for synthesis and balance
6. Balance of change strategies
(behaviour/cognitive-behavioural therapy)
and acceptance strategies (validation)

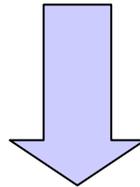
Biosocial Theory of BPD



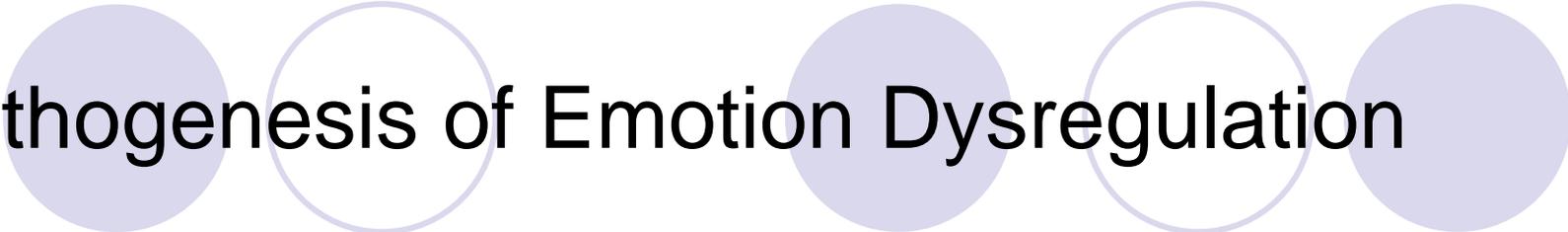
Biological Dysfunction
in the Emotion
Regulation System



Invalidating
Environment



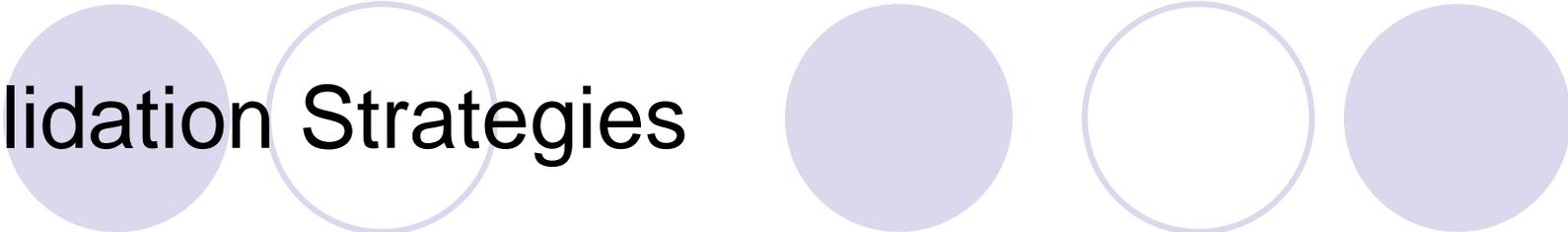
Pervasive Emotion
Dysregulation



Pathogenesis of Emotion Dysregulation

- Behavioural characteristics of BPD can be conceptualized as the effects of emotional dysregulation and maladaptive emotion regulation strategies.
- Impulsive behaviour (especially parasuicide) is maladaptive but highly effective for emotion regulation

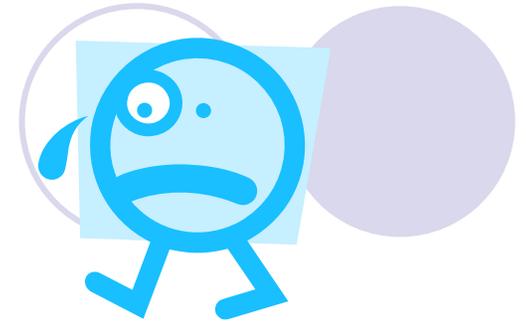
Validation Strategies



Why Validate?

- Validation serves to counterbalance the invalidating environment in which our clients grew up and currently live
- Promotes self-acceptance and self-compassion
- Feeling validated facilitates a client's willingness to agree to try new behaviours

Types of validation



- **Emotional Validation Strategies**

- Our clients often cannot identify the emotions they are experiencing. Help them observe and describe their current emotional state in a non-judgmental fashion.
- They may also have learned to inhibit emotional experiences and need to be provided a safe environment in which to experience them.

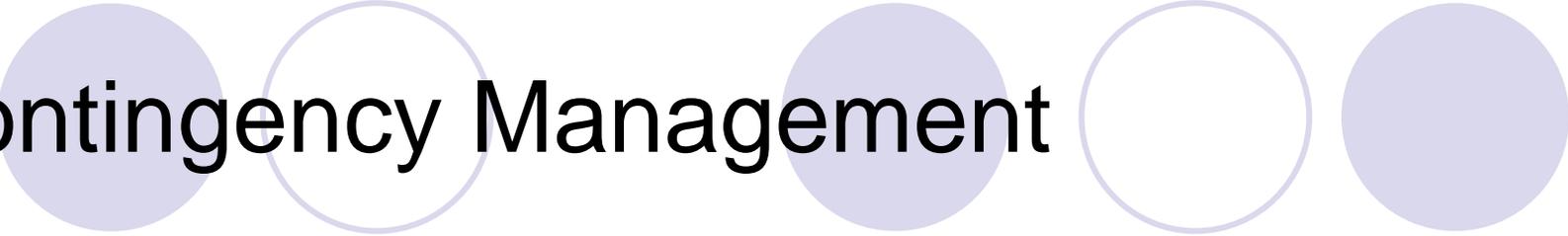
- **Behavioural Validation Strategies**

- There is a reason for every behaviour. It may not appear to be skillful, but it is at least understandable.

Cheerleading Strategies



- Validate their inherent ability to overcome their difficulties and live a life worth living
- Cheerleading is saying “I believe in you”
- Cheerleading needs to be followed by emotional validation and considerable realism, otherwise there is a risk that it could be perceived as invalidating



Contingency Management

DBT therapists aim to use one of three possible contingency strategies in nearly every response to a client's behaviour:

1. Reinforce and shape skillful behaviours
2. Extinguish unskillful behaviours
3. Aversive consequence for unskillful behaviour

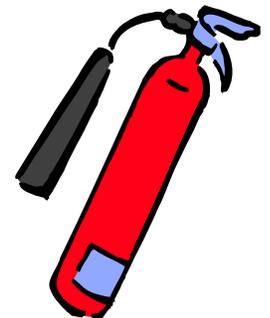
Reinforce Skillful Behaviour



- Use therapeutic relationship as reinforcer
- “Shape” skillful behaviour:
 - At first, reward even the smallest skillful behaviour immediately and consistently
 - As skillful response gets stronger, reward it intermittently
 - Gradually phase out as environment becomes more reinforcing
- Look for the “speck of gold in the bucket of sand”

Extinguish Maladaptive Behavior

- Assess whether target behaviour is being maintained by reinforcing consequences
- Eliminate rewarding responses to target behaviour
- Stick with extinction schedule even during behavioural bursts
- Soothe and validate while refusing to give in to client's demands
- Remind client of extinction rationale
- Problem-solve with client to find alternate behaviour that can be reinforced
- Rapidly reinforce alternate skillful behavior

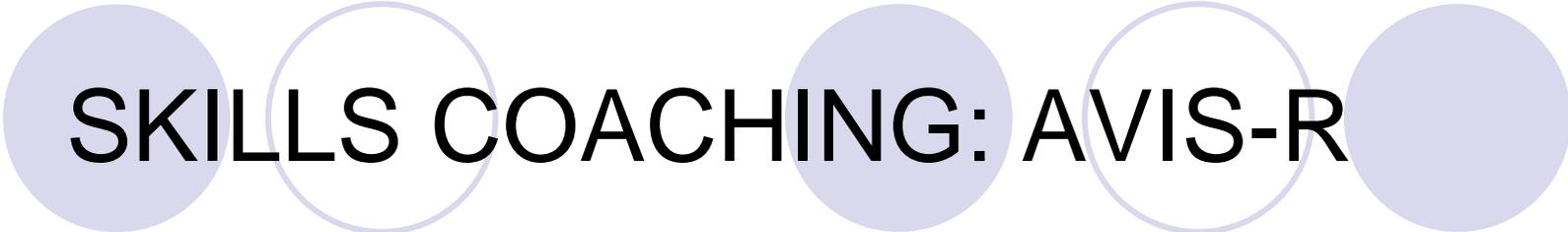


Aversive Consequences

- Punishment = pairing a behaviour with an aversive consequence



- Use as last resort, if reinforcing positive behavior and extinguishing target behaviour are ineffective
- Use disapproval, confrontation, withdrawal of warmth cautiously
- Expressing dismay is preferable to expressing anger
- Use “vacation” from therapy when all other contingencies have failed and personal limits are crossed



SKILLS COACHING: AVIS-R

Attend to the problem

Assess the problem (do a mini behavioural analysis)

Validate your client's pain

Validate the difficulty of trying to change

Invite the person to use a skill

Instruct the person on what skill to use or how to use a specific skill

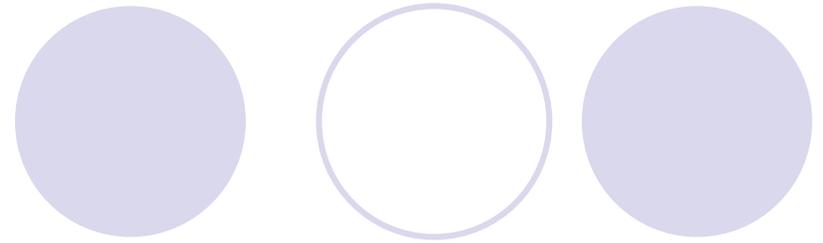
Show how to use the skill (modelling)

See the client use the skill

Reinforce attempt at using the skill

Review the use of the skill and the helpfulness of the coaching

DBT Skills Group

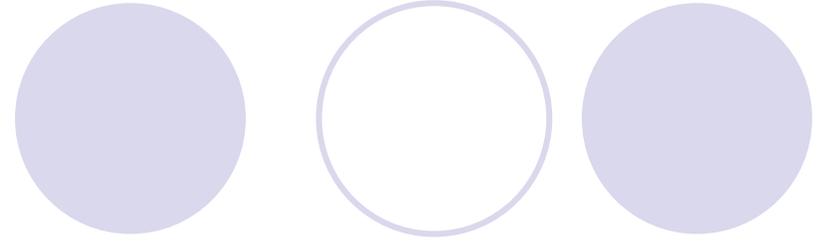
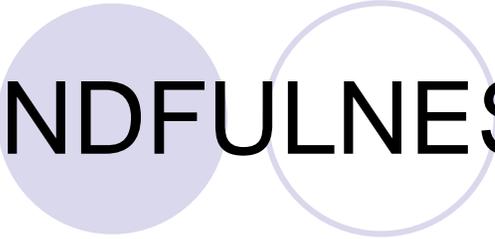


Orient clients:

- Goal: learn skills to respond effectively to emotions, interpersonal situations, crises
- Overview of skills modules
- 2 hours/week class for at least 1 year



MINDFULNESS



- Finding WISE MIND
- WHAT
 - Observing
 - Describing
 - Participating
- HOW
 - Non-judgmentally
 - One Mindfully
 - Effectively

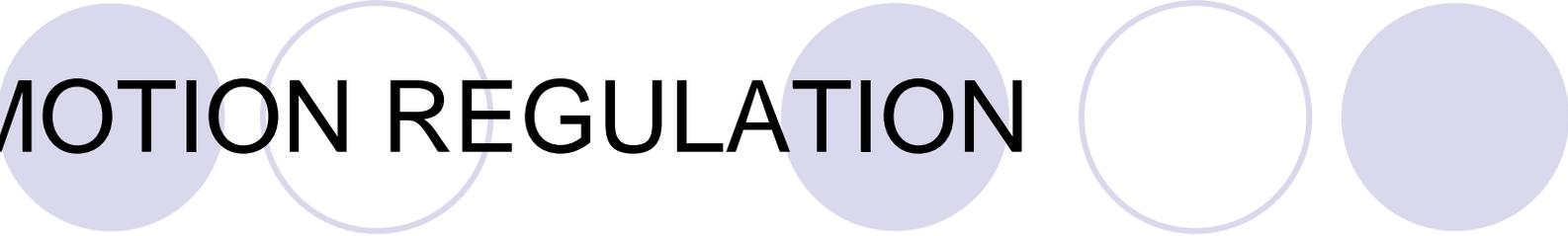
DISTRESS TOLERANCE SKILLS

- Crisis Survival Strategies
 - Distracting
 - Self-Soothing
 - Improving the Moment
 - Thinking of pros and cons
- Guidelines for Accepting Reality
 - Radical Acceptance

INTERPERSONAL EFFECTIVENESS

- Objectives Effectiveness
 - Getting your objectives or goals in a situation
 - DEARMAN
- Relationship Effectiveness
 - Getting or keeping a good relationship while achieving your objectives
 - GIVE
- Self-Respect Effectiveness
 - Keeping or improving self-respect and liking for yourself while achieving your objectives
 - FAST

EMOTION REGULATION



- Identifying and labelling emotions
- Function of Emotions
- Reducing vulnerability to negative emotions

Deciding whether DBT is right for your ACT setting:

- In order to determine if developing a DBT track is appropriate for your team, you need to determine if changes to your services are needed then determine what available options will best fit your client subgroup.
- Can you identify a subgroup of clients who are utilizing your services but do not appear to be benefiting as much (or at all) compared to other subgroups? Are these usually clients with BPD or BPD traits?
- Do your staff feel particularly burned-out when working with this subgroup?

Refer to the following chapter for more in-depth self-assessment:

- Reynolds, S. K., Wolbert, R., Abney-Cunningham, G. and Patterson, K. (2007) in L.A. Dimeff and Koerner, K (eds). *Dialectical Behavior Therapy in Clinical Practice*. The Guilford Press: New York

Models of DBT integration in ACT services

- Partial DBT: Some element of DBT utilized and blended with other treatment (i.e., DBT informed ACTT).
- Facilitated DBT: Clients are out serviced to external DBT program and ACTT provides DBT skills coaching (works best if ACTT can provide skills coaching)
- Comprehensive DBT: DBT is offered as a “track” and both DBT and ACT are delivered using empirically supported programming

Who is the ideal DBT candidate?

- Someone who is emotionally dysregulated and engages in dysfunctional behaviours related to these painful emotions.
- Exclusionary criteria: Acute psychosis or paranoia, acute mania, lack of commitment or chronic substance abuse – basically any symptom that would affect group participation.

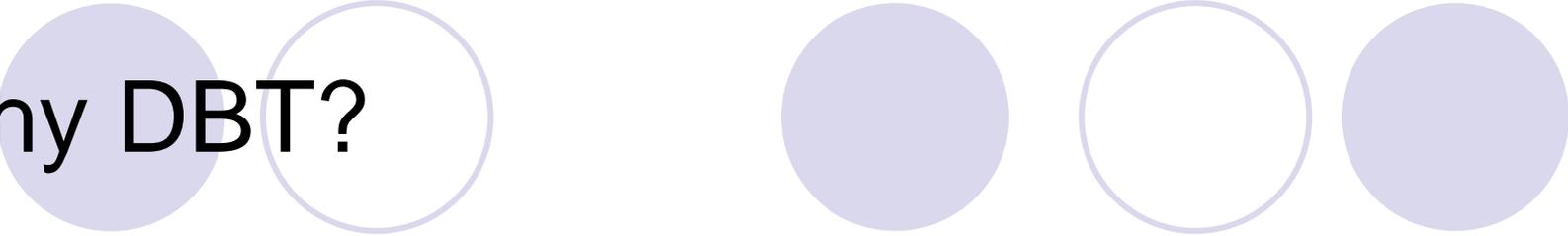
Similarities between ACT and DBT:

- Both developed for clients with severe, chronic and complex problems who have a history of treatment failures
- Goal is to prevent re-hospitalization
- Client-centred/rehab focused
- Team-based
- Utilizes commitment building/maintenance approach
- Emphasis on problem-solving in the here and now

Similarities between ACT and DBT (cont)

- Skills coaching: Both DBT and ACT rely on telephone skills coaching. A difference between the two models is that in DBT clients are taught to call for coaching before a problem becomes out of control while for ACT these calls are usually made while in the depths of the crisis.

Why DBT?



- Incorporating DBT skills and a strategies can help staff become more effective at helping clients become more independent in their functioning. DBT training can help staff identify ways in which their interactions inadvertently reward maladaptive (i.e., passive, dependent, destructive) behaviours and structure interventions so that the client is more in control.

InterACT DBT program outcomes:

- Average 26 consumers in the DBT program/year
- 12 months prior to admission → average 32.7 days in hospital/year
- after DBT → 3.2 days/year
- Vocational activities increased from 18.2% to 60.4%. Data also showed high levels of client satisfaction.

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