DIALECTICAL BEHAVIOR THERAPY – ACCEPTING THE CHALLENGES OF EXITING THE SYSTEM (DBT-ACES)

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OVERVIEW

- Context in which DBT-ACES was developed
- Differences from Standard DBT
  - Recovery goals and targets of DBT-ACES
  - Contingency Management
  - Skills Check-in and Overview of Curriculum
- Considerations for individual therapy and coaching

SEATTLE, WA

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Welcome

CHAMMP is a Center of Emphasis established to support Harborview Medical Center's commitment to improve healthcare for individuals with addictions, mental illness and medically vulnerable

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HARBORVIEW OUTPATIENT MENTAL HEALTH AND ADDICTION SERVICES

- Harborview Mental Health Services (HMHS)
  - Crisis Intervention Service
  - Assertive Community Treatment (ACT)
  - Dialectical Behavioral Treatment (DBT)
  - Geropsychiatric Service (GPS)
  - Rehabilitation and Recovery Program
- Harborview Addictions Program (HAP)

A BRIEF HISTORY...

DBT AT HMHS

- Mid-1980s – HMHS is the first clinic outside of BRTC to which Marsha exports DBT with collaboration of Hugh Armstrong, Ph.D.
- Can't do individual therapy by county rule – everything in groups
- 1992 – I arrive at the same time as the most challenging set of clients
- Group version of individual therapy falls apart

DBT AT HMHS

- 1993 – decide to find back door around county rules – bill therapy as case management
- 1996 – I become research therapist for BRTC and realize what adherent DBT is
- 1996 – Dr. Armstrong retires and I take over the team
- 1996-1999 Goal = Adherent DBT

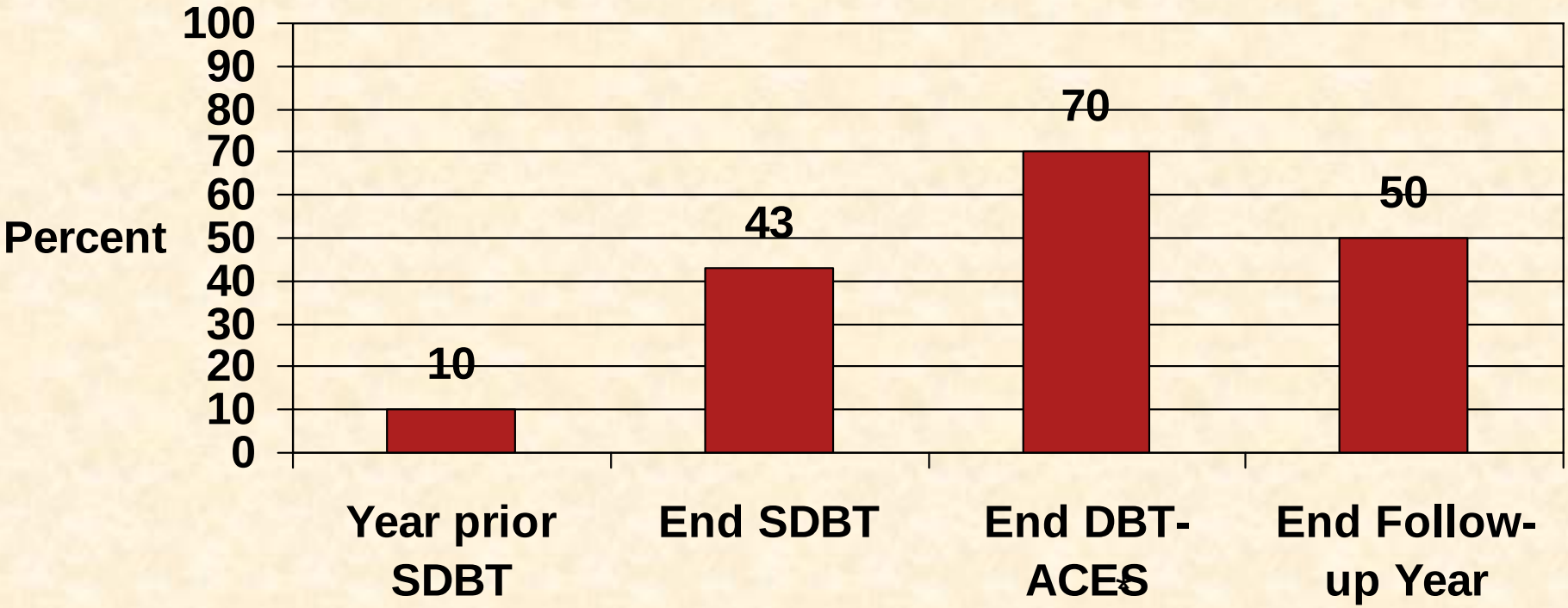
DBT AT HMHS

- 1998 – Now we have Adherent DBT but clients are becoming “stable mental patients” – not working, not leaving the center, not finding new friends…
- Try second year of DBT but doesn’t help much
- ~1999 two graduates of 2nd year commit suicide
- New Mission = Recovery from Disability and no longer being a “Mental Patient”

DBT-ACES DEVELOPMENT

- 1999-2002 – DBT-ACES develops and changes informally and clinically
- 2002-2004 – have small grant to follow-up graduates and drop-outs
- 2004 – analyze the data and find that DBT-ACES sticks after graduation!!

Clients Competitively Employed or Enrolled in College or Technical School

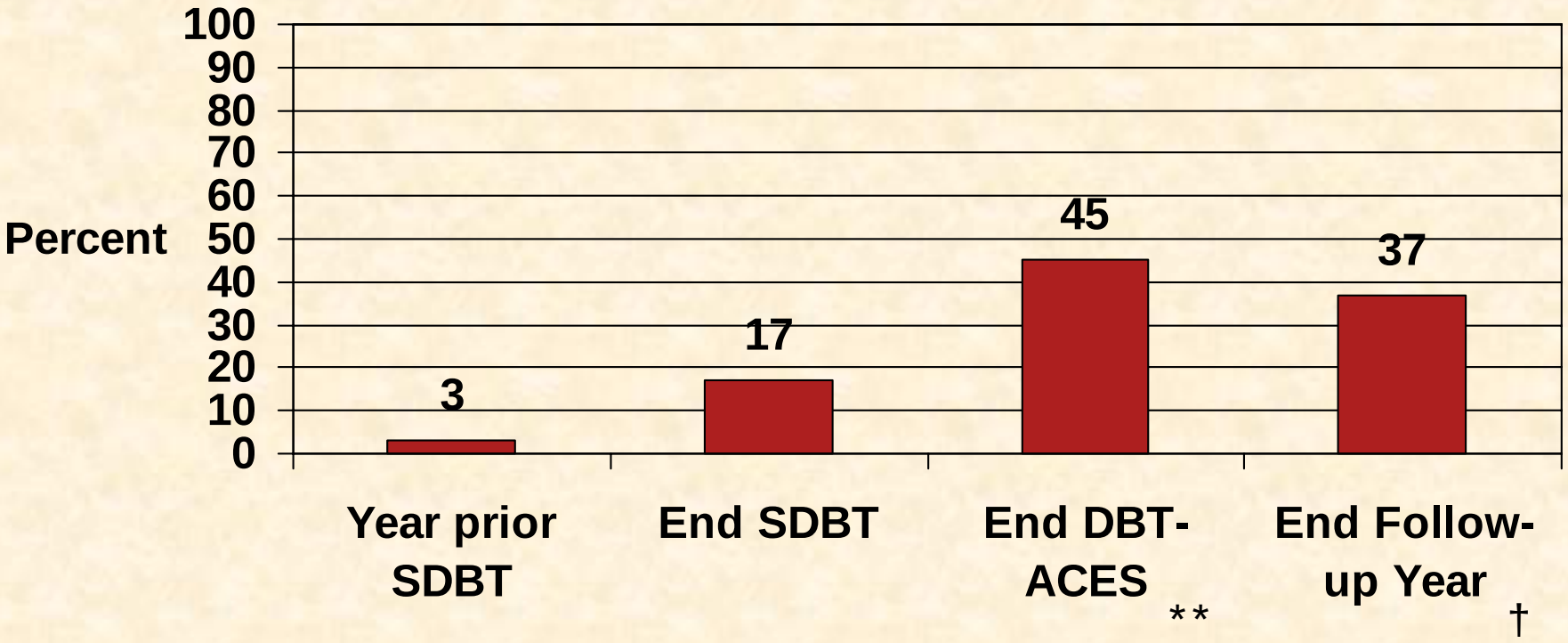


*End of SDBT vs. End of DBT-ACES (OR = 3.34, p < .05)

End of SDBT vs. End of Follow-up Year (OR = 1.34, p = .58)

Data coming out in Comtois et al, November 2010 issue of Psychiatric Services

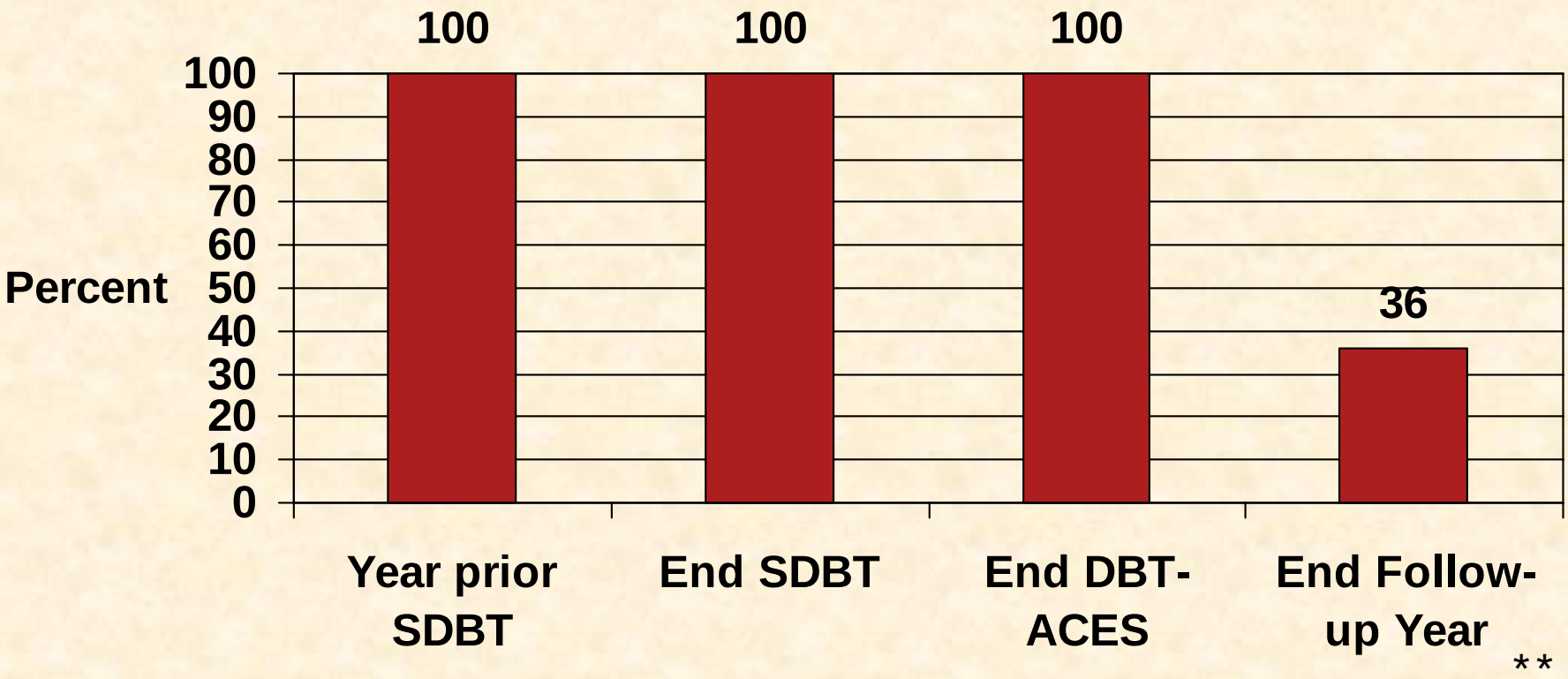
Clients Competitively Employed 20+ Hours/Week



**End of SDBT vs. End of DBT-ACES (OR = 4.93, p = .01)

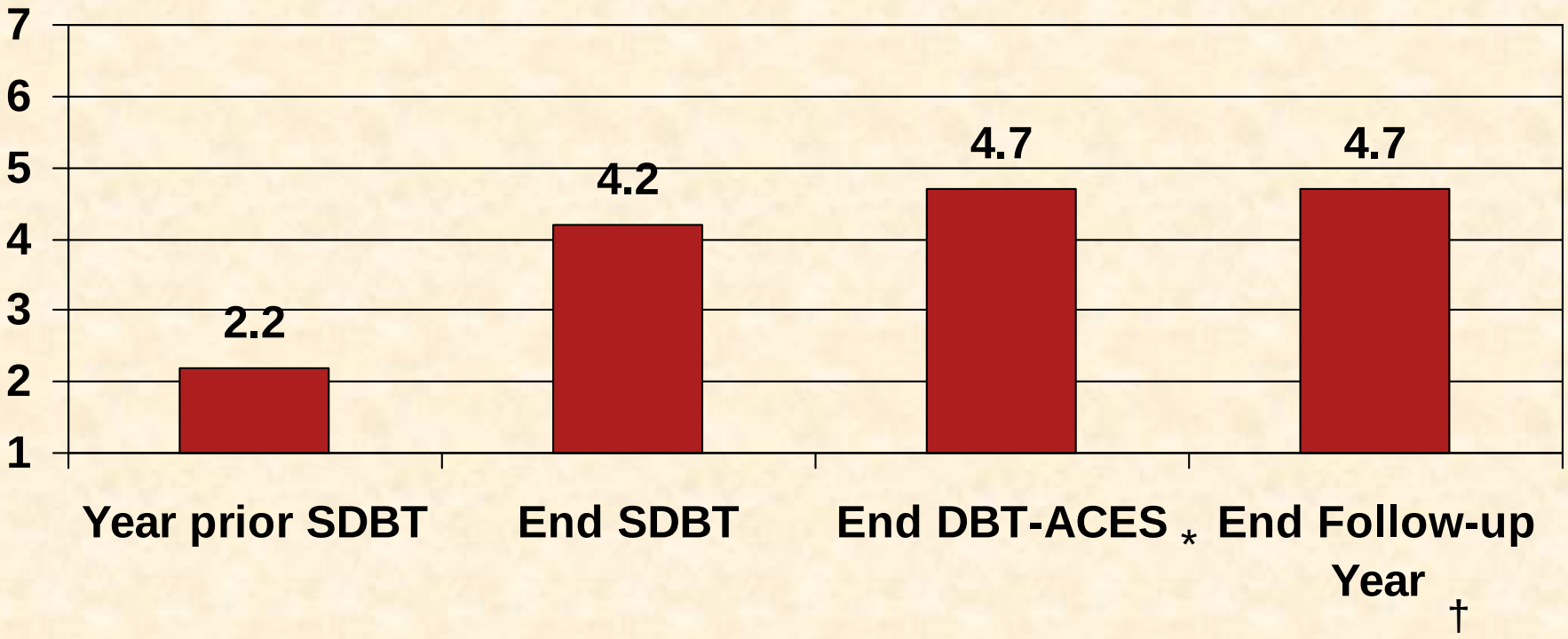
†End of SDBT vs. End of Follow-up Year (OR = 3.29, p = .06)

Percentage of Clients in Public Mental Health Services



**End of SDBT vs. End of Follow-up Year (chi-square(1) = 1069.7, p < .01)

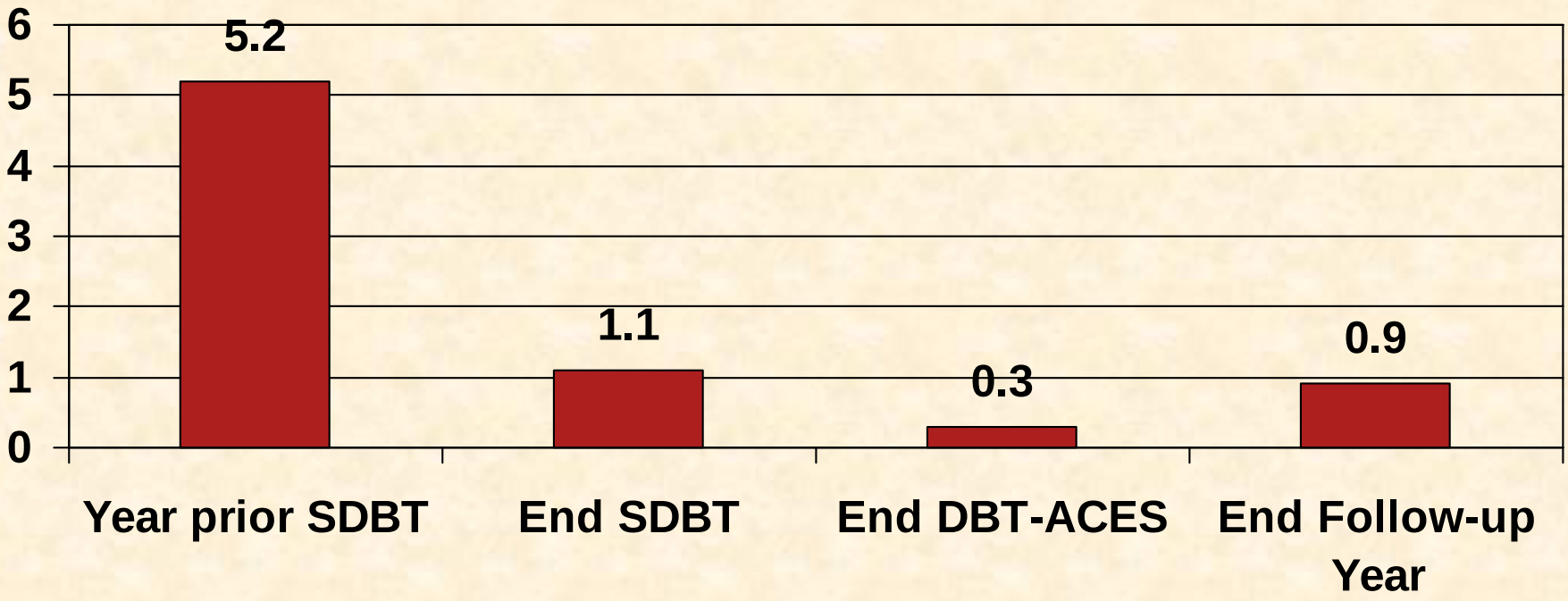
Client Overall Life Satisfaction: 1=Terrible to 7=Delighted



*End of SDBT vs. End of DBT-ACES (B = .49, p = .03)

†End of SDBT vs. End of Follow-up Year (B = .47, p = .08)

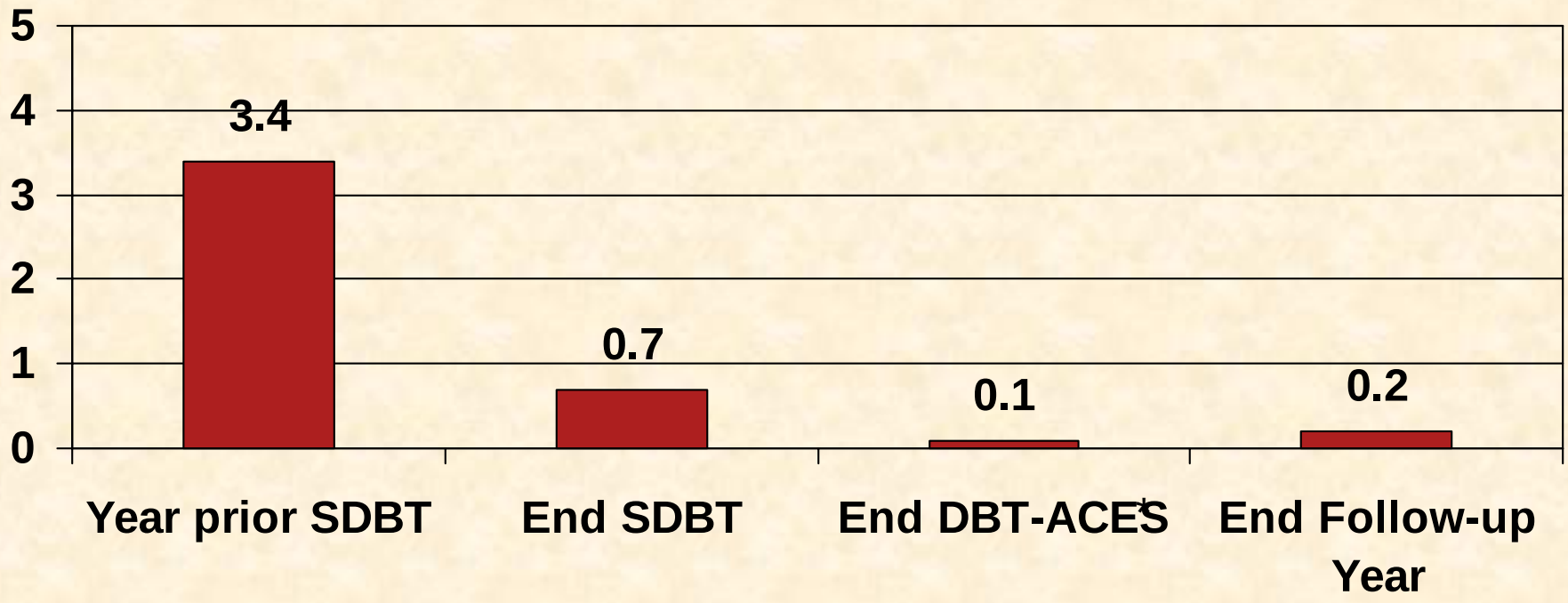
ER Visits



End of SDBT vs. End of DBT-ACES (rate ratio=.25, 95% CI 0.04-1.34)

End of SDBT vs. End of Follow-up Year (rate ratio=.57, 95% CI 0.12-2.58)

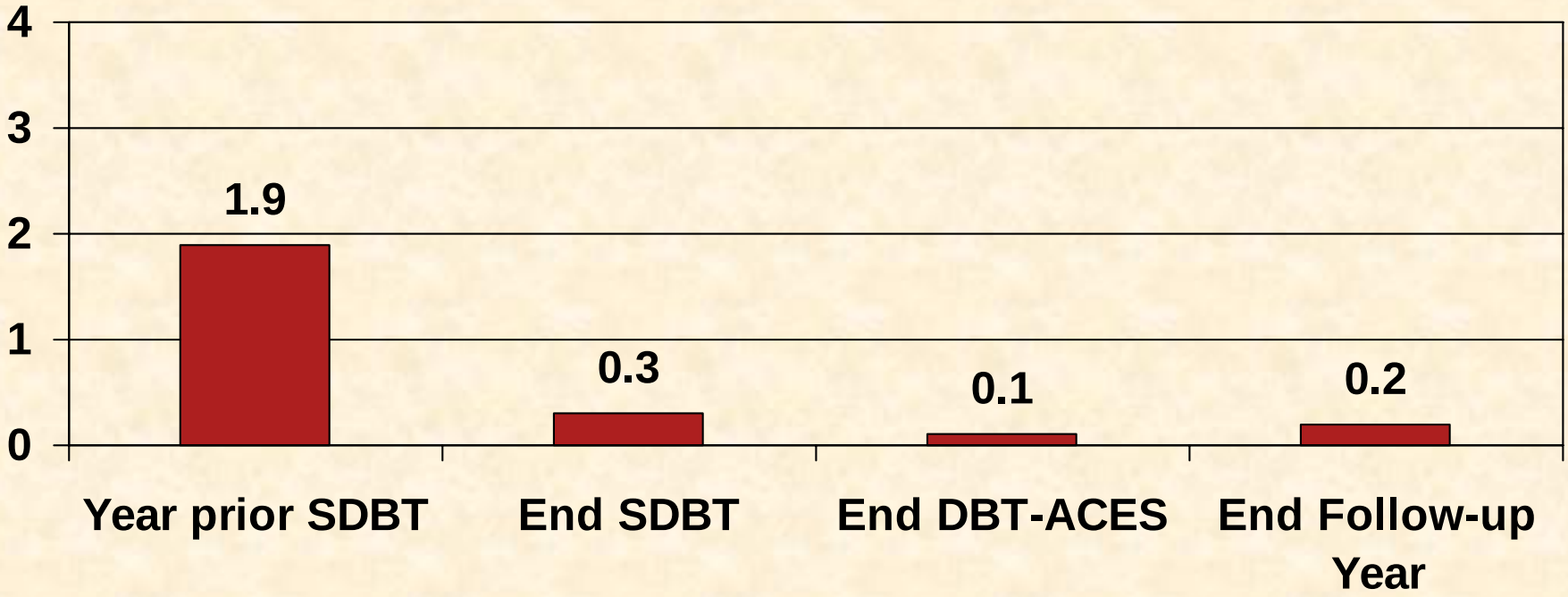
Inpatient Psychiatric Admissions



*End of SDBT vs. End of DBT-ACES (rate ratio=.07, 95% CI 0.01-0.9)

End of SDBT vs. End of Follow-up Year (rate ratio=.18, 95% CI 0.02-1.75)

Medically Treated Self-Inflicted Injuries



End of SDBT vs. End of DBT-ACES (rate ratio=.29, 95% CI 0.04-1.95)

End of SDBT vs. End of Follow-up Year (rate ratio=1.03, 95% CI 0.18-5.92)

FORMALIZING DBT-ACES

- 2004-2008
  - First draft of manual
  - Publication of pre-post data in progress
  - National Institute of Mental Health grant
  - Treatment development meetings with Linehan
  - DBT therapists rated for adherence

SO, WHAT IS DBT-ACES?

PRIMARILY, IT IS DBT

- Same target hierarchy
- Same modes and functions
- Same acceptance, change, and dialectical balance
- Same treatment strategies
- Same movement, speed, and flow

DBT-ACES RECOVERY GOAL

A life worth living outside the social service system. In DBT-ACES, this means the ability to live successfully without continuous psychosocial treatment and off psychiatric disability benefits despite life's inevitable setbacks.

ADAPTATION 1: TARGETING

DBT-ACES uses the same general hierarchy of

1. Life threatening behaviors
2. Therapy-Interfering behaviors
3. Quality of Life-interfering behaviors,
   - DBT-ACES Recovery Goals
   - Other quality of life targets
4. Increasing DBT skills mastery
5. Client goals

- This is comparable to doing DBT for Substance Abuse – make specific focus highest QOL target
- VERY IMPORTANT – assess whether the client wants to commit to this and do devil's advocate

DBT-ACES RECOVERY GOALS

- We developed a list of targets on which to focus (not expected to complete all in DBT-ACES)
- Client completes assessment of these targets in application for DBT-ACES and monthly throughout the treatment
  - 0 = Not thought about it or talked about it
  - 1 = Thought or talked about it, no action, not want to
  - 2 = Thought or talked about it, no action, want to
  - 3 = Tried to do/get it but couldn't
  - 4 = Trying to do it, can do/have it, once or twice
  - 5 = Trying to do it, can do/have it, not reliably
  - 6 = Do/have this reliably, still have problems being effective
  - 7 = Do/have this reliably, this problem is essentially solved
- Team reviews target list monthly to assure the therapist is on track

DBT-ACES RECOVERY GOALS

- Living Wage Employment and Off Psychiatric Disability
  - Choose a career path to living wage employment knowing its fit with your wise mind values and talents as well as the practical issues of pay, heath insurance, leave and retirement benefits, hours, shift times, required training or certification, and routes to advancement.
  - Demonstrates capability to financially support yourself (and your family) in your chosen career without psychiatric disability payments or partner/family's income
  - Demonstrate capability to financially support yourself (and your family) in at least one fall-back job without psychiatric disability payments or partner/family's income (if needed)
  - Sufficient health insurance to maintain health care and medications
  - Better than 90% follow-through at work on attendance, being on time, appropriate dress and manner, following directions, and job tasks

DBT-ACES RECOVERY GOALS

- Interpersonal Proficiency
  - Interpersonally easy to work/be with – even with difficult people and during stressful times
  - Demonstrate capability to regulate emotional expression and actions and find wise mind in all interpersonal situations – even with difficult people and during stressful times
  - Know your wise mind personal limits and act on them with yourself, employer, friends, family, colleagues, and members of your community
  - Receive praise, raises, promotions, and offers for more desirable jobs and roles within your community

DBT-ACES RECOVERY GOALS

- Life Outside Work *(note – these categories are expected to overlap)*
  - Have at least a couple of local and/or long-distance friends whose values align with yours
  - Have at least one person or group for casual interactions (e.g. lunchroom, church, coffee, book club, volunteer organization)
  - Have at least one close support with whom you experience intimacy and discuss private issues (who is not your therapist)
  - Have at least one local person or group who would notice you were not around and would take action to find you.

DBT-ACES RECOVERY GOALS

- Life Outside Work (continued)
  - Be an active member of an organized recreational activity that is either fun or meaningful and not related to mental health (e.g. volunteer organization, church, sports teams, ballroom dancing…)
  - Disengage from relationships with family members that are ineffective or destructive
  - Disengage or end friendships that are ineffective or destructive
  - Choose relationships based on evidence that they are compatible in their lifestyle, needs, and values
  - Take steps to find an effective and rewarding romantic relationship (if desired)

DBT-ACES RECOVERY GOALS

- Self-Sufficiency
  - Have an effective method for managing your monthly budget and one-time expenses (e.g. new tires) so you stay within your income
  - Savings for:
    - emergency fund savings to cover 3 months of living expenses in case you lose your job
    - savings for things you would enjoy.
    - getting out of debt/getting debt to a reasonable level
  - Have an effective method for managing your time
    - in line with your wise mind values
    - gets key things done on time
    - balances work, leisure, household, and down time

DBT-ACES RECOVERY GOALS

- Self-Sufficiency
  - Have an effective method of preventing psychiatric symptoms from impacting your functioning.
  - Have an effective method of managing chronic illness or pain to minimize its impact on your quality of life

DBT-ACES RECOVERY GOALS

- Emotional Proficiency
  - Able to experience negative emotions building, staying, and falling mindfully – not avoiding, rushing them along, or mentally moving into a different moment.
  - Able to experience positive emotions building, staying, and falling mindfully – not avoiding, rushing them along, or mentally moving into a different moment.
  - Able to reduce problematic emotions effectively and fast enough to prevent them leading to problems.

ADAPTATION 1: TARGETING

- We have adapted the diary card to match these targets
- Diary card more open ended
- Diary card tracks recovery goals AND self-monitoring of normative productive activity as well as career development and paid work

Note – card adapted from Tony DuBose, Psy.D.

DBT-ACES DIARY CARD

Dialectical Behavior Therapy

DBT-ACES DIARY CARD

NAME :

GOAL(S) (including ACES group Check-In):

	DAY OF THE WEEK								
	DATE								
URGES	**Suicidal ideation**	**0-5***							
	Self-harm	**0-5***							
		0-5*							
		0-5*							
		0-5*							
ACTIONS	**Self harm**	**Y/N**							
		Y/N							
		Y/N†							
		Y/N†							
		Y/N†							
EMOTIONS	LOVE	**0-5***							
	JOY	**0-5***							
	ANGER	**0-5***							
	SADNESS	**0-5***							
	FEAR	**0-5***							
	SHAME	**0-5***							
Skills									
OVERALL SKILL RATING		**0-7‡**							
INSTRUCTIONS: Note when you worked on each DBT-ACES target area.									
Home work	Worked on Check-In Target								
	Interacted with the ACES material								
	Worked on Assigned Homework								

Agenda Items and Notes for Session

_____

_____

_____

_____

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ACES STRATEGIES AND PRODUCTIVITY

DBT-ACES skills and strategies to achieve your Ambition(s) and Recovery Goals:

Home work	Worked on Check-In Action Step							
	Interacted with DBT-ACES material							
	Worked on Group Assignment for this week							
Living Wage Employment and Interpersonal Proficiency	On time and stayed full session at work/school							
	% of day followed schedule/time map							
	Did you stay regulated at work/school today?							
	Did you use reducing vulnerability skills today?							
	Did you use wise mind to balance your priorities with others' demands?							
	Did you presume non-judgmental explanation of others behavior at work/school today?							
	Did you avoid something **important** today?							
	# times GIVE with new/important person?							
	Describe if/how GIVE was experienced by those with whom you work or attend school:							
Building Community	Did you meaningfully reach out today?							
	Describe if/how GIVE was experienced by friends, family, or partner:							
	Did you spend time with people you like and care about? What did you do?							
	Did you effectively attend a social event with GIVE? What did you do?							
Self-sufficient	Bills paid up							
	$ paid toward debt							
	$ new debt incurred							
	$ put toward savings							
Emotionally Proficie	DBT skill of the week:							
	Experienced fully a wave of emotion							
	Regulated quickly enough to be fully effective							

From your calendar please note the following for past week:

Hours worked W2 job: ____
Hours of other paid job: ____
Hrs of unpaid job/act in field: ____
Hours attended school: ____
Hours other sched. activities: ____

Total hours: ____

applications submitted: ____
interviews: ____
contacts asked about jobs: ____

Total: ____

Describe efforts toward deadlines with specifics (e.g. dates, who…)

ADAPTATION 2: SKILLS CURRICULUM

General Format:

5 min Good News

30-40 min Goals and Targets Check-in

1. What goal are you working toward?
2. What target(s) are you working on?
3. What progress have you made on your target?
4. What is something effective you have done this past week to reach your target?
5. What have you done in the past week to avoid working on your target? How will you not do this again?
6. What emotion have you observed while working on your target?

20-30 min Homework Review

10-15 min Break

40-45 min New Material

CHECK-IN

- Ambition (what I am passionate to achieve)

- This week's action step (how I am getting there, between last group and this one)

  (Note, state specifically enough that we can tell if you achieved it or not)

- *Progress

  (Note, present the part you achieved first and then part you did not achieve, if any. Avoid judgment.)

- One effective thing I did to achieve my action step this week was….

  (Note, describe HOW you achieved your action behaviors (skills, strategies, mindset); don't just restate your progress)

* Group focus in on giving positive reinforcement

CHECK-IN

- One way I avoided working on my action step this week was….
  (Note, describe what you did that led to not working on your action step (i.e. thoughts, decisions, or actions)

- **One way I will prevent this avoidance behavior in the future is…
  (Give a skills or strategy like those in the effective behavior section)

- One emotion I observed while working on my action step was _____
  (An emotion is not a thought, urge, physical or cognitive state (e.g., confused, overwhelmed, stressed out, tired); the emotion doesn't have to be caused by the target, could just be going on anyway)

- **My action step for next week will be….
  (Could be same or new step toward goal – perhaps increasing or decreasing frequency or difficulty of task)

- ** Group focus is on problem-solving and goal-setting when needed because coaching others teaches yourself as well.

ADAPTATION 2: SKILLS CURRICULUM

New Material Syllabus

July	Reinforcement of Self and Others
Aug	Mindfulness
September	Anxiety Management
October	Emotion Regulation
November	Dialectics: Accepting What is and Moving Forward
December	Distress Tolerance and Radical Acceptance
January	Interpersonal Skills
February	Time Management
March	Depression Management
April	Alternatives to Perfectionism
May	Succeeding in Usual Care
June	Anger Management

ADAPTATION 3: CONTINGENCY MANAGEMENT

- Clients without contingencies to work, plan to do it and frequently never do
- Use a slow shaping curve of demands so start in Standard DBT
  - In first 4 months, start getting active and work up to 10 hours/week.
  - 4-8 months, stay active 10 hrs/wk and work up to 15 hrs/wk.
  - 8-12 months, stay active 15 hrs/wk and work up to 20 hrs/wk.

ADAPTATION 3: CONTINGENCY MANAGEMENT

Getting and Staying Active means activities that are

- Normative (i.e., you act as if you don't have emotional problems around people who act as if they don't have emotional problems)
- Productive (i.e., structured, active, goal-oriented, and rewarding) outside of the mental health system
- Includes work, school, job-hunting, taking a class, going to the gym, attending a concert series, volunteering at a food bank, writing a novel…

ADAPTATION 3: CONTINGENCY MANAGEMENT

DBT-ACES Living Wage Career Plan Requirement

- By 4 months into DBT-ACES, maintain paid work, college, vocational-technical training, or self-employment start-up that fits your goals 10 hours per week
- By 8 months into DBT-ACES, maintain paid work, college, vocational-technical training, or self-employment start-up that fits your goals 20 hours/week

ADAPTATION 3: CONTINGENCY MANAGEMENT

DBT-ACES "Work as Therapy" Requirement

- During the course of Standard DBT and/or DBT-ACES, spend a minimum of 6 months working at least 10 hours/week at a
  - typical competitive employment job for an employer who files W2 for that job
  - NOT self-employment, under the table work, pick-up work, illegal work, contracts, consulting…
  - client also learns to manage stress of job search
- The "work as therapy" job counts toward the Living Wage Career requirement (not in addition)

ADAPTATION 3: CONTINGENCY MANAGEMENT

Maintain Standard DBT Requirements in DBT-ACES

- Continue no suicidal behaviors nor significant therapy-interfering behaviors
- Throughout the DBT-ACES year, maintain 20 hours per week of normative/productive activity (which includes both Work as Therapy and Living Wage Career activities, not in addition)

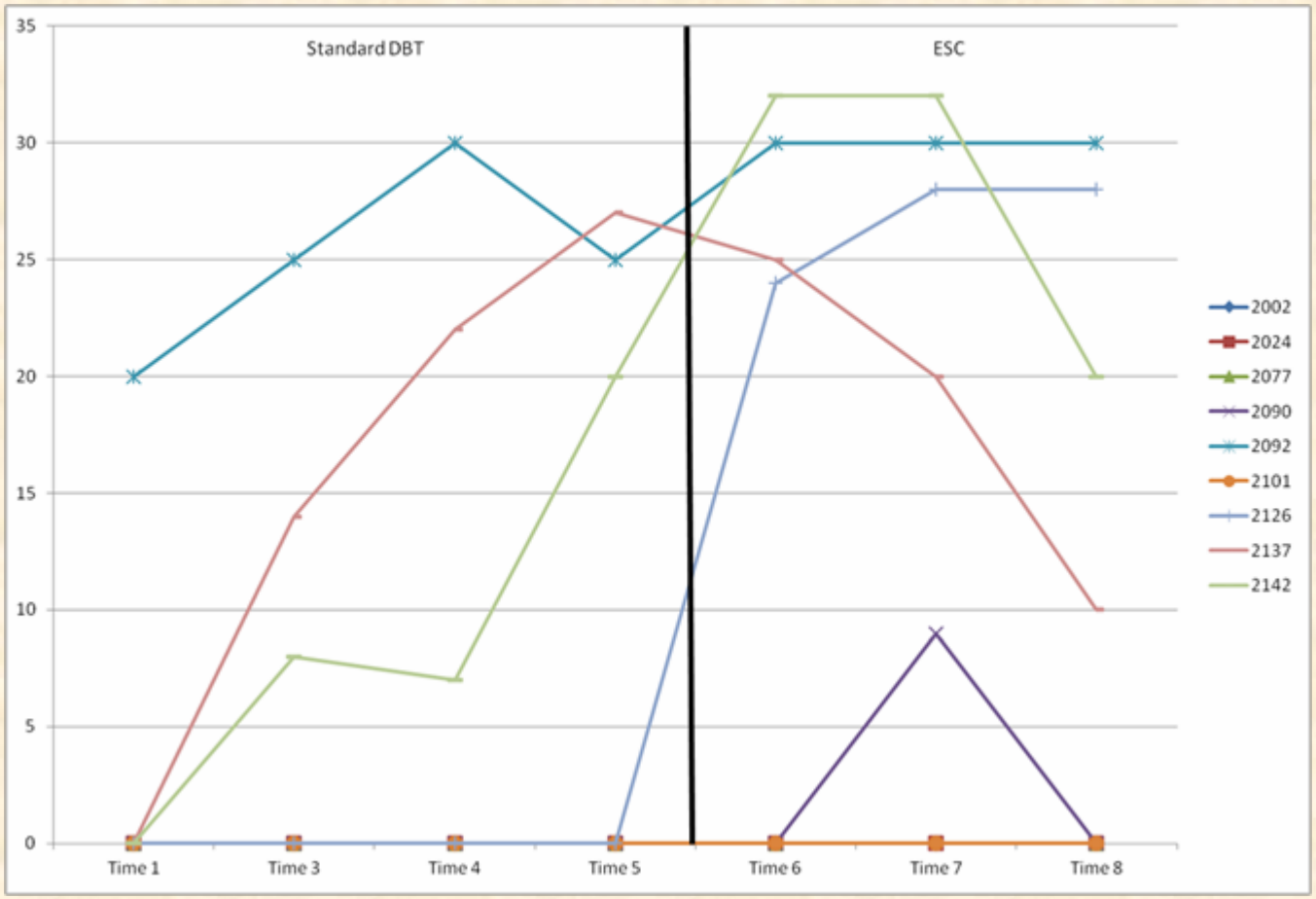
INDIVIDUAL THERAPY IN DBT-ACES

- Do DBT
- Achieve the Recovery Goals via DBT target hierarchy
- Develop commitment to work and leaving community mental health and disability
- Monitor normative/productive and work activities – keep the shaping curve moving
- Reinforce progress whenever you can
- Conduct formal and informal exposure to fear of work and leaving disability
- Block avoidance of Recovery Target behaviors

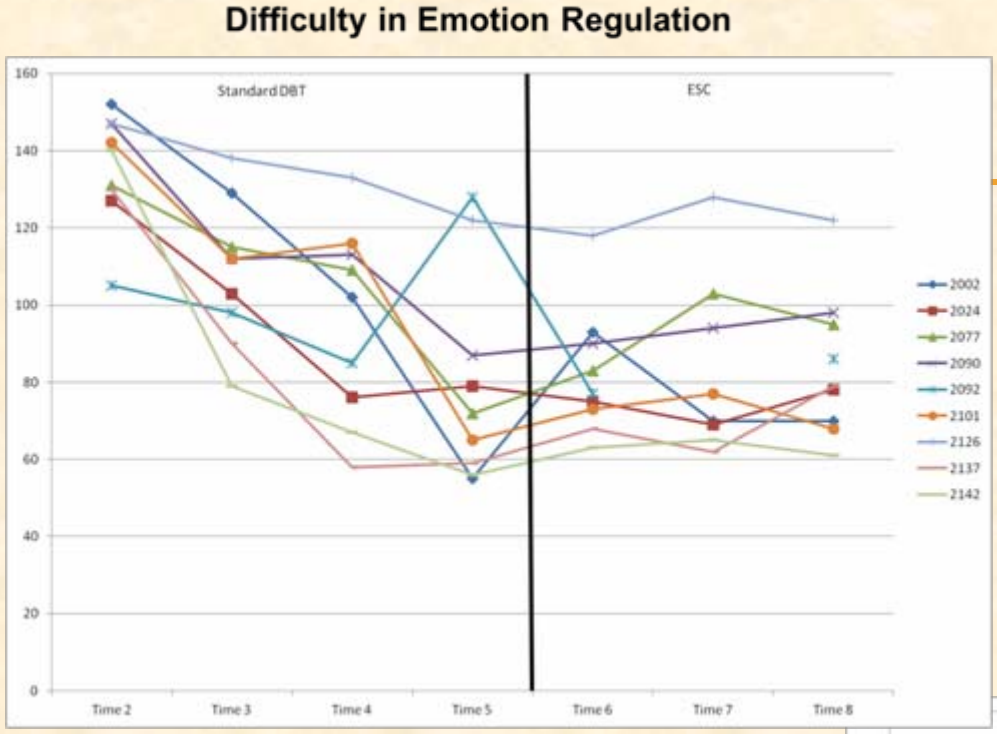
COACHING IN DBT-ACES

- Keep bar high on Standard DBT targets – client is expected to handle these independently
- Plan when coaching may be needed in exposure process to working or leaving disability
- *In vivo* practice can be very helpful – e.g., doing a job application pick-up and drop-off trip, sit across a coffee shop and coach social skills
- Taper off as treatment is ending – replace with success calls
- Coach effective contact with follow-up clinicians (if any)

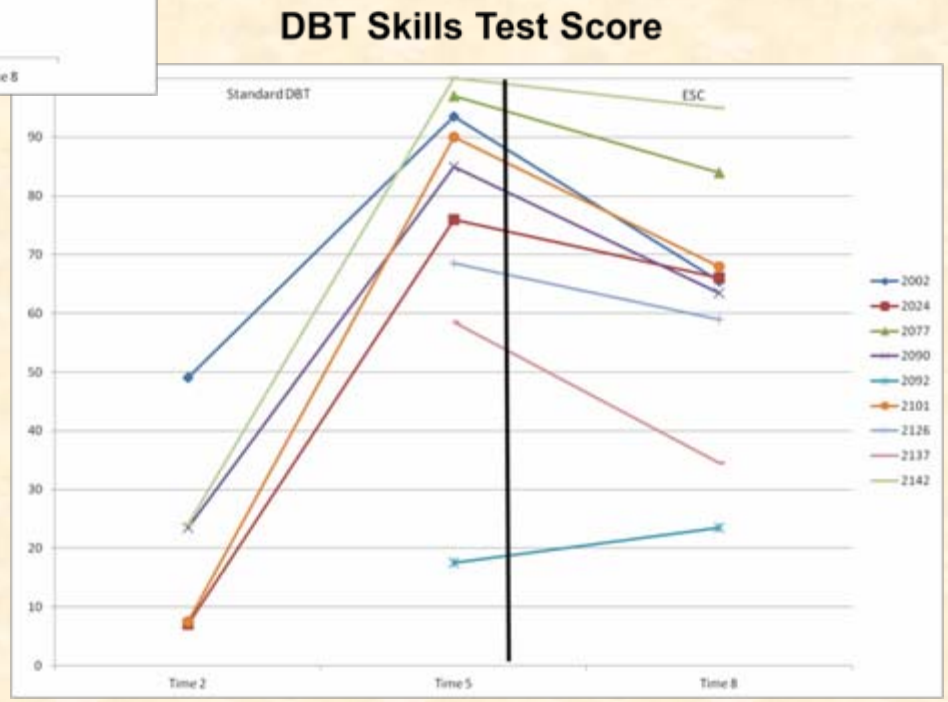
MULTIPLE BASELINE EXAMINATION OF SDBT THROUGH ENHANCED STANDARD CARE (N=9)



Average hours worked per week climbed in SDBT but were not sustained in Enhanced Standard Care

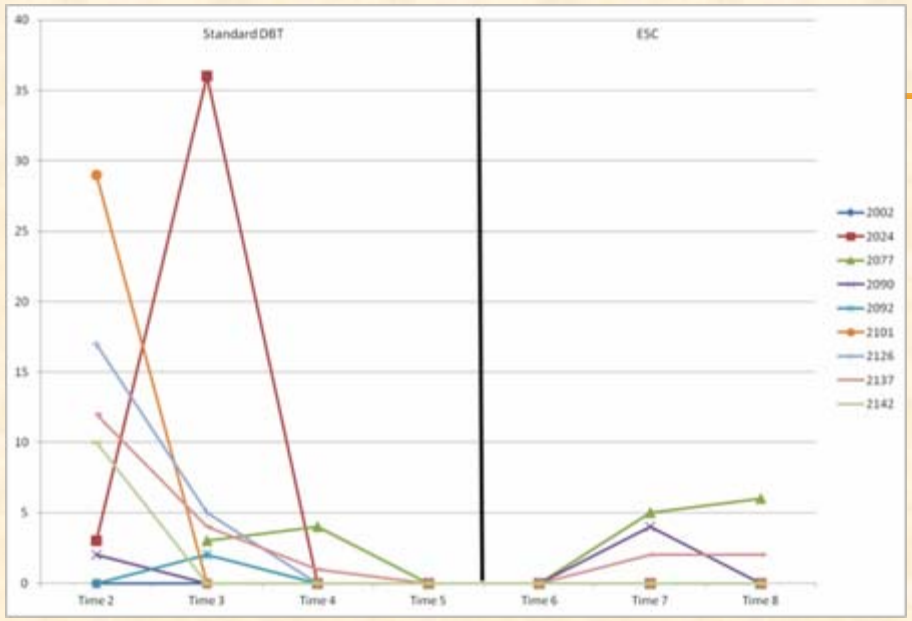


Multiple Baseline Examination of Transition from SDBT through Enhanced Standard Care
N=9



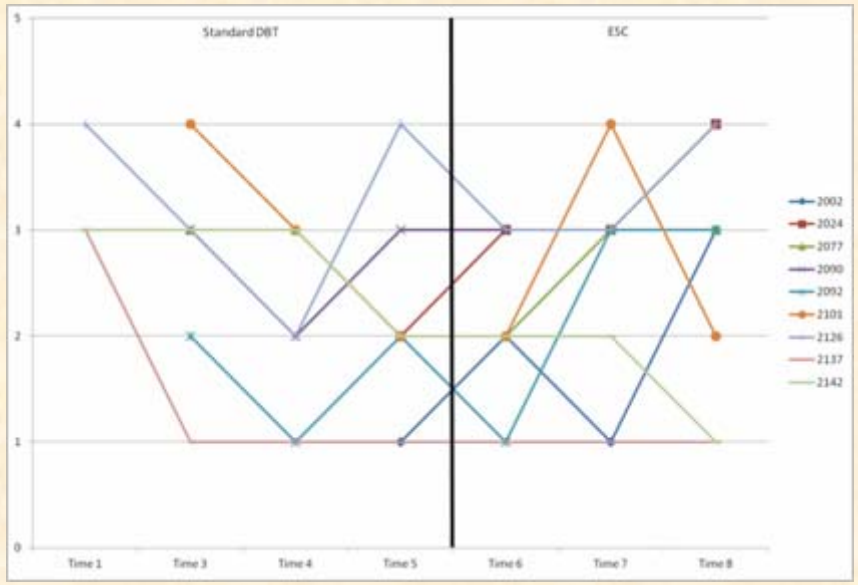
Emotion Regulation improvements plateaued or increased slightly,
but clients remembered their DBT skills

Instances of Self Injury



Multiple Baseline Examination of Transition from SDBT through Enhanced Standard Care
N=9

Quality of Life - Overall Dysfunction



Some relapse in Self-Injury and no pattern to changes in Quality of Life

NEXT STEPS

- Plan NIMH RCT with Harbor-UCLA
- Finish revision of DBT-ACES skills curriculum
- Piloting 18 month version (6 months Standard DBT plus DBT-ACES).