

Evidenced Based Treatment- Training Staff & Increasing Family Involvement to Improve Treatment Outcomes

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Goals

- Participants will learn how the evidenced based treatment model of dialectical behavioral therapy was selected and what it can target
- Participants will learn how staff were trained and how adherence to DBT is maintained
- Participants will learn the outcomes of implementing an evidenced based treatment model within a 30 bed residential treatment center

Adherent vs Informed

- Individual DBT therapy- Adolescent 6 month/Adult 1 year
- DBT skills group
- Consultation team
- Phone coaching

BPD Characteristics

- Emotion Dysregulation
Emotional lability & angry outbursts
- Interpersonal Dysregulation
Unstable relationships & effort to avoid loss
- Behavioral Dysregulation
Suicide threats, parasuicidal behaviors & impulsive behaviors
- Cognitive Dysregulation
Poor problem solving, paranoid ideation & black & White thinking
- Self Dysregulation
Identity confusion, dissociation & sense of emptiness

Where To Start?

- Is there a need for DBT / Evidenced based treatment at your agency?
- Can I find at least one other person willing to form a DBT Team?
- Who will gain from a DBT program and who will lose?

Assessment

- 2 ½ hour unstructured day treatment group
- One other intensively trained DBT therapist
- Gains-providing evidenced based treatment to young people that would not otherwise be able to access treatment & increase in structure. Lose-unstructured crafting

How To Train Staff

- Send staff to DBT intensive training-5 day training and return to their organization to implement and return for another 5 day training-Average cost 2,800 not including hotel and flight. Even a 3 Day PESI training would cost \$399 per staff
- Train existing staff and new staff
- What level of training does staff need

Skills Training

- Have we developed ways to solve staff training needs?
- Have we assessed and challenged erroneous beliefs about DBT, suicidal behavior and/or adolescents?

DBT Assumptions

- People are doing the best they can
- People want to improve
- People need to do better, try harder and be more motivated to change
- People may not have caused all of their own problems, but they have to solve them anyway
- The lives of suicidal individuals are unbearable as they are currently being lived
- People must learn new behaviors in all relevant contexts
- People cannot fail in therapy
- Therapist treating suicidal clients need support

Introducing the Treatment Format

- DBT is not a suicide prevention program, but rather a life enhancement program
- DBT is supportive of clients' attempts to improve the quality of their lives
- DBT is behavioral
- DBT is collaborative
- DBT employs telephone consultation
- DBT is a team treatment

Hierarchy of DBT Stages

- Pretreatment Stage-Orientation and Commitment to Treatment
- Stage I
 - Target I Decreasing life threatening behaviors
 - Target II Decreasing therapy-interfering behaviors
 - Target III Decreasing quality of life interfering behaviors
 - Target IV Increasing behavioral skills

Strategies for Obtaining Commitment

- Evaluating pros and cons
- Playing devil's advocate
- Foot in the door technique
- Door in the face
- Highlighting freedom to choose and absence of alternatives
- Cheerleading

Commitment Agreement for DBT Treatment

1. I commit to staying in individual therapy and skills training including the multifamily skills group for the time recommended. If your family cannot participate in the multifamily skills group please state why: _____.
2. I commit to addressing urges to leave therapy or refuse treatment during individual sessions, skills group, TBS, family therapy or psychiatry and agree to not end sessions early.
3. I understand that missing four consecutive sessions is considered dropping out of therapy. Should this happen, I cannot return to therapy until the end of the agreed upon period. At that time, returning to therapy will be negotiated rather than guaranteed.
4. I agree to work on any problems that will interfere with therapy.
5. I agree to complete diary cards daily and behavior chains as needed.
6. I agree to utilize skills coaching to support skills generalization, reporting good news, and repairing relationships to ensure I am practicing implementing new skills in all environments.
7. I agree to keep all appointments.
8. I consent for my therapist to discuss my treatment, issues, and progress with a consultation team of trained DBT professionals to increase their adherence to DBT.
9. I agree that I will utilize resources (skills, supports, safety plan, etc.) to avoid engaging in self-harming behavior (both with and without intention to die). I understand that if I do not reach out to my therapist or cottage staff for skills coaching prior to self-harming or engaging in life threatening behavior I will receive a 72, will complete a behavior chain focusing on how to change the links in the chain and will need to correct and repair to myself and the treatment team.
10. Lastly, I understand that committing to these guidelines may be difficult at times, and yet I understand that these guidelines are in place for DBT to be most effective for me.

Client Signature

Therapist Signature

Parent Signature

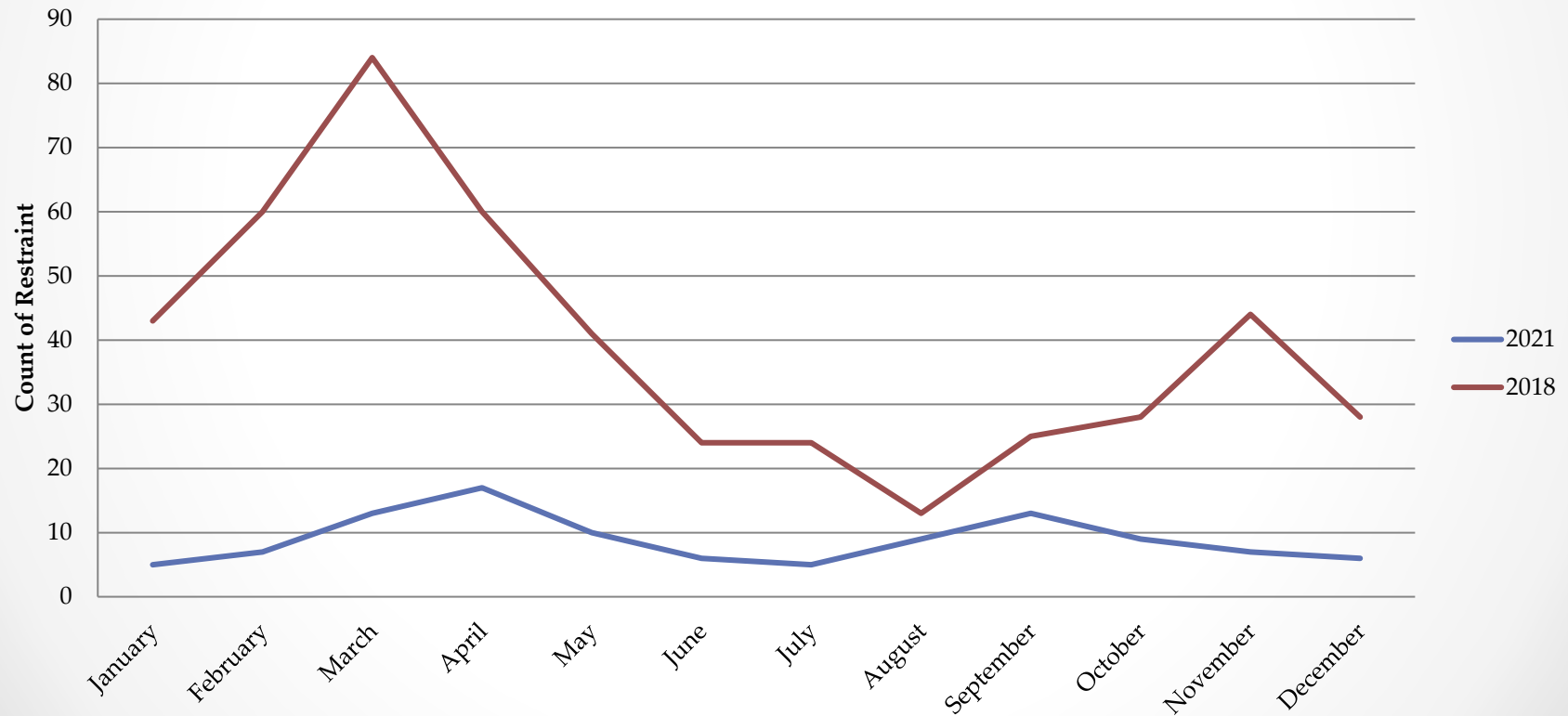
Date

What Has Changed After a Year

- Everyone is speaking the same language including parents-defined skill set
- Staff are less judgmental
- Families are not just getting family therapy but are also learning skills
- Shorter stays 2-4 months vs. 6-8
- Increased communication to support implementation of DBT –Asking staff for behavior chains and dairy cards
- Decrease in restraints

Restraints 2018 Vs. 2021

Restraints Over Time
Cottages 10 & 12



Therapist Consultation Agreement

- Dialectical Agreement
 - There is no absolute truth
- Consultation to the patient
 - Teach patient to handle others on the team Vs. reinforcing clients' tendencies to elicit help
- Consistency
 - This agreement helps team members accept variations within other members
- Observing limits
 - Therapist agree to their own limits without judging others
- Phenomenological empathy
- Fallibility agreement
- Stretch Limits
- Anti-Racism
 - We agree to provide functional validation to racially marginalized clients using our own privilege and power to change racial inequalities



DBT Diary Card

NAME: _____

DATE: _____

Targets												Emotions							
Date	Self Harm		Suicidal Ideation	Misery									Self-acceptance	Compassion	Anger	Joy	Shame	Sadness	Fear
	Urge	Action	0-5	0-5	Urge	Action	Urge	Action	Urge	Action	Urge	Action							

SUICIDAL IDEATION: 0 = No thoughts 1 = Fleeting thoughts 2 = More intense 3 = Very Intense 4 = Developing specific plan 5 = Acting on plan

INTENSITY: 0 = Not at all 1 = A bit 2 = Somewhat 3 = Rather Strong 4 = VERY Strong 5 = EXTREMELY STRONG

How often did you fill in your diary card? ____ DAILY ____ 2 / 3 X'S WK ____ 1X WK Urge to quit therapy? ____

Notes for the Week:

Mon	Agenda Items:
Tue	
Wed	
Thurs	
Fri	
Sat	
Sun	

Times needed to use telephone consultation? ____ Times did use telephone consultation? ____

DBT Diary Card

NAME: _____

DATE: _____

Date	Targets												Emotions							
	Self Harm		Suicidal Ideation	Misery	bulimia/ Starving- Self		To Drink/ Do Drugs		Anxiousness				Self-acceptance	Compassion	Anger	Joy	Shame	Sadness	Fear	
	Urge	Action	0-5	0-5	Urge	Action	Urge	Action	Urge	Action	Urge	Action	0-5	0-5	0-5	0-5	0-5	0-5	0-5	
11/22	1	0	0	4	3	2	3	0	4				5	3	3	4	3	3	5	
11/23	0	0	0	1	0	0	0	0	4.5				5	4	2	4	4	2	4	
11/24	2	0	0	3	3	3	2	0	5				4	4	3	2	2	2	4	
11/25	0	0	2	3	2	2	1	0	5.5				3	2	5	4	2	3	4	
11/26	0	0	2	3	3	0	0	0	4				3	5	6	3	2	4	3	
11/27	0	0	3	4	0	0	2	3	4				2	2	5	2	4	5	2	
11/28	0	0	3	2	0	0	0	0	5				3	3	2	4	2	2	1	

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How often did you fill in your diary card? ☒ DAILY ☐ 2 / 3 X'S WK ☐ 1X WK Urge to quit therapy? _____

Notes for the Week:

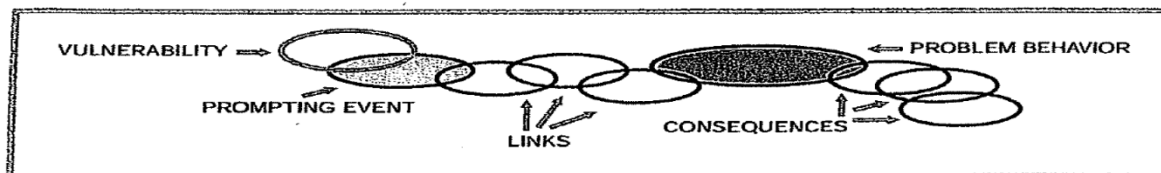
Mon	I can feel myself getting better + im using my skills effectively	Agenda Items:
Tue		
Wed		
Thurs		
Fri		
Sat		
Sun		

Times needed to use telephone consultation? _____ Times did use telephone consultation? _____

DBT SKILLS USED		Circle the days in which you used the corresponding skills							Circle the days in which you used the corresponding skills								
CORE MINDFULNESS (CM) SKILLS									EMOTION REGULATION (ER) SKILLS								
Wise Mind	M	T	W	Th	F	Sa	Su	Identifying Primary Emotions	M	T	W	Th	F	Sa	Su		
Observe	M	T	W	Th	F	Sa	Su	Pros and Cons of Changing Emotions	M	T	W	Th	F	Sa	Su		
Describe	M	T	W	Th	F	Sa	Su	Check the Facts	M	T	W	Th	F	Sa	Su		
Participate	M	T	W	Th	F	Sa	Su	Opposite to Emotion Action	M	T	W	Th	F	Sa	Su		
Nonjudgmental Stance	M	T	W	Th	F	Sa	Su	Problem Solving	M	T	W	Th	F	Sa	Su		
One-Mindfully	M	T	W	Th	F	Sa	Su	Accumulating Positive Emotions in Short Term	M	T	W	Th	F	Sa	Su		
Effectively	M	T	W	Th	F	Sa	Su	Accumulating Positive Emotions in Long Term	M	T	W	Th	F	Sa	Su		
Loving Kindness	M	T	W	Th	F	Sa	Su	Building Mastery	M	T	W	Th	F	Sa	Su		
Balancing Doing Mind and Being Mind	M	T	W	Th	F	Sa	Su	Cope Ahead	M	T	W	Th	F	Sa	Su		
Walking the Middle Path to Wise Mind	M	T	W	Th	F	Sa	Su	PLEASE Skills	M	T	W	Th	F	Sa	Su		
Pros and Cons of Practicing Mindfulness	M	T	W	Th	F	Sa	Su	Nightmare Protocol	M	T	W	Th	F	Sa	Su		
Mindfulness of Pleasant Events	M	T	W	Th	F	Sa	Su	Sleep Hygiene	M	T	W	Th	F	Sa	Su		
INTERPERSONAL EFFECTIVENESS (IE) SKILLS									DISTRESS TOLERANCE (DT) SKILLS								
Objective Effectiveness: <i>DEAR MAN</i>	M	T	W	Th	F	Sa	Su	Mindfulness of Current Emotions	M	T	W	Th	F	Sa	Su		
Relationship Effectiveness: <i>GIVE</i>	M	T	W	Th	F	Sa	Su	Managing Extreme Emotions	M	T	W	Th	F	Sa	Su		
Self-Respect Effectiveness: <i>FAST</i>	M	T	W	Th	F	Sa	Su	Troubleshooting ER skills	M	T	W	Th	F	Sa	Su		
Options for Intensity	M	T	W	Th	F	Sa	Su	STOP Skill	M	T	W	Th	F	Sa	Su		
Pros and Cons of Using IE Skills	M	T	W	Th	F	Sa	Su	Pros and Cons of Using DT Skills	M	T	W	Th	F	Sa	Su		
Prioritizing Goals	M	T	W	Th	F	Sa	Su	TIP Skills	M	T	W	Th	F	Sa	Su		
Troubleshooting IE Skills	M	T	W	Th	F	Sa	Su	Distract with Wise Mind ACCEPTS	M	T	W	Th	F	Sa	Su		
Finding and Getting People to Like you	M	T	W	Th	F	Sa	Su	Self-Soothing	M	T	W	Th	F	Sa	Su		
Mindfulness of Others	M	T	W	Th	F	Sa	Su	IMPROVE the Moment	M	T	W	Th	F	Sa	Su		
Ending Relationships	M	T	W	Th	F	Sa	Su	Body Scan Meditation	M	T	W	Th	F	Sa	Su		
Think and Act Dialectically	M	T	W	Th	F	Sa	Su	Sensory Awareness	M	T	W	Th	F	Sa	Su		
Self-Validation	M	T	W	Th	F	Sa	Su	Radical Acceptance	M	T	W	Th	F	Sa	Su		
Validating others	M	T	W	Th	F	Sa	Su	Turning the Mind	M	T	W	Th	F	Sa	Su		
Changing Behavior with Reinforcement	M	T	W	Th	F	Sa	Su	Willingness	M	T	W	Th	F	Sa	Su		
DISTRESS TOLERANCE WHEN THE CRISIS IS ADDICTION									OTHER SKILLS USED								
Dialectical Abstinence	M	T	W	Th	F	Sa	Su	Half-Smiling and Willing Hands	M	T	W	Th	F	Sa	Su		
Reinforcing Non-Addictive Behaviors	M	T	W	Th	F	Sa	Su	Mindfulness of Current Thoughts	M	T	W	Th	F	Sa	Su		
Burning Bridges and Building New Ones	M	T	W	Th	F	Sa	Su		M	T	W	Th	F	Sa	Su		
Alternate Rebellion	M	T	W	Th	F	Sa	Su		M	T	W	Th	F	Sa	Su		
Adaptive Denial	M	T	W	Th	F	Sa	Su		M	T	W	Th	F	Sa	Su		
Filled out this side? <u> </u> Daily <u> </u> 2-3x <u> </u> 4-6x <u> </u> Once <u> </u> In session																	

Chain Analysis of Problem Behavior

Due Date: _____ Name: _____ Date: _____



1. What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

2. What **PROMPTING EVENT** in the environment started me on the chain to my problem behavior? Include what happened **RIGHT BEFORE** the urge or thought came into my mind.

Day prompting event occurred: _____

3. Describe what things in myself and in my environment made me **VULNERABLE**.

Day the events making me vulnerable started: _____

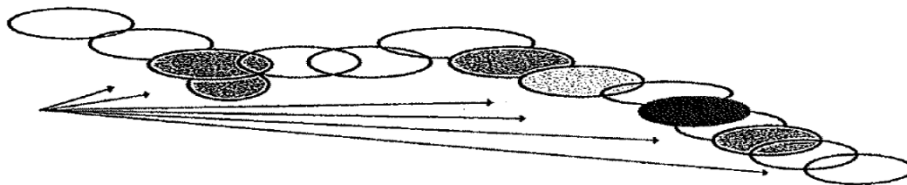
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GENERAL WORKSHEET 2 (p. 2 of 4)

LINKS IN THE CHAIN OF EVENTS: Behaviors (Actions, Body sensations, Cognitions/Thoughts, Events) and Events (in the environment)

Possible Types of Links

- A. Actions
- B. Body sensations
- C. Cognitions/thoughts
- E. Events
- F. Feelings



4. List the **chain of events** (specific behaviors and environmental events that actually did happen). Use the ABC-EF list above.

1st. _____

2nd. _____

3rd. _____

4th. _____

5th. _____

6th. _____

7th. _____

8th. _____

9th. _____

6. List new, more **skillful** behaviors to replace ineffective behaviors. Use the ABC-EF list.

1st. _____

2nd. _____

3rd. _____

4th. _____

5th. _____

6th. _____

7th. _____

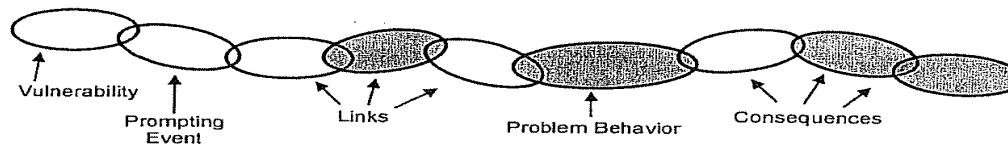
8th. _____

9th. _____

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Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____ Date of Problem Behavior: _____



What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

impulsivity

What **PROMPTING EVENT** in the environment started me on the Chain to my problem behavior?

Start day: _____

Today i was anxious about family therapy

What things in myself and my environment made me **VULNERABLE**?

Start day: _____

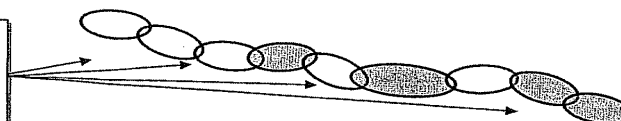
today my depression and negative thoughts

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____

Possible Types of Links

A = Actions
B = Body sensations
C = Cognitions
E = Events
F = Feelings



LINKS

List actual, specific behaviors and then list new, more skillful behaviors to replace ineffective behaviors:

- 1st impulsivity - use stop skill
- 2nd negative thoughts - ~~negative thoughts~~
- 3rd checking the facts
- 4th talking in group - stay quiet
- 5th and be appropriate
- 6th Feelings of self doubt - talk w/ staff
- 7th Feeling hot - use the "t" in tipp and get some ice.
- 8th
- 9th having family therapy - Use individual therapy to talk about my anxiety
- 10th
- 11th
- 12th
- 13th
- 14th

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____

What exactly were the major CONSEQUENCES in the environment?

Immediate:

Delayed:

What exactly were the major CONSEQUENCES in myself?

Immediate:

Delayed:

Ways to reduce my VULNERABILITY in the future?

Ways to prevent PROMPTING EVENT from happening again?

What HARM did my PROBLEM BEHAVIOR cause?

Plans to REPAIR, CORRECT, AND OVER-CORRECT the harm:

My deepest thoughts and feelings about this (THAT I WANT TO SHARE):

What We Still Need To Accomplish

- Train all staff-line staff, intake, maintenance, nursing. . .
- Increase utilization of phone coaching of line staff-lead to a decrease in restrains
- Progress notes/treatment plans
- Motivation and commitment –running two different tracks?
- Continuity of care following discharge
- Educate community referrals about the model
- Ongoing training and adherence evaluation
- Increasing family involvement-focus on family therapy vs. individual, weekly attendance multifamily skills group and weekly visits
- More research around effectiveness

References

- Linehan, M. (1993). Cognitive Behavioral Treatment of Borderline Personality Disorder. New York: Guilford Press.
- Linehan, M. (2015). DBT Skills Training Handouts and Worksheets, Second Edition. New York: Guilford Press.
- Linehan, M. (2015). DBT Skills Training Manual, Second Edition. New York: Guildford Press.