Implementation of DBT

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Patient

- Borderline personality disorder (BPD) or Emotional unstable personality (IPS) is often associated with self harming and suicide attempt.

The presence of emotional unstable personality disorder

- 2% of population
- 75% women
- 75% self harming
- 75-80% abused
- 10-30% of psychiatric outpatients
- 20-40% of pat in psychiatric inpatient
- 3-10% commit suicide
- (Different studies give different numbers)

Patient

- At the same time Patients often have other problems such as depression, eating disorders, addictions and anxiety disorders. More women than men may be diagnosed with BDP or IPS.

Inclusions criteria

Regardless of the diagnosis, the treatment is helpful to patient who recognize themselves in the following behavior:

1. Emotional vulnerability
2. Self-invalidation
3. Continuous crises
4. Unprocessed grief
5. Active passivity
6. Apparent Competence

Inclusions criteria

Patients who have these behavior patterns are found for example among patients with:

- Emotional unstable personality (IPS) with self-injury.
- ADHD patients with self-injury.
- Other personality disorders and bipolar depressions with self-injury.
- Complex PTSD with repeated abuse since childhood with self-injury.
- DID (dissociative identity disorder) with self-injury.

Children at risk of developing personality disorder:

- Children with DMDD - Disruptive mood deregulation disorder.
- Children with high emotion sensitivity and high sensitivity in terms of all of the senses
- Earlier debut (under the childhood) on axel-I diagnosis
- More residual symptoms
- Serious severity
- Poorer social adjustment
- More hospital admissions
- Slower or poorer treatment response
- More relapse
- Poor adherence of pat.

DMDD

- DMDD symptoms typically begin before the age of 10, but the diagnosis is not given to children under 6 or adolescents over 18.
- A child with DMDD experiences:
  - Irritable or angry mood most of the day, nearly every day
  - Severe temper outbursts (verbal or behavioral) at an average of three or more times per week that are out of keeping with the situation and the child's developmental level
  - Trouble functioning due to irritability in more than one place (e.g., home, school, with peers).
- To be diagnosed with DMDD, a child must have these symptoms steadily for 12 or more months.

Exclusion criteria

Exclusion:

- Deeply depressed
- Psychosis diagnoses
- Obsessive personality disorder
- Autism spectrum disorders
- Active drug abuse where abuse is the main diagnosis (alcohol, benzodiazepines and other drugs)

Priority

The patients who devour most inpatient care and:

1. Active self-harm/suicidal and have small children
2. Active self-harm/suicidal and has no children
3. IPS diagnose without active self-injury (previously had self-injury).

DBT the theoretical ground

- **Biosocial Theory**
  - Invalidation environment
  - Consequences of invalidation
- **Learning Theory**
  - Cognitive behavioral therapy
- **Cognitive theory**
  - Cognitive therapy
- **Dialectical philosophy**
- **Zen Buddhist philosophy**

Assumption about the patient and the therapy

- The patient is doing the best she can.
- The patient wants to achieve an improvement.
- The patient needs than, however, make it more efficient, try more and be more motivated to change.
- The patient may not have caused all her problems but she must in all cases to solve them.

Assumption about the patient and the therapy

- The life of a suicidal IPS patient is unbearably while it still lived.
- Patients must learn new behaviors in all relevant contexts.
- The patient can not fail in therapy.
- When treating IPS –patients the therapist need support from the team.

DBT are based on principles, not on the basis of a manual.

- The patient's abilities and resources must be increased.
- The patient's motivation to behave in a more functional manner must be the focus. This is done by working with reinforcement directed against both undesired and desired behaviors.

DBT are based on principles, not on the basis of a manual.

- Generalization of new effective behavior to all kinds of environments in the patient's life must be made.
- Treatment must be performed in such a way that it does not punish and reward progress dysfunctional behaviors of the patient.
- The therapist's ability and motivation to perform effective treatment during stressful and difficult circumstances must be kept alive.

Standard DBT

- The treatment consists of four components:
- Individual psychotherapy
- Skills training, usually in groups
- Telephone Consultation
- Consultation Team

Phases in DBT

During the course of treatment the patient goes through four phases, these are:

- Orientation phase
- Phase 1
- Phase 2
- Phase 3
- Phase 4

Target hierarchy

Primary targets

- Orientation and contracts
- Phase 1:
  1. Reduce suicidal- and self-harm behavior
  2. Reduce the therapy disruptive behavior
  3. Reduce the life quality disruptive behavior
  4. Increasing skills and competent behavior:
     - Mindfulness
     - Interpersonal interaction
     - Regulating emotions
     - Tolerate uncomfortably mood and to cope with crises

Target hierarchy

Primary targets

Phase 2:

- Reduce PTSD
- Reduce avoidance and safety behaviors

Phase 3:

- Increase self
- achieve individual targets

Phase 4:

- Create a life worth living / lasting joy
- Be engaged in their own lives
- Being involved in relationships
- Feel levende and belonging
- Living in mindfulness

Implementation of DBT

DBT – is a paradigm shift. DBT is different from other treatment previously given to such patients. The overall goals is to get a life worth living.

- Anti-DBT
  1. The therapist has long phone calls and comforting more when the patient threatening with suicidal behavior.
  2. The therapist allows patient to determine the agenda, although the patient himself has been injured several times during the past week.
  3. The therapist provides the patient to continued therapy, month after month, year after year, without the patient making any progress.
  4. The therapist extends the session when the patient threatens with suicide.

DBT is a high-risk treatment, how will the team respond when the patint become suicidal? Make sure to have a clear program for the situation.

In DBT used hospitalization as a the last possible solution and use it minimal.

- Decide which programs with in the frame of DBT you should choose (standard DBT or Miller's programs for young people or Alan Fuzettis DBT with Couples, parents & Families or DBT for pre-adolescent children: DBT-C)
- Define inclusion and exclusion.

- What should be included in the team of staff. Should all make all the components. For example, if any of the people involved in the team does not have a basic education and training for therapist, this person can only be a skill trainer.

Implementation of DBT

- How large will the group be?
- Inform other staff about treatment, how it is constructed, how to work, according to the principles that guided by reinforces contingents.
- Decide witch length you will have on the contracts. Will you have the 16-week program - Alec Miller or 32 week program - DBT-C or standard DBT for 1 year .
- If you adjust the treatment, ensure that it is well thought out. If you have never worked with DBT before it can be easier to make standard DBT first.

- Evaluate and select which baseline measurements is to be done.
- Use DBT principles and skills in the meeting other staff and employers.
- Create a network and work to get the Goodwill.

- When you have started, ensure that the treatment progresses despite colleagues who drops out, make sure you get a new team member as fast as possible.
- Watch the video continuously.
- Make sure to practice DBT skills yourself and the team.
- Help each other with motivation and prevent burnout.

Team strategies

- DBT is a team treatment. This means that without regular consultation and supervision in a treatment-team is not DBT.
- The purpose of the team are:
  - To help each other to maintain motivation to continue a treatment when it has begun.
  - Helping each other to maintain balance in the interaction with pat. Either through the backing of the selected interventions or to make suggestions to think about it and seek new ways.

- It doesn't no matter how trained and experienced we are as a therapists, we all can end up in ineffective therapy.
- Just as our patients also the therapists can end up in the commute between the one side; feelings of loneliness, demoralization, hopelessness, anger, low self-confidence and on the other hand; we can be full of energy, hope, strength and conviction that we can help our pat.
- Although these patterns in the therapist's feelings is not difficult to understand, it is still remarkable how high and unrealistic demands we place on ourselves.

The splitting problems

- In psychiatry, therapists often talk about that patients with BPD have the ability to split the staff.
- Sometimes the explanation of this phenomena is that it is about manipulation, idealization and blackening, reviews that change rapidly.
- It is also said that opposing views and arguments about treatment plans and approach to the patient is the result of the patient's ability to polarize staff. All blame is attached on the patient.

The splitting problems

- Marsha Linehan believes instead, that fights and diverse opinions and polarization among staff is a result of interpersonal processes in the staff group.
- She see conflicts as consequences of an inability of therapists to reconcile different points of view, rather than a problem of the patient.

The splitting problems

- This is an important approach in DBT. Clinicians different approaches regarding a patient considered potentially equally valid in the dialectical swing.
- The starting point for a dialogue thus lies in admitting that a polarity occurred and that in doing so must assume that a solution lies in finding a conclusion of the diametrically different views.

Polarity of approaches can be applied:

- Medication
- compulsory
- Discharge
- Benefits of a department.
- Benefits of DBT therapy.
- Indulgent or not overlook therapy disruptive behavior.

The consultations team

Dialectics for

therapist

and team

Dialectical tension

- DBT is a team treatment.
- DBT has primary therapists who deliver the "individual" component of the treatment ... and therapists need skills.
- Therapists need support (strengthening of behavioral therapy focused behavior and positive social behavior in order to achieve treatment focused behavior.

How can we promote effective consultation team?

- Agreements
- Structure
  - Formal
  - Informal
- Goals
  - For skills
  - for support
  - Today and in the long term
- Process
  - How we treats and how we talk with each other, and how we all get to participate?

Consultation Team agreements

- Inclusion / Exclusion criteria (Who should be part of the team?)
- Appreciation the characteristics of each of the member in the team
- Clear aims for team
- Therapists can also go through orientation and commitment phases
  - Orienting to DBT
  - Accept consultation team agreements
  - Focus on pat. cases and consultation
  - Making the pros and cons of participating at
  - A clear commitment (time and behavior)

- Accepting the dialectical philosophy (that is, not to look for the truth without synthesis, give up the idea that you are right).
- To confer with the patient about how she should influence others and the therapist / therapists, and not tell the patient how to act.
- That it is not necessary that all therapists agree, because we all have different personal boundaries.

- That all therapists should be aware of their personal boundaries and follow them without fear of judgmental reactions from the other team members.
- Bringing phenomenological, empathic interpretations of the patient's behavior in a non-judgmental way.
- Accept that all therapists can be ineffective .

- All participants in the DBT team agrees to make DBT, not any other treatment. Even if another treatment is easier, is more relevant for one or a few, or if another approach seems like a good idea in some context.

Burnout

- It is absolutely the team's task is to detect, prevent and treat burnout of each therapist.

The process

- Mindfulness
- Radical acceptance of the situation and of each of the team members.
- Continuous interaction according V6 (team members are not made of porcelain)
- Honesty (with style and skills)
- Acceptance
- What is the risk? Define carefully
- Open and validating reciprocity; create a validating environment.

Team Rules

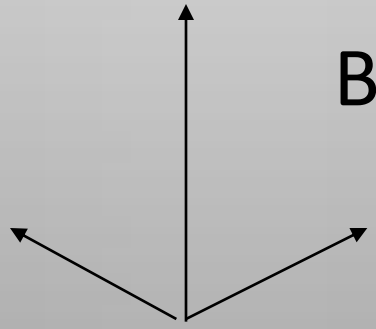
- Attendance at team meetings
- Sticking to agreements regarding dialectics and balance between acceptance and change in the treatment process.
- Not to the patient's behalf to take on resolving conflicts between the patient and other therapists.
- Accept other therapists behaviors, opinions and boundaries even when they differ from one's own.

Team Rules

- Therapists help others to find the strength of their patients and to repair a strained relationship with the patient.
- Support other therapists and searching progress when they can not see them.
- Discourage splitting, take responsibility for the team not polarized.
- Addressing other therapists unethical or destructive behavior.
- Soften the confidentiality of information about therapists.
- Do not be judgmental, Do not always like to "have the right”, not to be hypersensitive to criticism or feedback.

Desirable characteristics of a DBT therapist

- Adamant centering
- Vulnerable flexibility
- To be consistent
- Faith in yourself
- Confidence in therapy
- Belief in the patient



Research

- Today there are a total of 20 different research studies where DBT tested against another psychiatric treatment.
- Evidence Level: 1 of 3
- The results have shown that DBT leads to decreased self-destructive behaviors and even fewer treatment discontinuations. The effect has been shown to remain at the follow-up to 2 years.
- The treatment involves reducing the need for inpatient hospital treatment, and the abusers decreased drug use.

Effects

- SBU did a alert report 2004 in Sweden. There, the profit, the economic benefit for a patient was 110 000 SKr - a year due to reduced inpatient treatment, reduction of other interventions for these patients as phone calls, reducing the number of therapists, each engaged in one patient, etc.

Formal Education

- Education
- There are several kinds of training courses to learn the basics of DBT.
- Grundeducations / orientations educations
- There are given basic training in DBT for staff who want to start up DBT team, of staff around DBT team working in inpatient or similar and cooperating with the DBT team and want more knowledge to help patients better

Intensive Education

- The intensive -courses, has for very many years been the most common way for training in DBT. Common for all intensive courses is that they run for one year and includes 10-12 training days and quite extensive tasks involving training in performing DBT as you then get feedback and help.
- In the US there are recurring "intensive" trainings with different teachers. To know more about it you can go in and look at BehavioralTechs website www.behavioraltech.org

Workshops and advanced courses

- Each year there are recurrent courses as skills training, team-working, CBT for people who work with DBT and advanced workshops with different focuses, for example, phase 2 work, PTSD treatment in DBT, DBT for youth, family work in DBT, etc.

- Beyond that:
- Family education with skills from DBT
- Skills Training education also for the skill trainer.

DBT certification

- Today there is the opportunity for certification of DBT and DBT therapy programs. DBT Certification is available via the DBT Linehan Borad of Certifiation (DBT LBC), a non-profit organization whose aim is to develop certification standards for clinker and DBT program to secure the availability of skilled given DBT.

What is required of the employer

- , That employees are supervised continuously, in addition to the supervision staff members get in the team they also needed external supervision 1-3 times each term regardless of how long you worked with DBT.

What is required of the employer

- The employee need room in his work from the employer, 30-50% of its employment required for DBT to work, where 30% is the minimum.
- Employers need to ensure that the employee has a mobile phone for the telephone consultation and reasonable compensation for it.
- Employers need to ensure that the employee has the necessary equipment, cameras for recording the skill training group and individual sessions.

- Employers need to ensure that the employee has the opportunity to implement DBT with all four components, to remove any of them, it is not DBT longer.
- The employer can count on a staff may have 3-4 suicidal DBT pas. In the beginning, it is appropriate to have a maximum of three suicidal (PHASE 1 pts). When you have worked for a while, it becomes an automatic spreading of patients across the different phases.
- It happens all the time development of methods, it is therefore important that employees receive education continuously, and that employees receive formal educations available.

What is required of the employee

- That the employee is active with all four components. The employee must regularly self keep working with skill training groups and go through the different modules with the pat.
- The employee shall use the DBT skills in the DBT team and with the pat.
- It is a team treatment where individual therapist, has the overall responsibility for the pat, but everyone in the team has a shared responsibility around pat and that the pat receiving DBT.

What is required of the employee

- The employee must work according to the principles of DBT and with DBT.
- The employee shall have the phone consultation with their DBT pat according to a schedule and according to the law witch regulate the working hours in the country they work with DBT.

Pitfalls

- Employers send staff on education. The staff are promised that they then will be able to work with DBT, but will then not have space in their to conduct DBT.
- The employer decides to not have the telephone consultation.
- The employee or employer believes that it is easy to work with DBT. But they need to be aware of that DBT is a complex treatment of patients with complex problems.

Pitfalls

- The department leader is not on any consultation team.
- It is appropriate to the leader to participate 1 or 2 times each term in the DBT team to see how the climate in the team is, for to find out the need of development of the team for training or to ensure the continuity of employees agree.
- It is also en opportunity for the leader to get information if there is time for new intake of patient.

Continuity

- For a DBT team not should become too vulnerable, it is important that employers recruit and train new staff when someone in DBT team plans to quit in time.