Adapted Dialectical Behavior Therapy

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Objectives:

1. Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities

2. Identify and emphasize attitudes that enhance the opportunities for persons with DD to achieve their optimal potential

Notes:
Describe components of DBT

Identify five functions of DBT

Describe adaptations of DBT for individuals with intellectual disabilities

Identify consumers with Intellectual Disability (ID) who may benefit from DBT

Identify outcomes of consumers with ID who participated in adapted DBT
WHAT IS “DBT”
- Dialectical Behavior Therapy
- Linehan added “Mindfulness” to Cognitive Behavioral Therapy principles.
- Combines therapeutic validation and acceptance of the person along with cognitive and behavioral change strategies

“DIALECTICS” - SYNTHESIS OF APPARENT OPPOSITES
Synthesis
Thesis ←-----→ Anti-Thesis

WHY DBT?
- Empirically based treatment for Borderline Personality Disorder
- Addressed problems related to emotional, interpersonal, behavioral, cognitive and self-dysregulation
- People with ID who have a dual diagnosis have been difficult to treat. DBT provides treatment across milieu such as residential settings, hospitals and family living situations
- Optimistic treatment for both consumers and therapists
- Preserves the morale of the therapist
DBT
- Addresses skills deficits in Mindfulness, Emotion Regulation, Interpersonal Effectiveness, and Distress Tolerance
- More recently expanded to treatment of other populations (eating disorders, depression in the elderly, substance abuse, sex offenders)
- Studies in consumers with ID
  - 2004 (Dykstra & Charlton)
  - 2006 (Lew et al)

WHY DBT FOR ID?
- 7-31% individuals in community w/ ID suffer a personality disorder (2007, DM-ID, Fletcher)
- Delays in development of personality may lead to frustration, acting-out behaviors
- Individuals w/ ID suffer abuse and neglect at rates 4-10 greater than the general population, further complicating personality development

5 FUNCTIONS OF DBT
1. Improve consumer skills
2. Increase motivation for change
3. Generalize skills to all relevant environments
4. Structure therapeutic environment to promote effectiveness
5. Enhance therapist and staff skills
ASSUMPTIONS FOR NATURAL SUPPORTS

- Patience and consistency are key to DBT
- DBT is skills based and it takes practice
- Acceptance does not mean agreement
- Therapists, like everyone, make mistakes
- DBT therapists are consultants to the consumer

WASHTENAW COUNTY CSTS ADAPTED DBT PROGRAM

- DBT training for therapists in the Developmental Disabilities (DD) department
- Weekly team consultation meetings began 8 to 10 weeks prior to start
- Identification of consumers in DD dept who may benefit from adapted DBT
  - Mild levels of ID
  - Diagnosis or traits of BPD
  - Problems w/emotion regulation
- Originally included some consumers with cognitive impairment from the MI department

CSTS ADAPTED DBT PROGRAM

- Adapted Dykstra & Charlton’s “DBT for Special Populations”
- Orientation
  - Prospective consumers, families, direct care staff, other supports
- Weekly 90-minute skills groups, covering all 4 DBT modules (year commitment)
- Therapists rotate as group leaders
- Weekly 50-minute individual therapy sessions
- Natural supports and staff serve as coaches
10 to 12 persons receiving therapy per group from DD Services (current group of 14 which include persons with FAS diagnosis)

Team of 5 DBT therapists, supervisor, psychiatrist and consultant
  - Weekly team support meeting

Adapted Charlton and Dykstra’s handouts

Diary Card - Adapted and then evolved from original to current form

Simplified materials adding symbols where possible

Role plays and interactive exercises

Repetition/Review of materials

Jeopardy Game at the end of each module

Graduation ceremony at end of year

Further training for family, direct-care staff, other supports who serve as coaches

Addition of new group members at next module

Validation is:
  - A core DBT strategy to address the consequences of biological dysfunction interacting with an invalidating system
  - Finding the kernel of truth or wisdom in the consumer’s behavior
  - Seeing the world from the consumer’s point of view, and saying so

Validation does not mean you have to:
  - Agree with the consumer
  - Approve of the behavior
HOW TO VALIDATE

- Stay awake: Unbiased listening
- Accurately reflect back what was said
- Accurately reflect back what was not said
- Find how the behavior makes sense in light of the individual’s history or biology
- Find how the behavior makes sense in light of normal functioning and current context (Chain Analysis)
- Radical genuineness: be yourself

REVIEW OF ADAPTED MATERIALS

THERAPY TREATMENT AGREEMENTS

Dialectical Behavior Therapy (DBT) Agreement

Agreement with person receiving therapy:

1) I agree to participate in weekly individual therapy sessions.
2) I agree to practice skills at home and between groups.
3) I agree to use the skills I am learning and not engage in self-harm or suicidal behavior.
4) I agree to wait 24 hours before I contact my DBT individual therapist should I engage in self-harm or suicidal behaviors.
5) I agree to work on my therapy-interfering behaviors.
6) I agree to participate in DBT group when the group starts and to follow the group rules.
7) My goals for DBT are:
   1) ______________________________________________
   2) ______________________________________________
   3) ______________________________________________

Signature……………………………………………………. Date……………………………..

Agreement Expiration Date………………………………………….
TREATMENT AGREEMENTS
Therapist Agreement:
1) I agree to make every effort to conduct competent and effective DBT therapy.
2) I agree to work on my therapy interfering behaviors.
3) I agree to follow professional and ethical guidelines.
4) I agree to be available to you for individual therapy and brief phone coaching. In my absence, a DBT team member will provide coaching.
5) I agree to respect your rights and integrity.
6) I agree to maintain your confidentiality.
7) I agree to use available resources, including the DBT team, team consultation meetings, clinical supervision and training in order to provide the best dialectical behavioral therapy.
8) I agree to accept our humanness.
9) I agree to monitor attendance. Repeated absences will be reviewed by the consultation team and discussed in individual sessions. Repeated absences can result in dismissal from DBT.

Signature: ______________________________ Date: ______________________________
Agreement Expiration Date: ______________________________
Interpersonal Effectiveness Homework 3

How do you make choices in relationships?

**Asking**

*Low Intensity (weak)*
1. Don't ask, don't hint.
2. Hint to what you want. Example: "Hmm, that looks good"
3. Ask respectfully. Example: "I would like it if..."

*High Intensity (strong)*
1. Ask strongly. Example: "Will you please..."

What is a weak way of asking for something that you want?
Example: Asking a friend for a favor.

What is a strong way of asking for something that you want?
Example: Asking someone for help.

**Saying No**

*Low Intensity (weak)*
1. Just do what the other person wants.
2. Say "I don't want to" but do it anyway.

*High Intensity (strong)*
1. Say "NO" but think about it more.
2. Just say "NO".

What is a weak way of saying no?
Example: "I don't think I can but if you want me to..."

What is a strong way of saying no?
Example: Standing your ground. "No-means-NO!"
ADDITIONAL COMPONENTS
- Encourage attendance in pre-contemplative groups (Life Enhancement Group and Wellness Group)
- Orientation
- Case consultation
- Ongoing training of family, provider staff and agency staff
- Transition and introduction to Graduate Group
- Graduate Group
  - Utilizing Peer Leaders as co-facilitators

CLINICAL CASE OUTCOMES (2011-2012)
GROUP MEMBER TESTIMONIALS