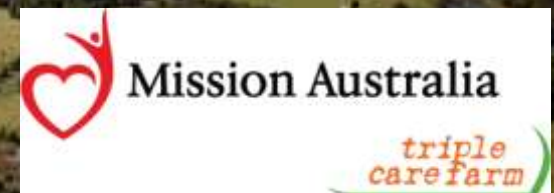


**Dialectical Behaviour Therapy
for Substance Use Disorders:
From committing to abstinence to
planning for a big night out:
Nichole Sullivan (2010)**

What is Triple Care Farm?

- 16-24 year old males and females
- 12 week residential program + 6 months aftercare
- Counselling, Case Management, VET, Sport and Rec
- 3 residential cottages 6 beds each = 18 beds



Today

- Mindfulness practice
- About DBT
- Modifications made to DBT for substance use treatment and ways it is the same as what we've always done.
- Evidence to support application to substance treatment
- How we did it. Our model and research project



A modified skill for substance use: Urge Surfing



**DO NOT EAT
THE
CHOCOLATE**

Unwrap your chocolate and place it on you hand, like it is resting on a plate

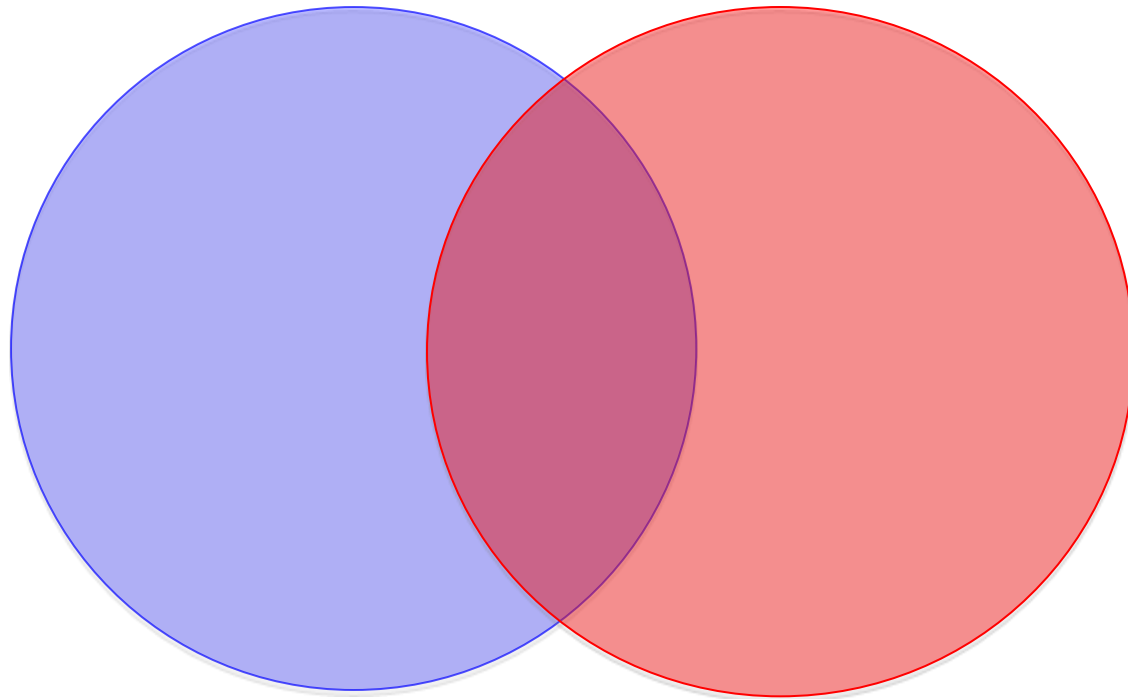
About DBT

- The word dialectic refers to the *synthesis of two opposites*
- Designed for severe, complex, chronic and difficult to treat clients with Borderline Personality Disorder
- The overarching goal is to achieve a life worth living.
- Skills based Standard DBT involves: outpatient weekly individual therapy, outpatient weekly group skills training, telephone consultation and weekly therapists' consultation meeting.
- Treatment duration is traditionally 2 years!!!
- DBT is a relatively new approach in Australia,

Modifications made to DBT for Triple Care Farm

- Shortened 12 week program
- Mindfulness / distress tolerance compacted
- 6 – 9 clients in a group
- Individual counseling
- Monthly, not weekly, consult group
- All staff coach in skills
- 2 Multidisciplinary facilitators, roll on, roll off

Modification: 3 Mind States






FACTUAL

WISE MIND

EMOTION

3 Mind States

ADDICT MIND 	CLEAR MIND 	CLEAN MIND 
<p>Driven by drugs</p>	<p>Conscious of risks and potential pitfalls</p>	<p>Unrealistic</p>
<p>“Its not that bad when I use drugs/drink alcohol, It’s fine, I can handle it, I need it, the last time I messed up it was because I was depressed/had too much money/someone else did something wrong”</p>	<p>“Change is hard, but I have choices, I want a life worth living and I didn’t create all my problems, but I need to solve them anyway, I’m doing the best I can, and I need to also work harder”</p>	<p>“I’ll never be tempted again, there’s nothing good about drug use, I’m never going to touch drugs or alcohol again, it will be easy, I’m cured”</p>

Compare DBT & traditional Alcohol and other Drug programs

Stress Tolerance	Distress tolerance
Relapse Prevention	Dialectical abstinence
Anger management	Emotion Regulation
Identifying triggers and cues	Observe and Mindfulness
Managing Cravings and Urges	Participate in urges Distress Tolerance Mindfulness of Urges “Urge Surfing”
Exposure based procedures	Opposite action



Modification: Dialectical Abstinence

- Encourages clients to immediately commit to abstinence with a clear message that the use of drugs would be disastrous.
- Clients plan for lapses
- Planning a lapse helps in “Coping ahead” with skill teaching



Modification: the Butterfly Phenomenon

Strategies

- Orienting clients to this problem
- Increasing contact in the early stages of treatment
- Assertive follow up for missed sessions, non-participation in programmes
- Praise for targeted behaviour
- Warmth, unconditional positive regard, work with ambivalence, validate. “e.g I can see how hard this must be for you to be here”
- Getting support from each other in following up. “Have you seen John today?” “Can I do something for you, so you can chase him up” A wrap around team approach to client support.

Modification of Dialectical dilemmas

Excessive leniency

vs

authoritarian control

Normalising pathological behaviour

vs

Pathologising normative behaviour

Forcing autonomy

vs

fostering dependence



Modification of DBT for Substance Use Disorder: Dialectical dilemmas

Drugs are ruining my life

vs

It's not that bad when I use

I should be able to do whatever I want

vs

Others should tell me what to do

I want to be different

vs

I want to fit in and be the same

For clients

Challenges

- Culture shock
- Intensity
- Adolescents don't like “homework”
- Too American? “cheerleading”
- High literacy and the language used often misses the mark



Things that worked

- Having a champion
- Do your research, beg, borrow, steal, suck knowledge from other minds
- Broad spectrum training to all staff on DBT skills coaching
- Expert training, expert consultation and paying for time consuming talks like writing the manual
- Finding partners, networking.
- Enterprising
- Technology
- Group contracts
- Token Rewards
- Having a mix of facilitators
- Rotating the primary and secondary facilitator



Evidence to support DBT MODIFIED

Suicidal adolescent inpatients: Rathus and
Miller (2002)

Shortened 12 week program: Katz et al
2004

BPD and comorbid conditions: Heard et al.,
(2008)

Eating disorders

Parents and children

Pain Management

Outcomes: DBT for Borderline Personality Disorder and Substance Use Disorder

less suicidal ideation,
less drop out,
less anger,
less depression,
less hopelessness,
less para-suicidal behaviour,
Less hospitalisations and bed days
less drug use via interview and UDS
More cost effective
Reduces medical severity of attempts, ED visits and use of crisis beds
Linehan 1999 & 2002, Koons, Robins, Tweed & Lynch (2001)
Verheul, et al (2003)



Relevance of DBT for Substance Use Disorders

- To date there are no Randomised Clinical Trials evaluating DBT for clients with Substance Use Disorders *but not* Borderline Personality Disorder.
- There is growing evidence of its applicability for this population, particularly for clients who have experienced treatment failures in the past and who have severe co occurring psychosocial issues.

Evidence for DBT in Borderline Personality Disorder

- Robins & Chapman (2004) literature review

Findings: reduction in parasuicidal behaviour, inpatient service use and better treatment retention than patients receiving TAU

- Carter et al., (2010) Recent RCT in Australia in Hunter Mental Health non sig reductions in hospital stays and self harm compared to TAU. Sig improvements in QOL and clinical measures.

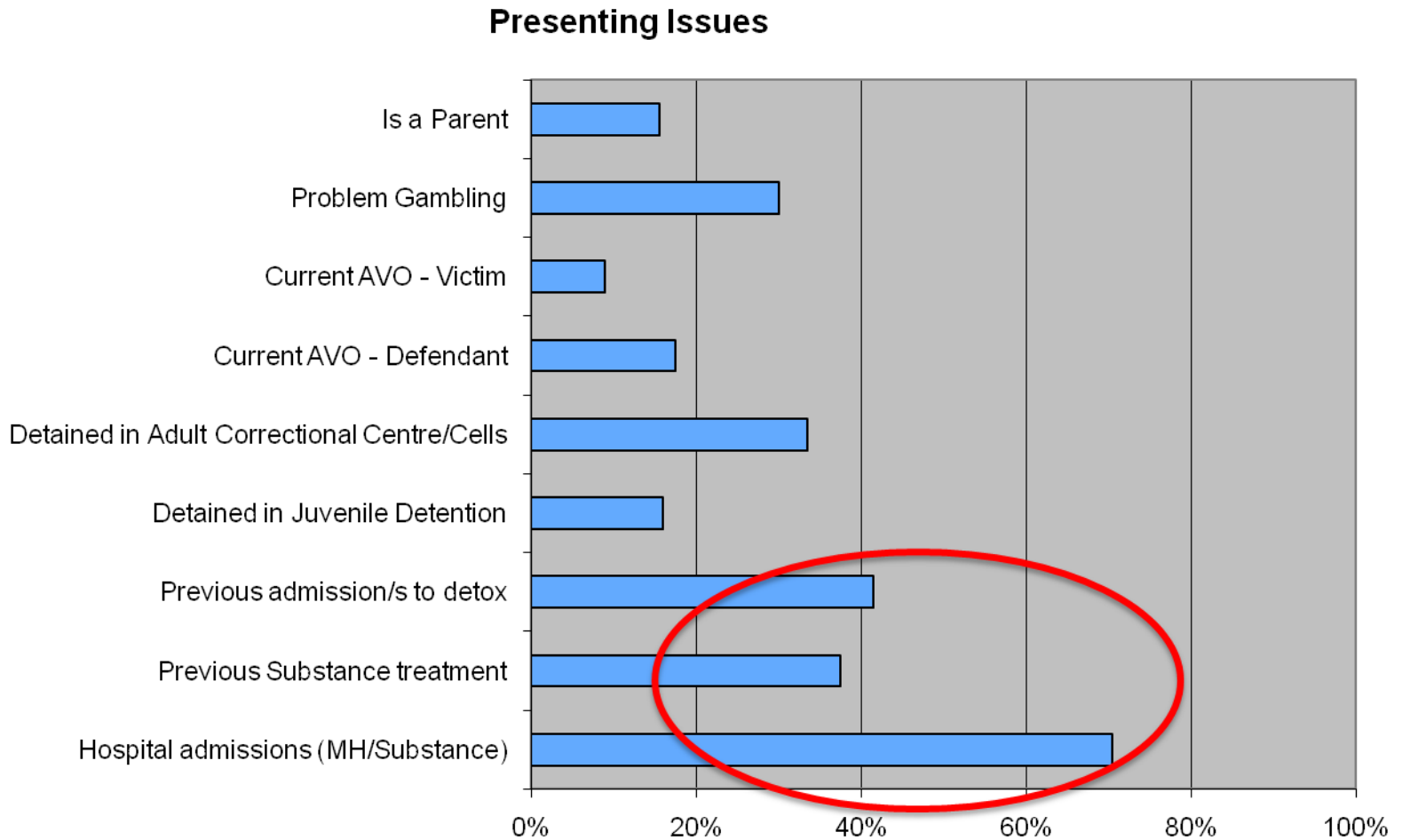


TCF DBT project

Phase 1:	<ul style="list-style-type: none">• Training for clinical staff in Dialectical Behavioural Therapy	February 2010 Complete
Phase 1b:	<ul style="list-style-type: none">• Training for all staff in Dialectical Behaviour Therapy Skills coaching	July 2010 Complete
Phase 2:	<ul style="list-style-type: none">• Developing a manualised version of DBT, modified for the TCF	February – July 2010 Complete
Phase 3:	<ul style="list-style-type: none">• Implementation of a DBT group work Program at Triple Care Farm. Research design	July – August 2010
Phase 4:	<ul style="list-style-type: none">• Data collection• Review of the group work program and ongoing supervision and development of DBT skills• Review of outcomes data, comparison of DBT vs Treatment as usual.	September-December 2010
Phase 5:	<ul style="list-style-type: none">• Writing a journal article to report on finding, share our experience, and further educate and inform practice within the NGO Mental Health and Drug and Alcohol Sector.	December 2010

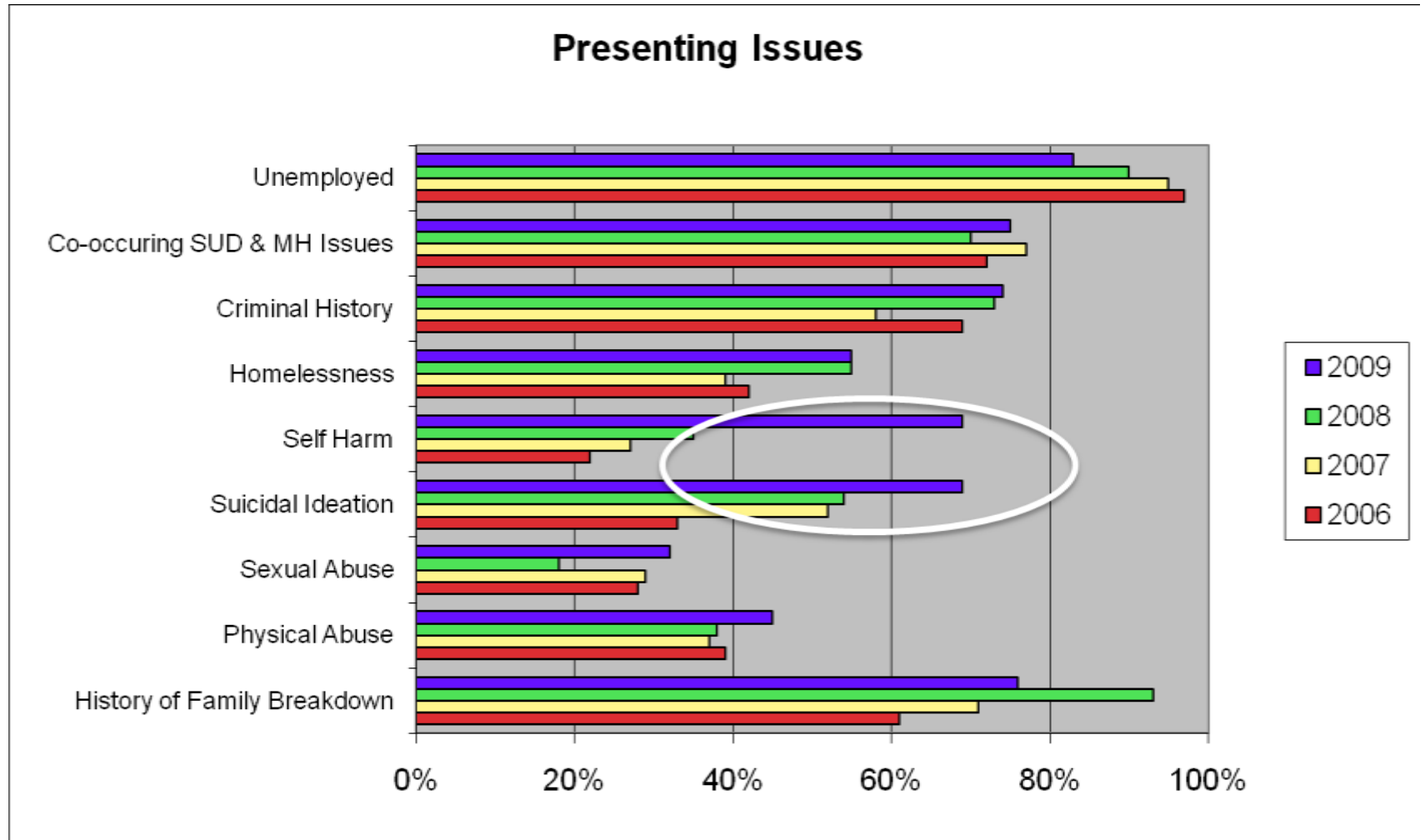


Presenting Issues



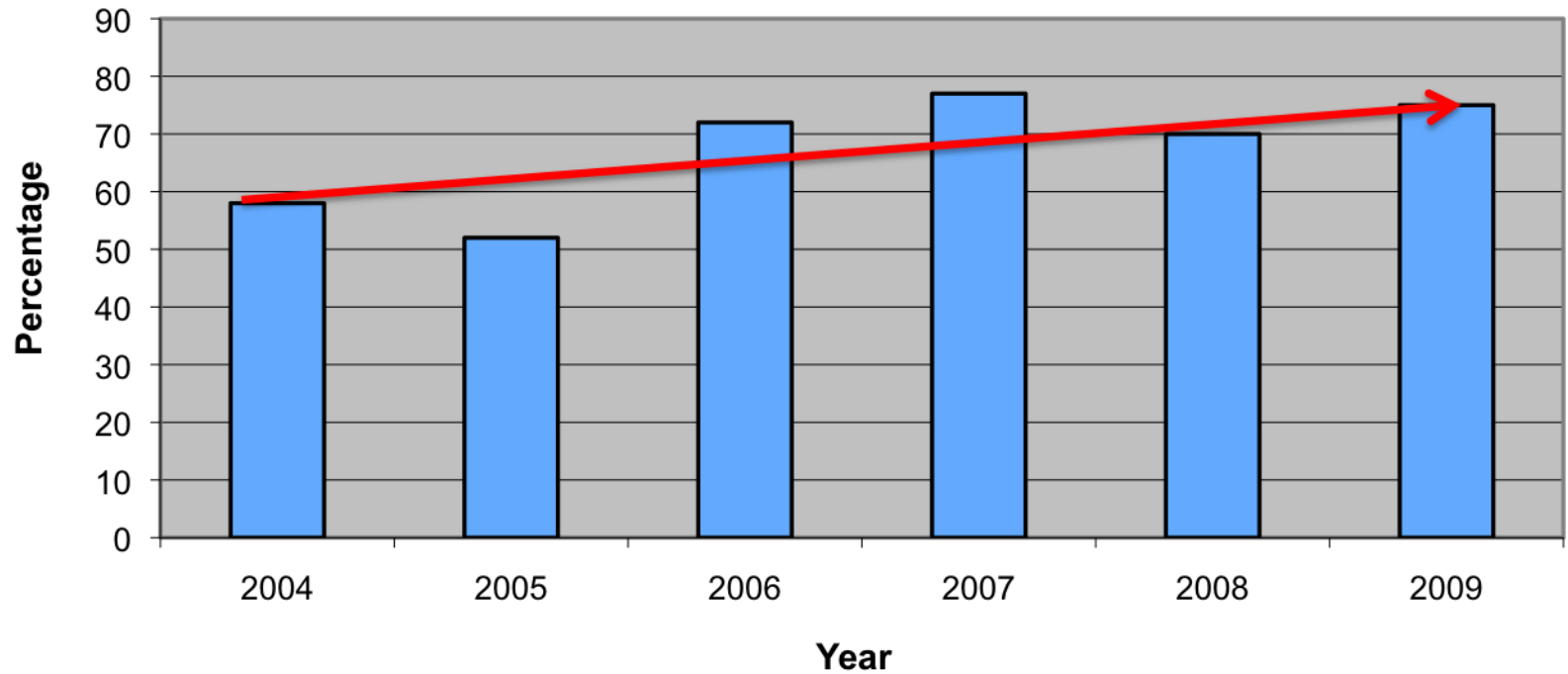
Jan 2009 – June 2010

Presenting Issues



2006 – 2009

Co-occurring MH and Substance Misuse Issues at TCF



Where it's at

Research Design

- Comparing TAU CBT/MI 2009 to Modified 12 week DBT 2010.
- DSM IV criteria for BPD,
- DERS,
- QOLI,
- AUDIT,
- DUDIT,
- Nicotine dependency,
- BSI
- At baseline, 8 weeks and 6 months.

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- suicidal adolescents. *Suicide and Life-Threatening Behavior*, 32 146-157.
- <http://www.dbtselfhelp.com/>
- www.thehappinesstrap.org.au
- Julia Shearsby, Clinical Psychologist Bankstown Mental Health Service.
- Barbara Rich, Jarrah House. Residential Rehabilitation Program.
- My wonderful clients. Thank you for sharing your stories.

Want more?

If you email me at the address below or grab a card off me I will send a copy of the presentation and let you know about upcoming DBT training hosted by Triple Care Farm.

Thank you to everyone for contributing to today.

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