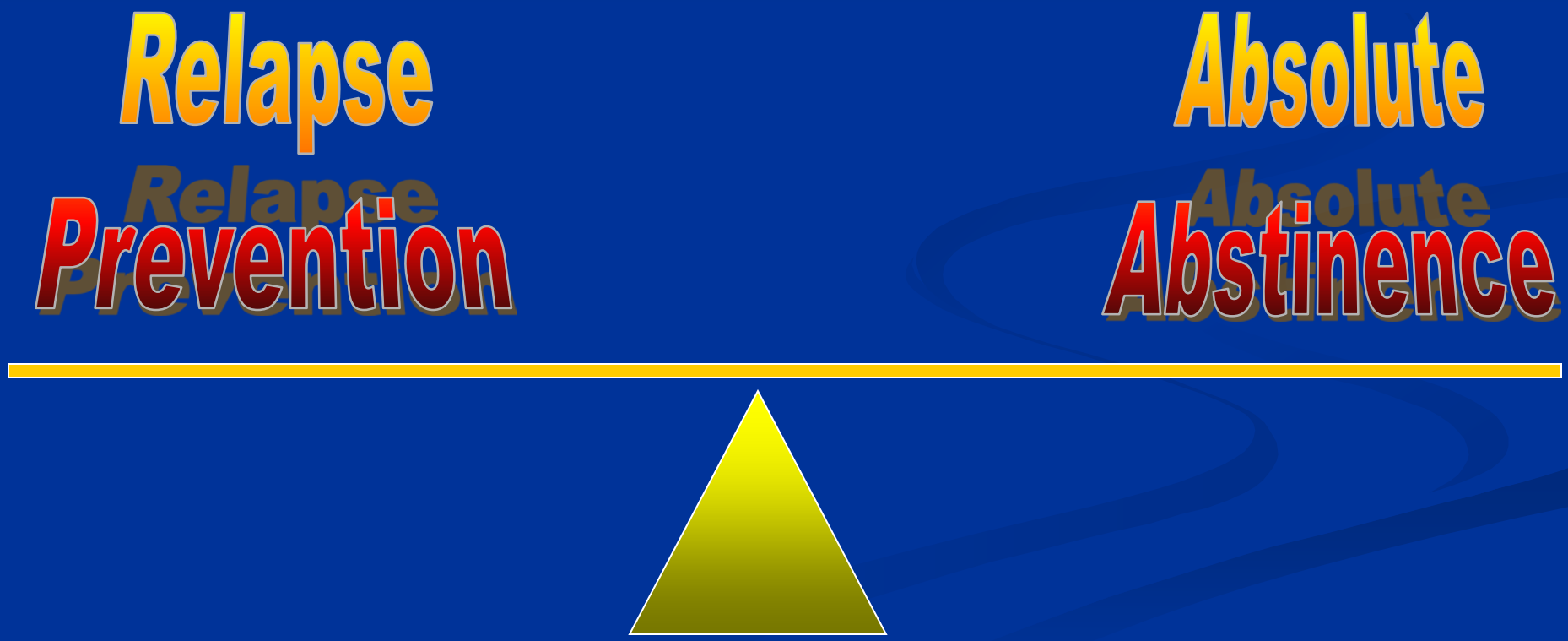
New Concepts for DBT-SUD

‘Dialectical Abstinence’



DBT-SUD Path to Clear Mind

Decrease Substance Abuse

Decrease Urges and Cravings to use Drugs

Decrease Apparently Unimportant Behaviors

Decrease 'Keeping Options to Use Drugs Open'

Decrease Capitulating to Use Drugs

Increase Community Reinforcement &
'Clear Mind' Behaviors

CLEAR MIND

Strong Emphasis on Attachment Strategies for Clients

- DBT already successful at retaining difficult-to-treat clients (BPD)
- Increased emphasis on engaging clients
  - Increase positive contact outside of session
    - Post cards, birthday and special occasion cards
    - Increasing non-demanding contact during first 3 months
      - Daily telephone check-in, exchange of messages
    - Conducting therapy 'in vivo'
    - Altering session length (non mood-dependent)
    - Supportive friends and family network meetings

Attachment strategies for patients

- Finding 'lost' clients
  - Clients are 'dropping off' until formally out of treatment
  - Often drop off when lapsing, relapsing
    - Therapist task is to 'find' client who is not responding to phone calls
  - Social network mapping – all relevant networks
    - Where gone in the past? What places does s/he frequent?
  - Orient clients to 'getting found' ahead of time

Working with Mandated Clients

Also requires a large emphasis on Engaging and Motivating

- Cannot expect client to show up wanting to change
- Many clients ignore negative impact of lifestyle
- Confrontation not effective
- Caution against settling for compliance over participation

JRA's Residential DBT-SUD Model

- Individual sessions with case manager
- Skill acquisition groups
- Skill generalization groups
- Milieu intervention
- Family skills groups
- Staff meetings
- Psychopharmacology (for MH, not SUD)

JRA Residential Tx. Hierarchy

- Engage and Motivate – ALWAYS!
- Suicidal/Self-injurious Behavior
- Aggressive Behavior
- Escape Behavior
- Treatment-interfering Behavior
- Quality-of-life-interfering Behavior
  - Substance Abuse, Dependence
  - Criminal Behavior, Gang Involvement, Truancy, etc.

Engage and Motivate Clients

- Know your client's goals, strengths
- Explore pro-social, community- or family-oriented values
- Nonjudgmental exploration of issues around substance use
- Orient to program – this is what we have to offer
- Commit to work full-time to help client reach own goals (partnership, coach)

Engage and Motivate Clients

- Distinguish between education and treatment
- Elicit a commitment to treatment before beginning change strategies (Linehan; Miller & Rollnick)
- Soft commitment is acceptable; 'foot in the door'
- Problem-solve client wanting to quit
  - What would s/he find helpful?
  - What has worked in the past?
- Label 'not being motivated' as normative, cyclical, problem to be solved – not moral failing

Structure Supports Engagement

- Token economy
- Level system tied to commitment, treatment participation and progress
- Compelling reinforcers for clients to earn
- Non-contingent staff warmth and encouragement
- Peers are bought into the program
  - Low support for drug using, war stories (seen as unskillful, not goal-oriented)
- Public recognition for accomplishing treatment goals

Relevant Assessment of Drug and Alcohol History

- Statistical v. Idiographic Risk Factors
  - ASAM Biopsychosocial Assessment, Researched risk factors, Chain Analysis
- Psychological Constructs v. Behavioral Descriptions
- Understand in which situations the client used (topography – complete picture)

The Chain Analysis

- Pick specific instances of different situations
- Moment-by-moment narrative of events
- Identify the controlling variables for use –
  - What problems did using solve?
  - What were prompts for using? What got the ball rolling?
  - What were vulnerabilities for using – made it more likely the youth would use? (External or internal contexts.)
- Client and therapist both understand what drove substance use

Assess for Relapse – Plan for Success

- Problem-solve future use – what is present in community environment that could lead to relapse?
  - What skills will be needed to address this?
- What changes in environmental structure could be made to support treatment and long-term goal attainment? ('Burning bridges')

Skill Acquisition

- Broad palette of skills
- Skills are behaviorally specific.
- Particular skills are focus for individualized treatment, needed to address specific elements of client's risk for use.
- Groups and individual work incorporate principles of learning
  - Modeling
  - Shaping
  - Reinforcement
    - Arbitrary vs. Natural
- Staff speak the same language throughout program

Skill Generalization

- Milieu program – all interactions are opportunities to drag out and strengthen skillful behavior, diminish unskillful behavior
- Remind clients to take skills into all contexts
  - School
  - Family meeting
  - Interactions with peers
  - Recreation and work activities
  - Interactions with staff, etc.
- Highlight positive outcomes of skill use (staff help youth to notice)
- Encourage client self-reinforcement

Structuring the Environment

- Visual cues to remind youth and staff of the treatment environment
- Invite youth's parents/significant others to participate
- Youth report on progress in program (new skills, chains for use, relapse prevention plan)
- Family meetings focus on what has been effective in eliciting commitment, maintaining motivation; what has 'tripped up' youth
- Youth are taught to begin to structure their own environment, begin to display those skills
- Community resources are identified, contacted and agree to participate with youth (mentors, programs, treatment)

Motivating Staff

- Knowledge that leaders are developing/have vision for complete program
- Confidence in skill level and knowledge of treatment director (or identified program specialist)
- High-quality training, when needed (paced, relevant to expanding demands of job, etc.)
- Examples of high-quality work (paperwork, video or live demonstration of clinical tasks)
- Weekly staff consultation meeting focused on describing treatment, de-polarizing staff (and increasing flexibility)

Motivating Staff (2)

- Advancement based on demonstration of skills
- Managers are provided training to manage well
  - Focus on systematic skill development
    - Link learning skills to individual staff goals
- Staff see results of their own treatment efforts
  - More skillful youth
    - Committed to long-term goals
    - Accomplishing important tasks
    - Understanding what drives own behavior
    - Building a support network
    - Preparing for success (relapse prevention plans)

JRA Community Aftercare

- Functional Family Parole
- Families' needs are identified and discussed prior to the youth being released to the community on parole.
- Youth and family with special needs (mental health, substance abuse, etc.) are assisted by the Parole Counselor in being linked to community based resources.
- Families are contacted regularly and youth with substance abuse issues are monitored by random urinalysis.

Family Integrated Transitions (FIT)

- EBP to transition juvenile offenders with the co-occurring disorders back into their community
- Designed and implemented by Eric Trupin, Ph.D. and David Stewart, Ph.D., from the University of Washington.
- To meet the needs of these high risk youth, several evidence-based programs were combined. Those are:
  - Multi-Systemic Therapy (MST) as the core treatment model, plus:
  - Dialectical Behavior Therapy (DBT)
  - Motivational Enhancement Therapy (MET)
  - Relapse Prevention/Community Reinforcement

FIT Target Population

- Ages 11 to 17.5, with a substance abuse/dependency and mental health need
- At least 2 months left on sentence
- Residing in Snohomish, King, Thurston or Mason counties (JRA Regions 3, 4, and 6) with a family or stable placement
- Sex offenders are NOT excluded from the target population

FIT Demonstrated Outcomes

- **33% reduction in felony recidivism**
  - FIT reduces recidivism from 40.6% to 27.0%.
- Cost of Program: $8, 968 spent per youth
- Benefit-cost ratio related to the reduction in crime is a savings of $3.15 for every dollar spent – or total of $19, 247 per youth in the FIT program