

Dialectical Behavior Therapy – Accepting the Challenges of Exiting the System (DBT-ACES)

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Overview

- Context in which DBT-ACES was developed
- Differences from Standard DBT
 - Recovery goals and targets of DBT-ACES
 - Skills Check-in and Overview of Curriculum
 - Contingency Management
- Considerations for individual therapy and coaching

Harborview **Outpatient** Mental Health and Addiction Services

- Harborview Mental Health Services (HMHS)
 - Rehabilitation and Recovery Program
 - Contact Access Service
 - Intensive Case Management
 - Psychotherapy Clinic
 - **Dialectical Behavioral Treatment (DBT)**
 - Geropsychiatric Service (GPS)
- Harborview Addictions Program (HAP)

History of DBT at HMHS

- Mid-1980s - First DBT program outside of Linehan's lab
- 1990s – Developed fully adherent DBT, but clients were becoming “stable mental patients” – not working, not leaving the center, not finding new friends...
- Try second year of DBT but doesn't help much
- ~1999 two graduates of 2nd year commit suicide
- New Mission = **Recovery from Disability and no longer being a “Mental Patient”**

Uphill Battle: Mental Disorders and Employment

- Of those with severe mental disorders in the U.S., 10-20% are competitively employed.
- This low employment rate does not appear to be related to a lack of desire to work.
 - the majority of individuals with mental illness want to work.
 - view employment as providing financial independence, structure, and the opportunity for social reintegration.
 - employment among individuals with mental disorders is associated with higher self-esteem and reduction in psychiatric symptoms.

Psychiatric Disability

- Individuals with severe mental illness represent the single largest diagnostic group on federal disability in the U.S. (i.e., 35% of SSI and 25% of SSDI cases).
- Compared to other disabilities, they are
 - less likely to work even after vocational rehabilitation services
 - less likely to terminate their disability payments and more likely to re-apply for these payments.
- Receiving disability payments is associated with less competitive employment as is the amount of disability payment received.

Impediments to Employment for those on Psychiatric Disability

- In two U.S. studies, **only 28-48% of income earned was available** to the individual in total income because of a consequent decrease in other supports.
- A qualitative study found that **100% of those on SSDI and the majority on SSI consciously kept their earnings low** - below the level where their benefits would be reviewed.
- Individuals in this study also reported **direct encouragement by clinical and vocational staff to stay in low-level part-time work** in order to keep their disability payments.

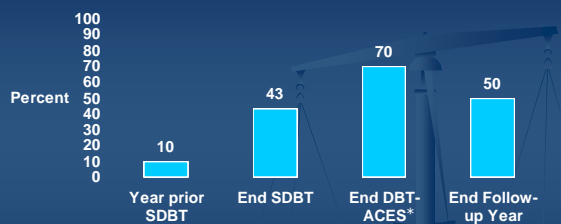
Employment EBP's

- Supported Employment or Individual Placement and Support (11 RCTs)
- Clubhouses
- Assertive Community Treatment
- Cognitive Remediation
- Only SE has been replicated.
- All result in low hours worked and therefore low earned income
- No data for BPD (and some recommend against including BPD individuals)

DBT-ACES development

- 1999-2002 – DBT-ACES develops and changes informally and clinically
- 2002-2004 – program evaluation shows DBT-ACES appears to be working
- 2006 -2010 – use funding from NIMH R34 to refine the intervention
- Nov 2010 - DBT-ACES: Evaluation of Feasibility is published in Psychiatric Services

Clients Competitively Employed or Enrolled in College or Technical School

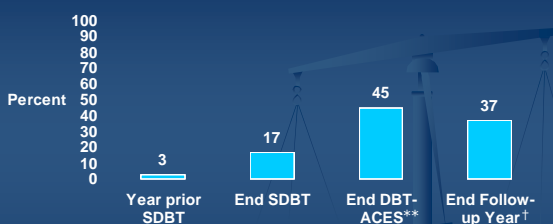


*End of SDBT vs. End of DBT-ACES (OR = 3.34, $p < .05$)

End of SDBT vs. End of Follow-up Year (OR = 1.34, $p = .58$)

Comtois et al, November 2010 issue of [Psychiatric Services](#)

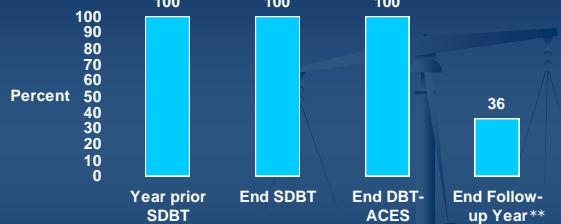
Clients Competitively Employed 20+ Hours/Week



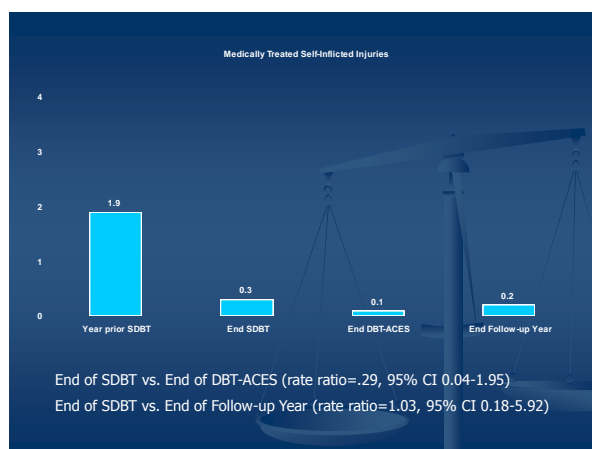
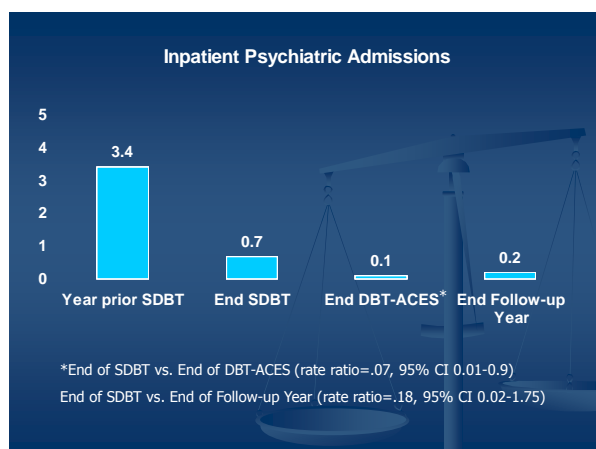
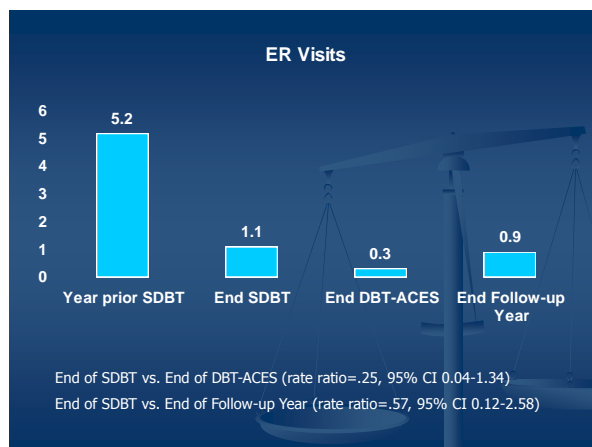
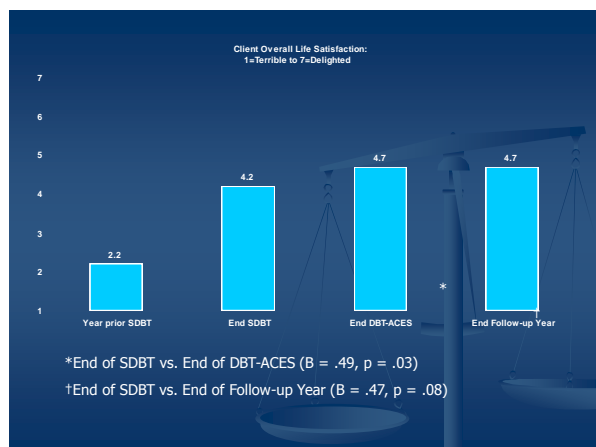
**End of SDBT vs. End of DBT-ACES (OR = 4.93, $p = .01$)

†End of SDBT vs. End of Follow-up Year (OR = 3.29, $p = .06$)

Percentage of Clients in Public Mental Health Services



**End of SDBT vs. End of Follow-up Year (chi-square(1) = 1069.7, $p < .01$)



So, what is DBT-ACES?

Primarily it is DBT

- Same target hierarchy
- Same modes and functions
- Same acceptance, change, and dialectical balance
- Same treatment strategies
- Same movement, speed, and flow

DBT-ACES Recovery Goal

A life worth living outside the social service system. In DBT-ACES, this means the ability to live successfully without continuous psychosocial treatment and off psychiatric disability benefits despite life's inevitable setbacks.

Adaptation 1: Targeting

DBT-ACES uses the same general hierarchy of

1. Life threatening behaviors
 2. Therapy-Interfering behaviors
 3. Quality of Life-interfering behaviors,
 - DBT-ACES Recovery Targets
 - Other quality of life targets
 4. Increasing DBT skills mastery
 5. Client goals
- This is comparable to doing DBT for Substance Abuse – make specific focus highest QOL target
 - VERY IMPORTANT – assess whether the client wants to commit to this and do devil's advocate in your commitment

DBT-ACES Recovery Targets

- We developed a list of targets on which to focus (not expected to complete all in DBT-ACES)
- Client completes assessment of these targets in application for DBT-ACES and monthly throughout the treatment
 - 0 = Not thought about it or talked about it
 - 1 = Thought or talked about it, no action, not want to
 - 2 = Thought or talked about it, no action, want to
 - 3 = Tried to do/get it but couldn't
 - 4 = Trying to do it, can do/have it, once or twice
 - 5 = Trying to do it, can do/have it, not reliably
 - 6 = Do/have this reliably, still have problems being effective
 - 7 = Do/have this reliably, this problem is essentially solved
- Team reviews target list monthly to assure the therapist is on track

DBT-ACES Recovery Targets

- Living Wage Employment and Off Psychiatric Disability
 - Choose a career path to living wage employment knowing its fit with your wise mind values and talents as well as the practical issues of pay, health insurance, leave and retirement benefits, hours, shift times, required training or certification, and routes to advancement.
 - Demonstrates capability to financially support yourself (and your family) in your chosen career without psychiatric disability payments or partner/family's income
 - Demonstrate capability to financially support yourself (and your family) in at least one fall-back job without psychiatric disability payments or partner/family's income (if needed)
 - Sufficient health insurance to maintain health care and medications
 - Better than 90% follow-through at work on attendance, being on time, appropriate dress and manner, following directions, and job tasks

DBT-ACES Recovery Targets

- Interpersonal Proficiency
 - Interpersonally easy to work/be with – even with difficult people and during stressful times
 - Demonstrate capability to regulate emotional expression and actions and find wise mind in all interpersonal situations – even with difficult people and during stressful times
 - Know your wise mind personal limits and act on them with yourself, employer, friends, family, colleagues, and members of your community
 - Receive praise, raises, promotions, and offers for more desirable jobs and roles within your community

DBT-ACES Recovery Targets

- Life Outside Work (*note – these categories are expected to overlap*)
 - Have at least a couple of local and/or long-distance friends whose values align with yours
 - Have at least one person or group for casual interactions (e.g. lunchroom, church, coffee, book club, volunteer organization)
 - Have at least one close support with whom you experience intimacy and discuss private issues (who is not your therapist)
 - Have at least one local person or group who would notice you were not around and would take action to find you.

DBT-ACES Recovery Targets

■ Life Outside Work (continued)

- Be an **active member of an organized recreational activity** that is either fun or meaningful and not related to mental health (e.g. volunteer organization, church, sports teams, ballroom dancing...)
- **Disengage from relationships with family members that are ineffective or destructive**
- **Disengage or end friendships that are ineffective or destructive**
- **Choose relationships based on evidence** that they are compatible in their lifestyle, needs, and values
- Take steps to find an **effective and rewarding romantic relationship** (if desired)

DBT-ACES Recovery Targets

■ Self-Sufficiency

- Have an effective method for **managing your monthly budget** and one-time expenses (e.g. new tires) so you stay within your income
- **Savings** for:
 - emergency fund savings to cover 3 months of living expenses in case you lose your job
 - savings for things you would enjoy.
 - getting out of debt/getting debt to a reasonable level
- Have an effective method for **managing your time**
 - in line with your wise mind values
 - gets key things done on time
 - balances work, leisure, household, and down time

DBT-ACES Recovery Targets

■ Self-Sufficiency

- Have an effective method of **preventing psychiatric symptoms** from impacting your functioning.
- Have an effective method of **managing chronic illness or pain** to minimize its impact on your quality of life

DBT-ACES Recovery Targets

■ Emotional Proficiency

- Able to **experience negative emotions** building, staying, and falling mindfully – not avoiding, rushing them along, or mentally moving into a different moment.
- Able to **experience positive emotions** building, staying, and falling mindfully – not avoiding, rushing them along, or mentally moving into a different moment.
- Able to **reduce problematic emotions** effectively and fast enough to prevent them leading to problems.

Adaptation 2: Skills Curriculum

General Format:

5 min	Good News
30-40 min	Goals and Targets Check-in
	1. What goal are you working toward?
	2. What target(s) are you working on?
	3. What progress have you made on your target?
	4. What is something effective you have done this past week to reach your target?
	5. What have you done in the past week to avoid working on your target? How will you not do this again?
	6. What emotion have you observed while working on your target?
20-30 min	Homework Review
10-15 min	Break
40-45 min	New Material

Check-In

- Ambition (what I am passionate to achieve)
- This week's action step (how I am getting there, between last group and this one)
(Note, state specifically enough that we can tell if you achieved it or not)
- This week's employment step toward my next deadline on __/__/__
- Progress
(Note, present the part you achieved first and then part you did not achieve, if any. Avoid judgment.)
- One effective thing I did to achieve my action step this week was....
(Note, describe HOW you achieved your action behaviors (skills, strategies, mindset); don't just restate your progress)

■ Group focus is on giving positive reinforcement

Check-In

- One way I avoided working on my action step this week was....
(Note, describe what you did that led to not working on your action step (i.e. thoughts, decisions, or actions))
- **One way I will prevent this avoidance behavior in the future is...
(Give a skills or strategy like those in the effective behavior section)
- One emotion I observed while working on my action step was _____
(An emotion is not a thought, urge, physical or cognitive state (e.g., confused, overwhelmed, stressed out, tired); the emotion doesn't have to be caused by the target, could just be going on anyway)
- **My action step for next week will be....
(Could be same or new step toward goal – perhaps increasing or decreasing frequency or difficulty of task)
- ** Group focus is on problem-solving and goal-setting when needed because coaching others teaches yourself as well.

Adaptation 2: Skills Curriculum

New Material Syllabus

July	Reinforcement of Self and Others
Aug	Mindfulness
September	Anxiety Management
October	Emotion Regulation
November	Dialectics: Accepting What is and Moving Forward
December	Distress Tolerance and Radical Acceptance
January	Interpersonal Skills
February	Time Management
March	Depression Management
April	Alternatives to Perfectionism
May	Succeeding in Usual Care
June	Anger Management

Adaptation 3: Contingency Management

- Clients without contingencies to work, plan to do it and frequently never do
- Use a slow shaping curve of demands so start in Standard DBT
 - In first 4 months, start getting active and work up to 10 hours/week.
 - 4-8 months, stay active 10 hrs/wk and work up to 15 hrs/wk.
 - 8-12 months, stay active 15 hrs/wk and work up to 20 hrs/wk.

Adaptation 3: Contingency Management

Getting and Staying Active means activities that are

- **Normative** (i.e., you act as if you don't have emotional problems around people who act as if they don't have emotional problems)
- **Productive** (i.e., structured, active, goal-oriented, and rewarding) outside of the mental health system
- Includes work, school, job-hunting, taking a class, going to the gym, attending a concert series, volunteering at a food bank, writing a novel...

Adaptation 3: Contingency Management

DBT-ACES Living Wage Career Plan Requirement

- By 4 months into DBT-ACES, maintain paid work, college, vocational-technical training, or self-employment start-up that fits your goals **10 hours per week**
- By 8 months into DBT-ACES, maintain paid work, college, vocational-technical training, or self-employment start-up that fits your goals **20 hours/week**

Adaptation 3: Contingency Management

DBT-ACES "Work as Therapy" Requirement

- During the course of Standard DBT and/or DBT-ACES, spend a **minimum of 6 months working at least 10 hours/week at a**
 - typical competitive employment job for an employer who files W2 for that job
 - NOT self-employment, under the table work, pick-up work, illegal work, contracts, consulting...
 - client also learns to manage stress of job search
- The "work as therapy" job counts toward the Living Wage Career requirement (not in addition)
- Intense focus on finding a job as well as maintaining a job - both skills are key

Adaptation 3: Contingency Management

Maintain Standard DBT Requirements in DBT-ACES

- Continue no suicidal behaviors nor significant therapy-interfering behaviors
- Throughout the DBT-ACES year, maintain 20 hours per week of normative/productive activity (which includes both Work as Therapy and Living Wage Career activities, not in addition)

Track Contingency Progress on Diary Card

From your calendar please note the following for past week: ____

Hours worked W2 job: ____

Hours of other paid job: ____

Hours of unpaid job in field: ____

Hours attended school: ____

Hours other sched. activities: ____

Total hours: ____

applications submitted: ____

interviews: ____

contacts asked about jobs: ____

Total: ____

Individual Therapy Strategies

- Do DBT
- Target Recovery Goals and use diary card
- Develop commitment to work and leaving community mental health and disability
- Monitor normative/productive and work activities – keep the shaping curve moving
- Reinforce progress whenever you can
- Conduct formal and informal exposure to fear of work and leaving disability
- Block avoidance of Recovery Target behaviors

Coaching in DBT-ACES

- Keep bar high on Standard DBT targets – client is expected to handle these independently
- Plan when coaching may be needed in exposure process to working or leaving disability
- In vivo practice can be very helpful – e.g., doing a job application pick-up and drop-off trip, sit across a coffee shop and coach social skills
- Taper off as treatment is ending – replace with success calls
- Coach effective contact with follow-up clinicians (if any)


Consult Team in DBT-ACES

- Same as Standard DBT
- Standard DBT 6 and 10 mo check-in
 - At month 6, team reviews client's progress and issues to be addressed to be eligible for DBT-ACES
 - At month 10, DBT-ACES application due and team reviews eligibility
- Quarterly check-ins on Recovery Targets during DBT-ACES

Next Steps

- Complete feasibility trial of Standard DBT then randomizing to DBT-ACES for Enhanced Standard Community Mental Health Care (ESC). (This design not feasible.)
- Consider alternative designs for future NIMH RCT
- Finish revision of DBT-ACES skills curriculum
- Begin DBT-ACES listserv for colleagues who are implementing DBT-ACES

Acknowledgements



The screenshot shows the Harborview Mental Health Services website. At the top, it says "Harborview Mental Health Services Leadership and DBT Team". Below this is a navigation bar with links: "Our People", "Our Partners", "Projects & Publications". The main content area features a large image of three healthcare professionals (two men and one woman) in a clinical setting. To the left of this image is a sidebar with a logo and text: "Center for Healthcare Improvement for At-Risk, Mental Illness and Medically Vulnerable Populations". Below the image is a section titled "RESEARCH AND TRAINING TO IMPROVE CLINICAL CARE". At the bottom, there is a "Welcome" section and a "Latest News" section. The footer includes the text "Behavioral Research & Therapy Clinics University of Washington".