Throwing the bath water out but not the baby: Creating a meta-framework in therapy to suit a local ecology- a work in progress.

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• Does the standard DBT skill training need additional components to make it more effective for our ecology?
• Can the DBT skill training group be used not only for skill learning but also for building a “meta-therapeutic alliance and meta-reflective functioning framework so that stage two of therapy can proceed more efficiently and effectively?
• Is it more advantageous to work with functional dimensions than diagnostic categories in order to make use of resources efficiently and optimize learning?
• Compared to Beck’s original C.T. Schema Focused Therapy places:
  - A greater emphasis on the therapeutic relationship.
  - More emphasis on affect (e.g. imagery, role playing).
  - More discussion of childhood and developmental processes.
  - More emphasis on coping styles.
  - More emphasis on core themes.
• Early maladaptive schemas develop when specific, core childhood needs are not met
  - Safety
  - Stable base
  - Acceptance & praise
  - Empathy
  - Guidance & protection
  - Validation of feelings
Rationale for Extending DBT

• Blacktown Philosophy ‘can do it’ - doing more with less
  - Pre-therapy therapy: most clients needed some preparation for change including understanding therapist – client role, change process.
  - Focusing on deficits only feeds the despair and does not do justice to a multidimensional conceptualization of health/ill health – hence need for positive psychology approach.
- Readiness for change/ motivational interviewing ambivalence.
- Learning is enhanced when it is fun.
- Try to finish on a fun note so clients have positive (not aversive) conditioning.
- Need for more mindfulness practice - homework often not done.
- Over reliance on left hemisphere learning and processing (left brain fatigue!).
- Right hemisphere learning & activities (wholistic/nonverbal/ non linear).
- Meta-therapeutic alliance and Meta-reflective functioning (SFT/core needs & the DBT group: safety, stable base, acceptance & praise, empathy, guidance & protection, validation of feelings).
- Client can get to know therapist and others in less challenging circumstances.
- Provides opportunity to work through conflicts and practice skills.
Rationale for extending DBT cont.

- **Cost Factor**
- DBT model requires individual therapy

  Hypothetically, in a seven member DBT skills training program \( \times \) 1 year (clients usually need to do the program twice at least) plus 7 hours of weekly therapy.

- Face to face individual therapy for seven clients for 10 months will be about 180 hours.

- Face to face Schema Focused therapy group for 10 months will 80 hours.

- Saving of 100 clinical hours of individual face to face sessions.
Therefore, in response to the above:

• Stages of recovery model

• Predominantly group modality
  - Stage 1. DBT skills training
  - Stage 2 &3. Schema Focused therapy
    (Working through & consolidation)
• More added to DBT skill training Program:
  - Pre-therapy preparation & motivational interviewing
  - Positive psychology
  - Introduction to focusing/body awareness
  - More open about spirituality
  - Art, dance, poetry, song
  - Preparing Client’s for Schema Focused therapy (e.g. questionnaires, idea of core beliefs & childhood experiences, projection/blind spots, coping styles, etc)
  - Quizzes (enhance learning/retention)
• Family therapy, individual therapy & art therapy on a needs basis

• Uncontrolled ancillary treatments

• Pharmacotherapy

• Acute – inpatient psychiatric
Follow up of clients who completed the DBT & SFT program

• About 20 clients have done the program so far.
• Currently nine clients enrolled in the program
• 40% were followed up
• Except for two clients, the others have “moved on.”
• All said their quality of life has improved significantly
• Reported feeling good about themselves and their future.
• Reported they got along better with other(s) (e.g. friends, husband, children)
  - I am 200% better; I met a lovely man...I love him I am having my first child and continue to work.”
  - “I learnt a lot about myself; not been in hospital since 6 years; I face things and don’t avoid.”
- “Smelling the roses.”
- “Doing the groups.. I learnt to accept my situation...I am using my abilities and skills.”

- Except for two cases, the others did not have a need to reengage with services and said they are doing well.
- One case had a small relapse secondary to using illicit drugs, second one faced some trauma.
• Cost factor
  - Number of therapist required
  - Training of therapist
  - Therapist fatigue (?)
  - Does individual setting provide adequate dialectics for change (acceptance, change)
• What current members have to say

• What Co-facilitators have to say
Data from questionnaires

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