A Systemic Approach to Dialectical Behaviour Therapy for Disability Support Services

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Office of the Senior Practitioner

NSW Government
Family & Community Services
Ageing, Disability & Home Care
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Dialectical Behaviour Therapy

- Developed by Marsha Linehan
- CBT
- Addresses the seeming contradictions (dialectics)
- Most evidenced treatment for BPD
- Aims to develop skills to manage emotions and develop a ‘stable base’
Dialectical Behaviour Therapy

- Individual therapy
  - Develop a stable base
  - Support application of new skills

- Group skills
  - Mindfulness
  - Managing emotions
  - Distress tolerance
  - Interpersonal effectiveness
Difficulties of Personality Disorder in ID

- The development of personality characteristics in people with ID may be longer.
- Subjective information about thoughts and emotions are difficult to elicit in those with more significant intellectual disability.
- Assumption of a level of cognitive ability that may be absent in those with ID.
- Lack of valid, reliable instruments for diagnosis.
- Behaviours overlap with features of some personality disorders (e.g., self-injury and impulsivity).
- Issues generally with PD diagnosis.
Personality Disorder in ID

- Very little research into the diagnosis and treatment of personality disorders in ID. Torr (2003) reported that:
  - studies that have been undertaken with tools and methods which are not reliable.
  - Prevalence estimates range from 1 to almost 100%
  - There is a lack of clarity about the constructs of personality disorder in intellectual disability
  - Intervention studies are rare, and limited to clinical case studies.
Advantages of DBT for ID

- Skills based
- Non-pejorative
- Emphasis on developing internal locus of control, and is in line with self-advocacy and empowerment
- Primarily manualised skills program
Adaptations for Intellectual Disability

- Number of DBT trials with mild ID
  - Verhoeven (2010)
  - Dunn & Bolton (2003)

- All provide promising results regarding reductions in challenging behaviour though small case studies
A Systemic Approach
Systemic Influence in BPD

- Emotion Vulnerability (sensitivity, reactivity, slow return to baseline)
- Pervasive History of Invalidating Responses

- Heightened Emotional Arousal (increased likelihood of emotion dysregulation)
- Inaccurate Expression
- Invalidating Responses (From Parents and Others)
Advantages of Systemic Treatment

- Limited capacity for individual therapy
- A service’s strong influence over the environment
- Manipulation of environment by those with BPD
- Impact on staff by ID BPD clients
- Reduction of service break down (reinforces core beliefs)
- Development of transferable skills in staff
Support Structure

- Senior DBT Psych
- Project Manager/Psychologist
- Local Clinician
- Staff
Systemic Support

Clinical Consult

- DBT Theory
- Formulation
- Behaviour support principles
- Interaction guidelines
- Dialectics with staff

Staff Group Skills

- BPD
- Counselling skills
- Mindfulness
- Chain analysis
- Emotional regulation
- Distress tolerance
- Building

Maintaining
A relationship
- ‘Skills Toolkit’

Client Therapy

- Formulation
- Mindfulness
- Chain analysis
- Emotional Regulation
- Distress Tolerance
- Interpersonal Effectiveness
# Staff Skills Session

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Timing</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Understanding clients with Personality Disorder Fundamental counselling skills</td>
<td>2 days</td>
</tr>
<tr>
<td>2</td>
<td>Mindfulness</td>
<td>2-3 hours</td>
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<tr>
<td>3</td>
<td>Chain Analysis</td>
<td>2-3 hours</td>
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<tr>
<td>4</td>
<td>Building a relationship with your client</td>
<td>2-3 hours</td>
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<tr>
<td>5</td>
<td>Maintaining a relationship with your client</td>
<td>2-3 hours</td>
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<tr>
<td>6</td>
<td>Managing your emotions at work</td>
<td>2-3 hours</td>
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<tr>
<td>7</td>
<td>Skills Toolkit: Skills to teach your client</td>
<td>1 day</td>
</tr>
<tr>
<td>8</td>
<td>Managing crises</td>
<td>2-3 hours</td>
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<tr>
<td></td>
<td>Review of ‘Managing crises’ and evaluation</td>
<td>2-3 hours</td>
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Evaluation

- Pilot
  - 1 client with BPD and mild intellectual disability
  - 10 clinical & residential staff of Interaction Disability Services
  - Ran sessions 1 per month
  - Evaluated:
    - client incidents
    - Staff job satisfaction
    - Staff emotional regulation
    - Staff mindfulness
    - Staff injury claims
Results

- Less incidents
- Discussion of participants using skills in their own lives
- Increased confidence to engage even when times were tough
- ‘Easier’ work environment