

Co-occurring Treatment Services: Dialectical Behavioral Therapy

Franklin County Sheriff's Office, MA
Sanpete County Jail, UT

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)








Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No. 2019-J2-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.



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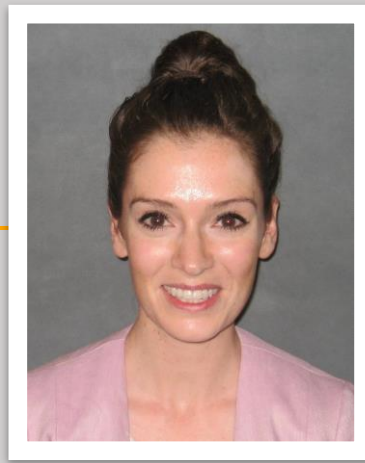
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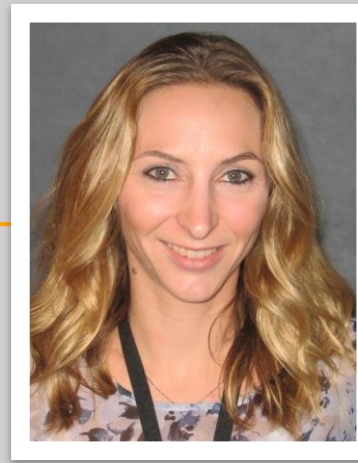
Today's Presenters



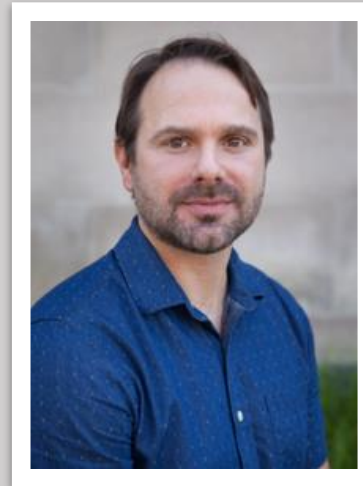
Roberta C. Churchill, MA, LMHC
Senior Justice Associate
Advocates for Human Potential, Inc.



Nicole Guertin, LICSW
Reentry Supervisor
Franklin County Sheriff's Office



Stephanie Brown, LMFT
Clinical Supervisor
Franklin County Sheriff's Office



Levin Schwartz, LICSW
Assistant Superintendent - Clinical and Reentry Services
Franklin County Sheriff's Office



Jared Hill, CMHC
Clinical Director
Sanpete County Jail

Learning Objectives

Upon completion of this presentation, participants will be able to:

- Name the four DBT skills modules that are included in DBT Skills Training.
- Describe emotion dysregulation and its consequences.
- Develop a plan of DBT training and implementation for program staff and join or form a DBT Consultation Team.

Poll # 1

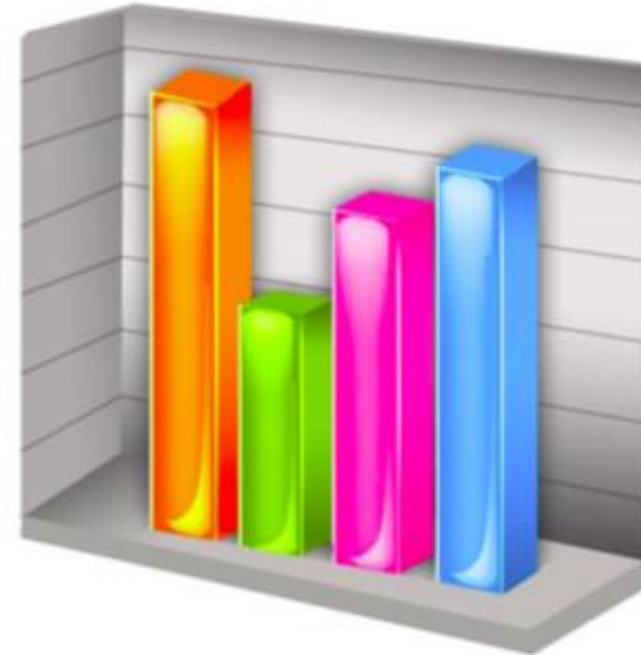
Does your program utilize Dialectical Behavior Therapy (DBT) and/or DBT Skills Training with participants?

Poll answer options:

Yes

No

Not sure



What is Dialectical Behavior Therapy?

Dialectical Behavior Therapy (DBT)

- Dialectical behavior therapy (DBT) is a cognitive behavioral treatment originally developed by Marsha Linehan in the 1980's and early 1990's to treat individual with histories of long-term suicidal ideation and suicide attempts who were diagnosed with borderline personality disorder (BPD).
- Research has shown that DBT is effective in treating a wide range of other disorders such as substance use disorder (SUD), depression, post-traumatic stress disorder (PTSD), and eating disorders.
- DBT skills are aimed at patterns of instability in emotion regulation, impulse control, interpersonal relationships, and self-image that have been linked to a variety of mental health problems.

Linehan, M., M., (2014). DBT Training Manual. New York, NY: The Guilford Press.

Kring, A. M., & Sloan, D. M. (2010). Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment. New York: Guilford Press.

Dialectical Behavior Therapy (DBT)

What does **Dialectical** mean?

- The term means a synthesis or integration of opposites.
- The primary dialectic within DBT is between the seemingly opposite strategies of acceptance and change.

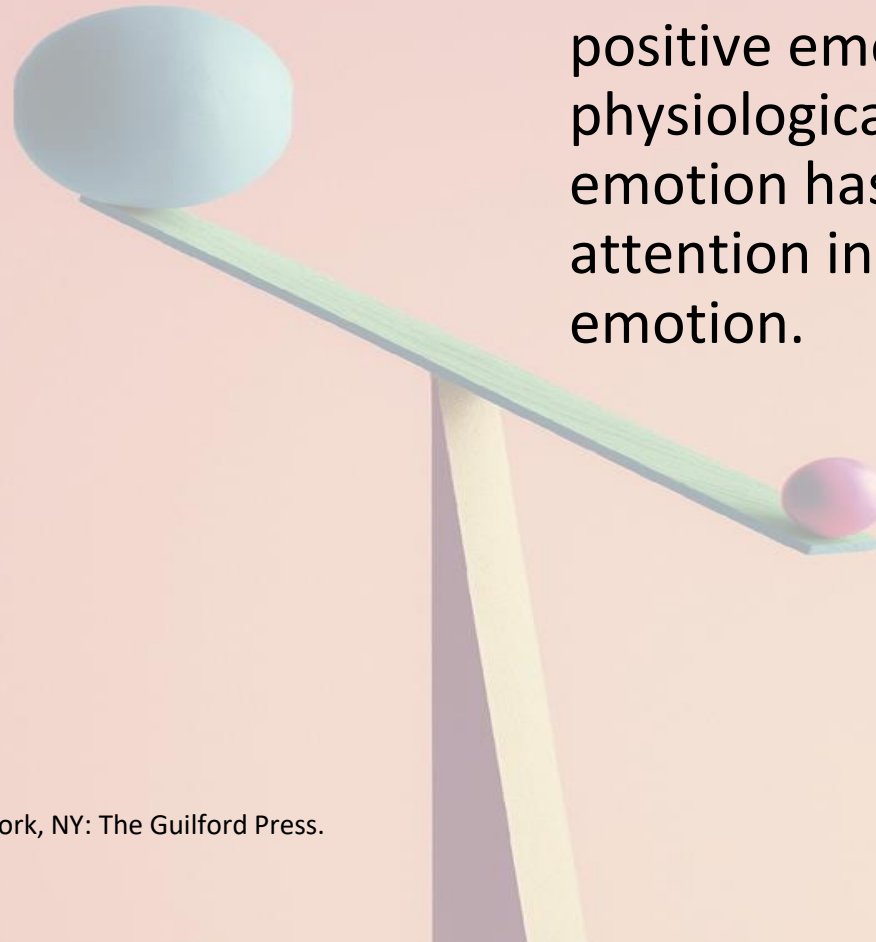


Linehan, M., M., (2014). DBT Training Manual. New York, NY: The Guilford Press.

Emotional Dysregulation and its Consequences

Emotional Dysregulation – the inability to change or regulate emotional cues, experiences, actions, verbal responses and/or non-verbal expressions under normative conditions.

Emotional Regulation – the ability to inhibit impulsive and inappropriate behavior related to strong negative or positive emotions, self-soothe any physiological arousal that the strong emotion has induced, and refocus attention in the presence of strong emotion.



Linehan, M., M., (2014). DBT Training Manual. New York, NY: The Guilford Press.

Emotional Dysregulation and its Consequences



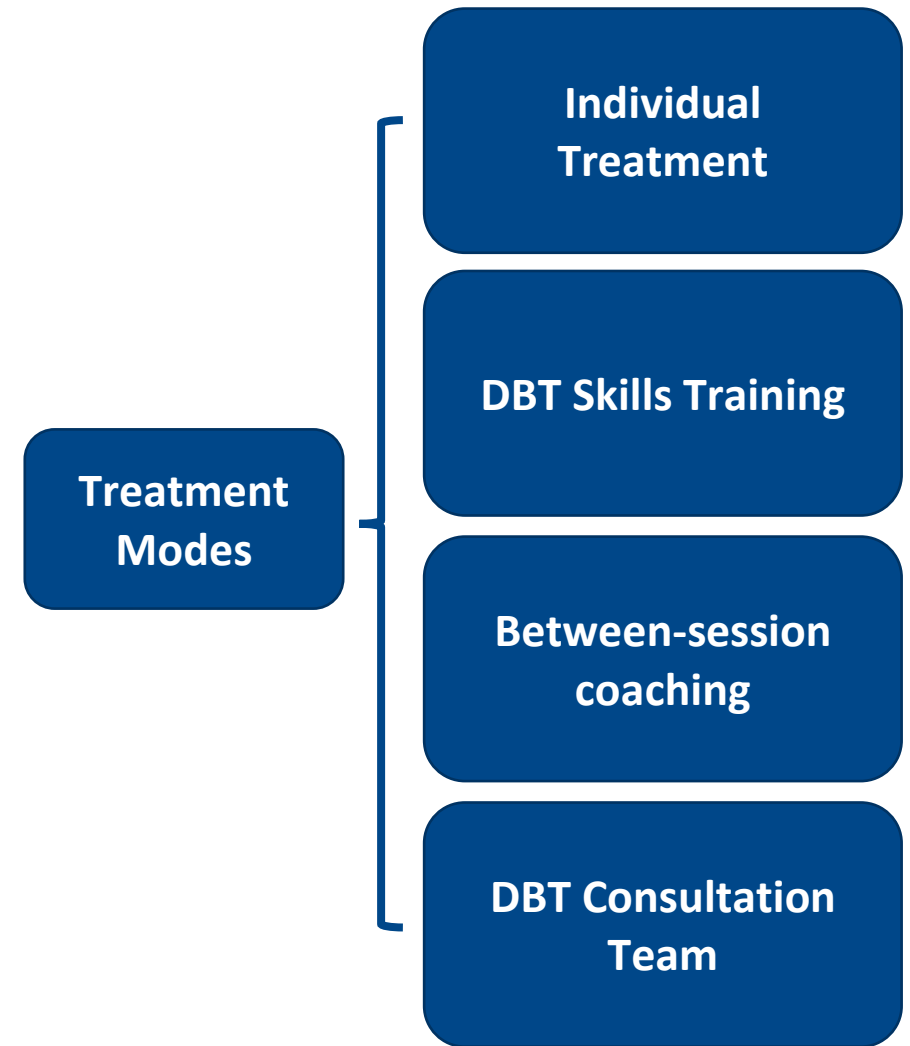
Potential Consequences

- Impulsive behaviors
- Self-injurious, suicidal behaviors
- Expressions of extreme negative emotions
- Anger management problems
- Aggressive behaviors
- Difficulties with problem-solving
- Problems maintaining stable relationships
- Judgmental, disconnected from others
- Disregard for boundaries (including illegal behaviors)
- Anxiety, depression
- Alcohol and substance use

Standard DBT Treatment Functions and Modes

DBT Treatment Functions

- Enhance a person's capability by increasing skillful behavior.
- Improve and maintain a person's motivation to change and engage in treatment.
- Ensure that generalization of change occurs through treatment.
- Enhance a DBT worker's motivation to deliver effective treatment.
- Assist a person in restructuring or changing their environment so that it supports and maintains progress and advancement toward goals.



Linehan, M., M., (2014). DBT Training Manual. New York, NY: The Guilford Press.

Lungu, A., & Linehan, M. M. (2015). Dialectical behaviour therapy: A comprehensive multi- and trans-diagnostic intervention. A. Nezu & C. Nezu (Eds.), The Oxford handbook of cognitive behavioural therapies. New York: Oxford University Press.

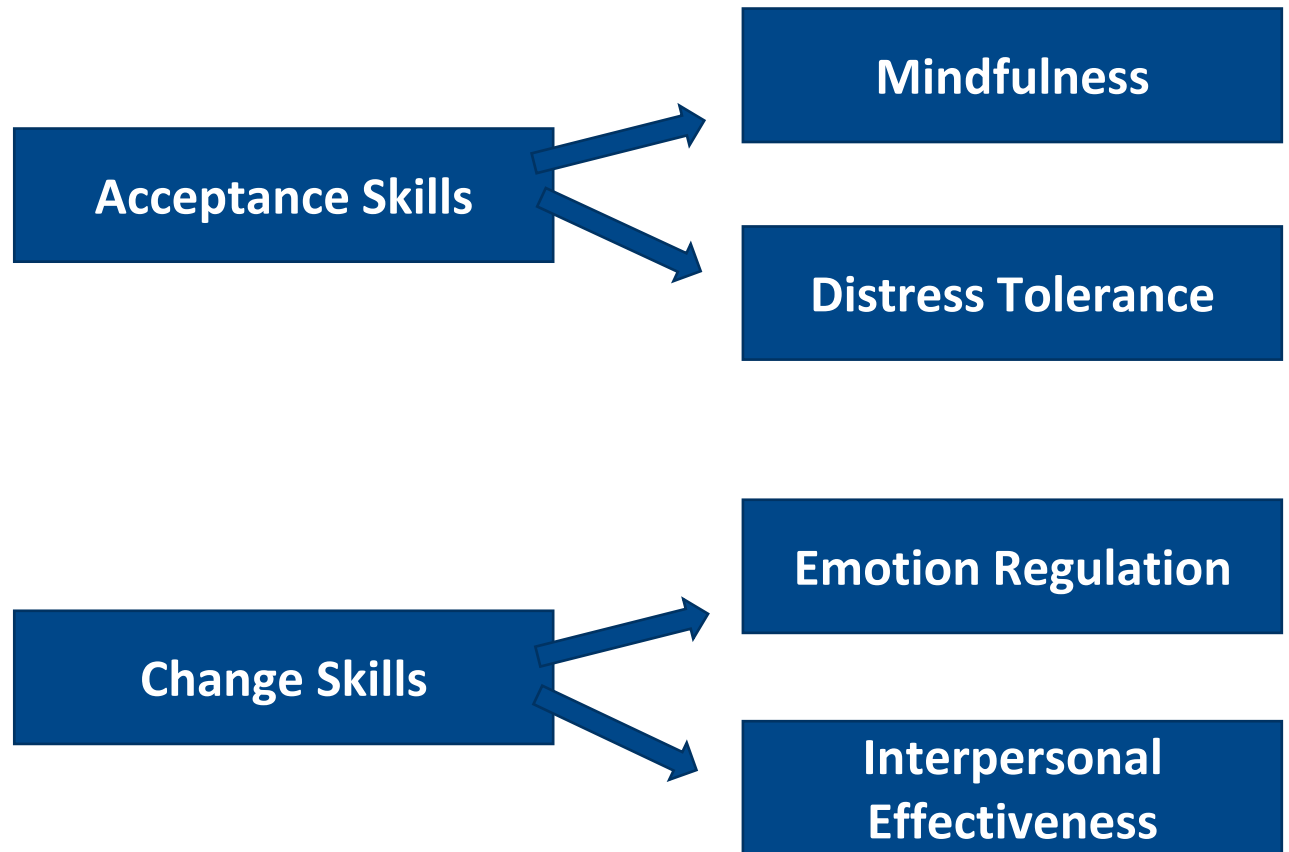
DBT Skills Training Modules: Acceptance and Change Skills

Mindfulness – the act of focusing the mind on the present moment without judgment.

Distress Tolerance – the ability to tolerate pain in difficult situations through radical acceptance.

Emotion Regulation – understanding and reducing vulnerability to painful emotions and changing emotions when wanted.

Interpersonal Effectiveness – getting interpersonal objectives met, maintaining relationships, and increasing self-respect in relationships.



Linehan, M., M., (2014). DBT Training Manual. New York, NY: The Guilford Press.

Lungu, A., & Linehan, M. M. (2015). Dialectical behaviour therapy: A comprehensive multi- and trans-diagnostic intervention. A. Nezu & C. Nezu (Eds.), The Oxford handbook of cognitive behavioural therapies. New York: Oxford University Press.

DBT is evidence-based treatment

DBT for people diagnosed with borderline personality disorder (BPD) has shown to:

- Decrease risk for suicidal behaviors, attempts, and suicidal ideation
- Increase treatment retention
- Decrease non-suicidal self-injurious behaviors
- Decrease substance use
- Decrease inpatient and emergency department admissions
- Decrease symptoms of depression, anxiety, and eating disorders
- Decrease symptoms of dissociations, hopelessness, anger, aggression,
- Decrease opioid use

Neacsiu, A. D., & Linehan, M. M. (2014). Borderline personality disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders* (5th ed., pp. 394–461). New York: Guilford Press.

DBT Skills Training is evidence-based treatment

DBT Skills Training without individual therapy is effective with other people as well:

- Decreased symptoms of depression and increased emotional processing in people diagnosed with Major Depressive Disorder.
- Decreased symptoms of depression and increased mindful awareness and emotion regulation with people diagnosed with Bipolar Disorder.
- Decreased symptoms of depression and drinking-related problems and increased emotion regulation and positive mood with people with Alcohol Use Disorder.
- **Decreased symptoms of PTSD, depression, and problems in interpersonal functioning with women who were incarcerated with histories of trauma**
- **Decreased symptoms of aggression and impulsivity and increased coping skills with people who were incarcerated.**

Who can be trained in DBT?



- DBT Certification is NOT needed to become a DBT skills leader / trainer
- DBT Therapists must be licensed mental health professionals (LMHC, LICSW, etc.)
- Recommended to participate in at least 10 - 12 hour training
- MUST be part of DBT Consultation Team



Linehan, M., M., (2014). DBT Training Manual. New York, NY: The Guilford Press.

DBT-Linehan Board of Certification website – FAQs about Clinician Certification <http://www.dbt-lbc.org/index.php?page=101145>

DBT in Corrections

Franklin County Sheriff's Office

Greenfield, MA

Levin Schwartz, LICSW

Nicole Guertin, LICSW

Stephanie Brown, LMFT

November 16, 2022

Presentation Outline



- Context of Franklin County Sheriff's Office
- DBT Program Implementation (5 Functions of DBT)
 - Structure the Environment
 - Enhance and Motivate Staff
 - Improve Client Motivation
 - Enhance Capabilities
 - Generalize Skills
- List of references and resources

Reentry in the 21st Century

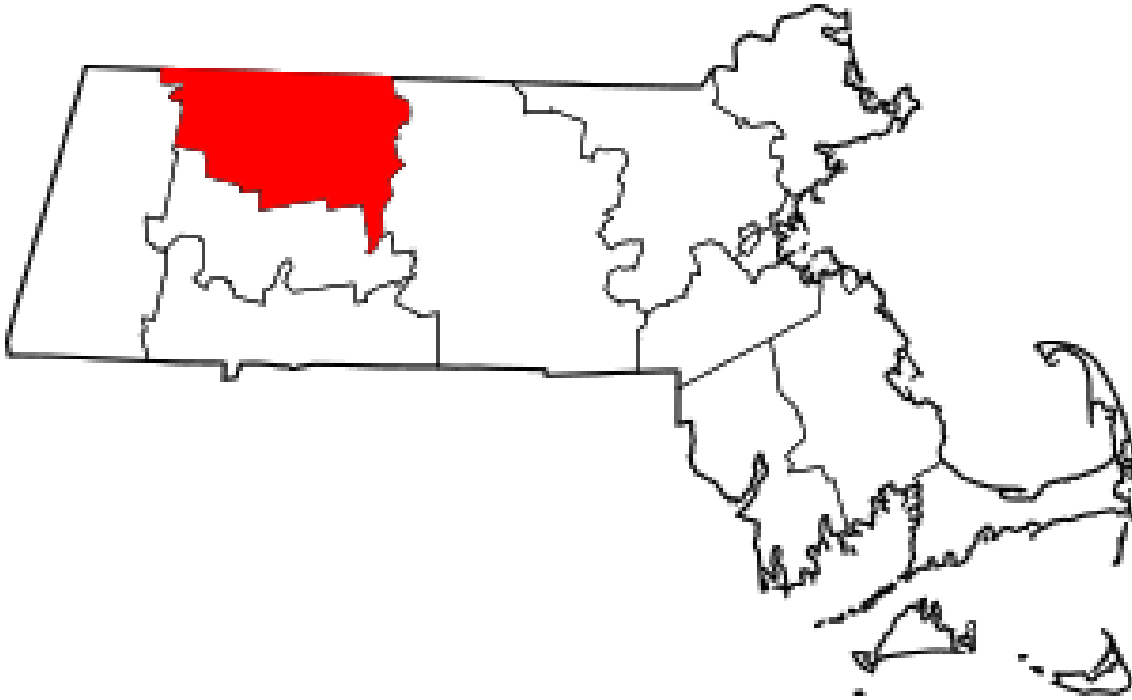
A New Paradigm

*Reduce recidivism by
supporting individuals to
make a successful transition
back to the community*



- Public Safety Matters
- The future of corrections is using modern **public health strategies** to create public safety outcomes
- The field must stay current with research
- Link clients to services in the community
- Collaborate and cooperate with community-based providers

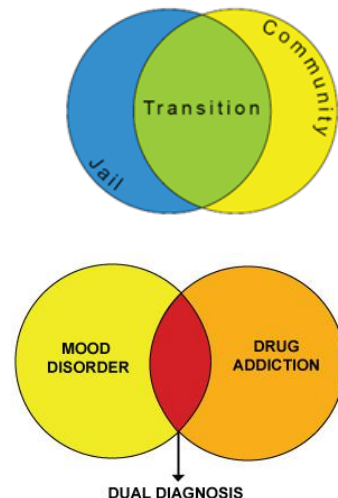
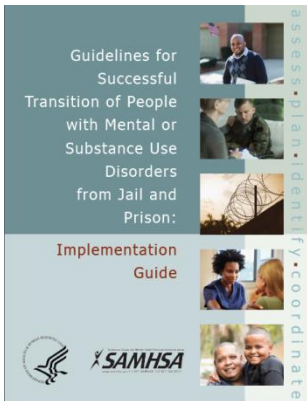
Program Context



- Population ~73,000
- Federally Designated Rural County with two population centers (Greenfield & Orange/Athol)
- Methadone deserts in east and west county
- Poor transportation infrastructure
- Jail average daily population of 210 pre-Covid and 160 currently
- About 65 OTP patients daily
- 2 District Courts and 1 Superior Court

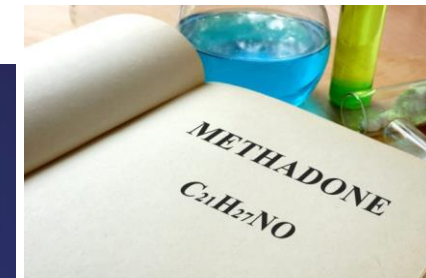
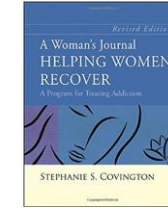
Timeline

- **January, 2011:** Christopher J Donelan began office as Franklin County Sheriff
- **Fall, 2012:** Awarded *Transitions from Jail to Community* site by the N.I.C. and Urban Institute
- **Fall, 2013:** Correctional Caseworker Model and Unit Management Introduced.
- **Fall, 2013:** 2nd Chance Grant for Co-Occurring Disorders by the Bureau of Justice.
- **January, 2014:** Co-occurring, trauma informed treatment model & Post-release casework started.
- **Spring-Fall, 2015:** FCSO Begins Medication Assisted Treatments with Vivitrol.
- **Spring, 2016:** FCSO offers buprenorphine maintenance
- **Spring, 2017:** Recognized by SAMHSA in their Reentry Implementation Guide
- **Fall, 2017:** Recognized by National Reentry Resource Center as a best practices site



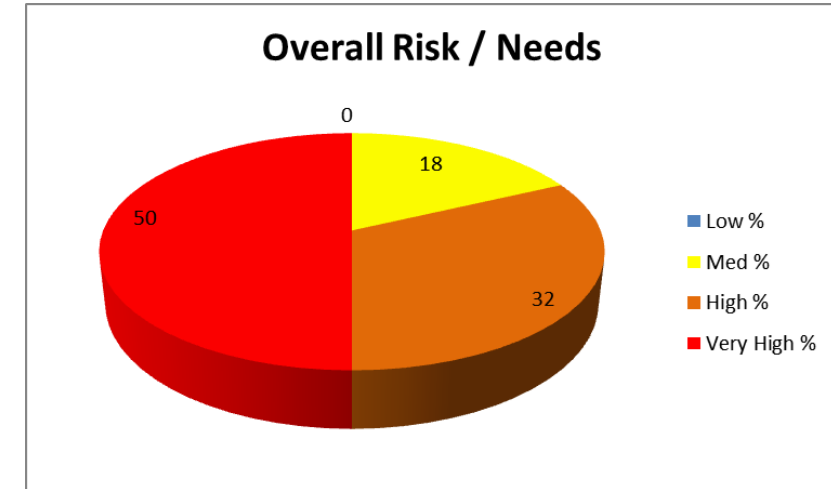
Timeline

- **January, 2018:** The FCSO began a suboxone induction program
- **February, 2018:** The FCSO opened a women's treatment unit
- **Fall, 2018:** FCSO and HSO awarded a \$1.5 mil SAMHSA grant to develop MAT program
- **August, 2019:** FCSO is first jail to become incorporated as an Opioid Treatment Program (methadone clinic) in the nation
- **September, 2019:** FCSO joins the JCOIN (Justice Community Opioid Innovation Network)
- **January, 2020:** FCSO is named national demonstration site and included in National Council of Behavioral Health best practices guide for MAT programs in jails
- **August, 2020:** FCSO named national demonstration site by Bureau of Justice Assistance COSSAP
- **Fall, 2021:** FCSO awarded \$2.625 mil grant to develop trauma-responsive treatments for clients
- **Summer, 2022:** FCSO opened the Franklin County Reentry Center in downtown Greenfield, MA



What is the context of the problem?

- 85% have co-occurring diagnosis
- 55% have an OUD
- The median Adverse Childhood Experience score is 5
 - Most individuals (87.8%) reported having experienced trauma
 - 91.3% reported mental health related symptoms
- ~20% prevalence of Hepatitis-C
- 50% of incarcerated persons have 5 or more prior convictions
- 82% score a high or very high score on Risk/Need assessments
- Nearly all female clients experience commercial sexual exploitation

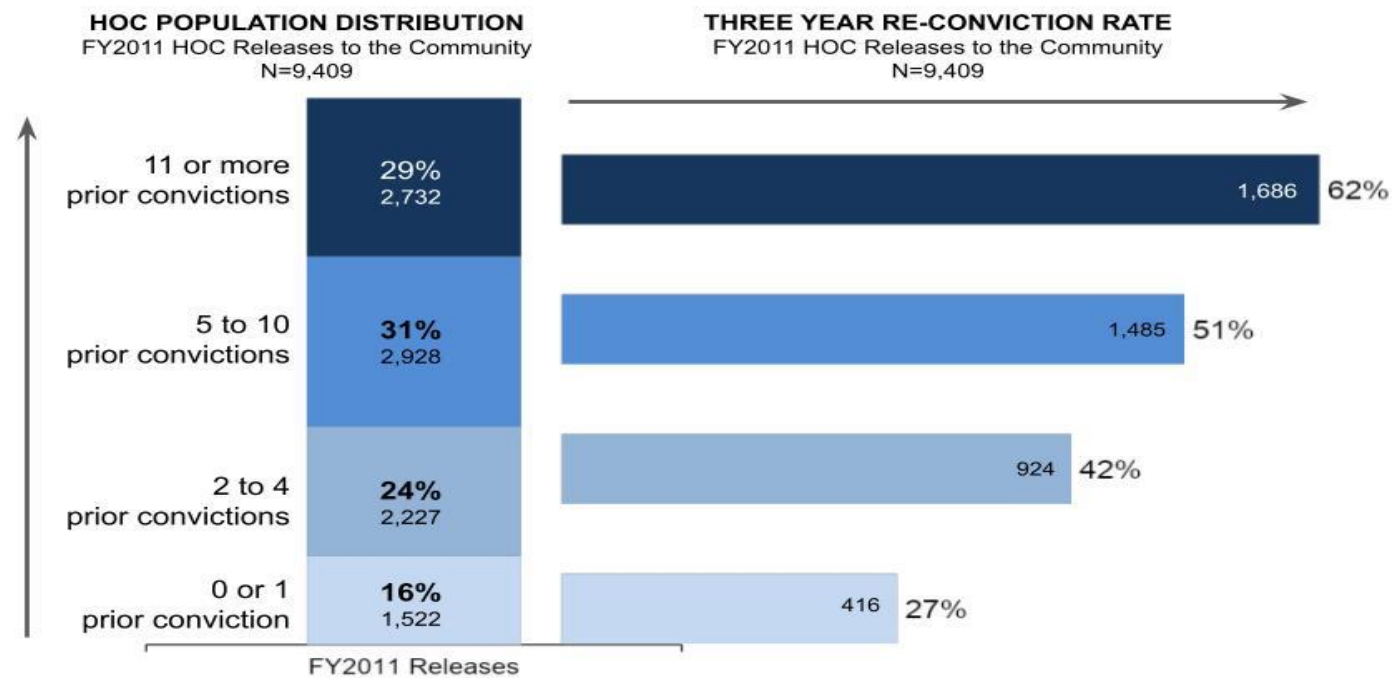




FUNCTION:

Structure the environment

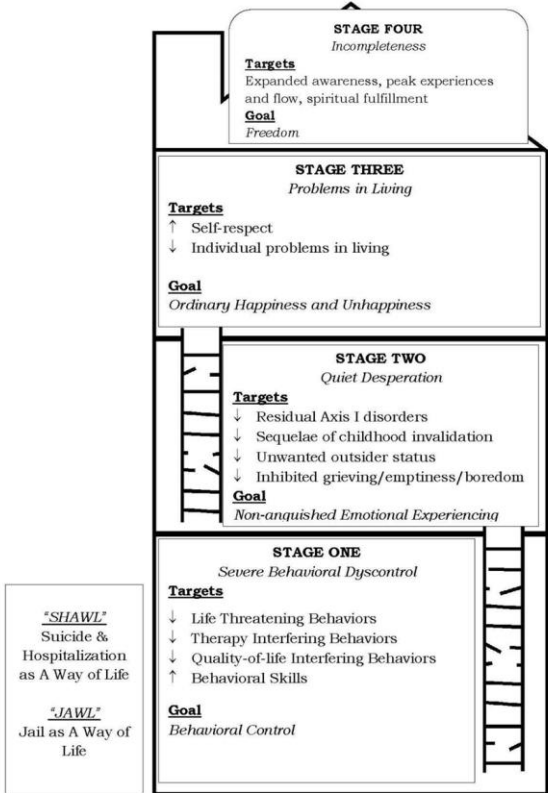
60 percent of House of Correction (HOC) releases had 5 or more prior convictions; people with more extensive criminal history were more likely to recidivate



In this context, "conviction" refers to a charge or set of charges disposed on a single day.
CSG Justice Center analysis of FY2011-2014 Parole SPIRIT HOC data and CORI data.

Council of State Governments Justice Center | 19

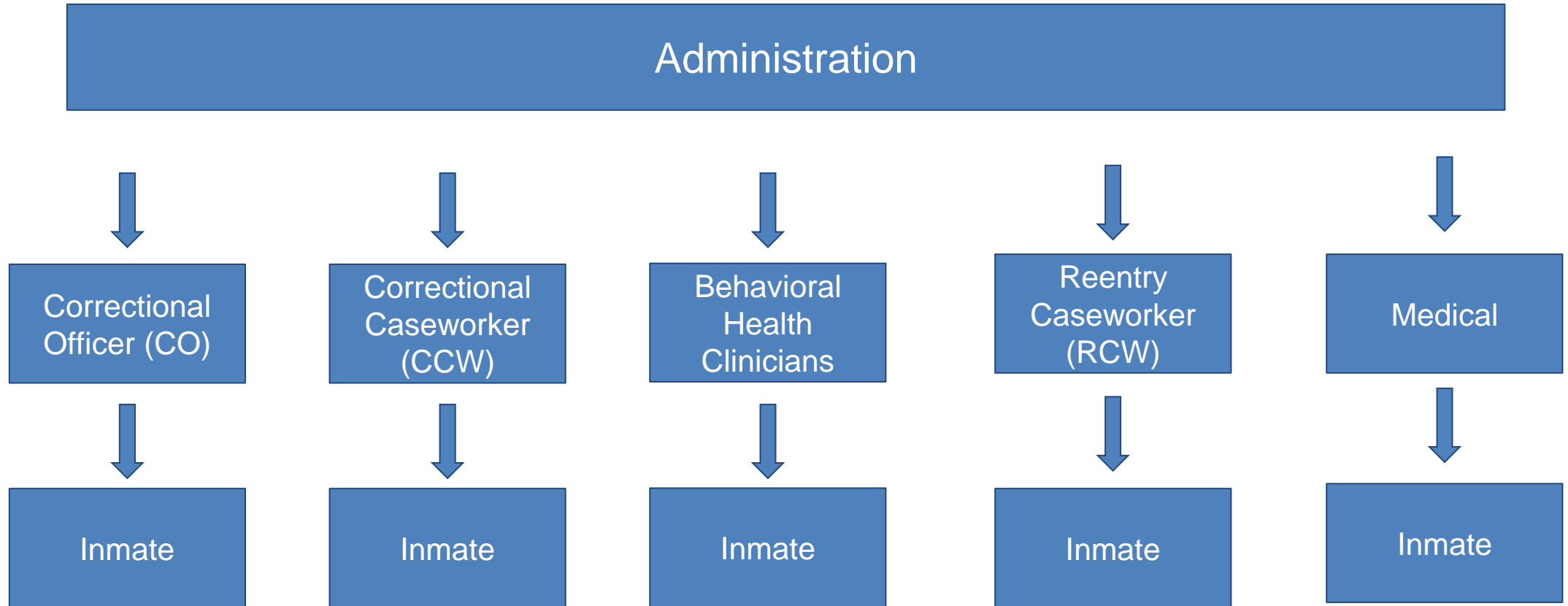
DBT House of Treatment



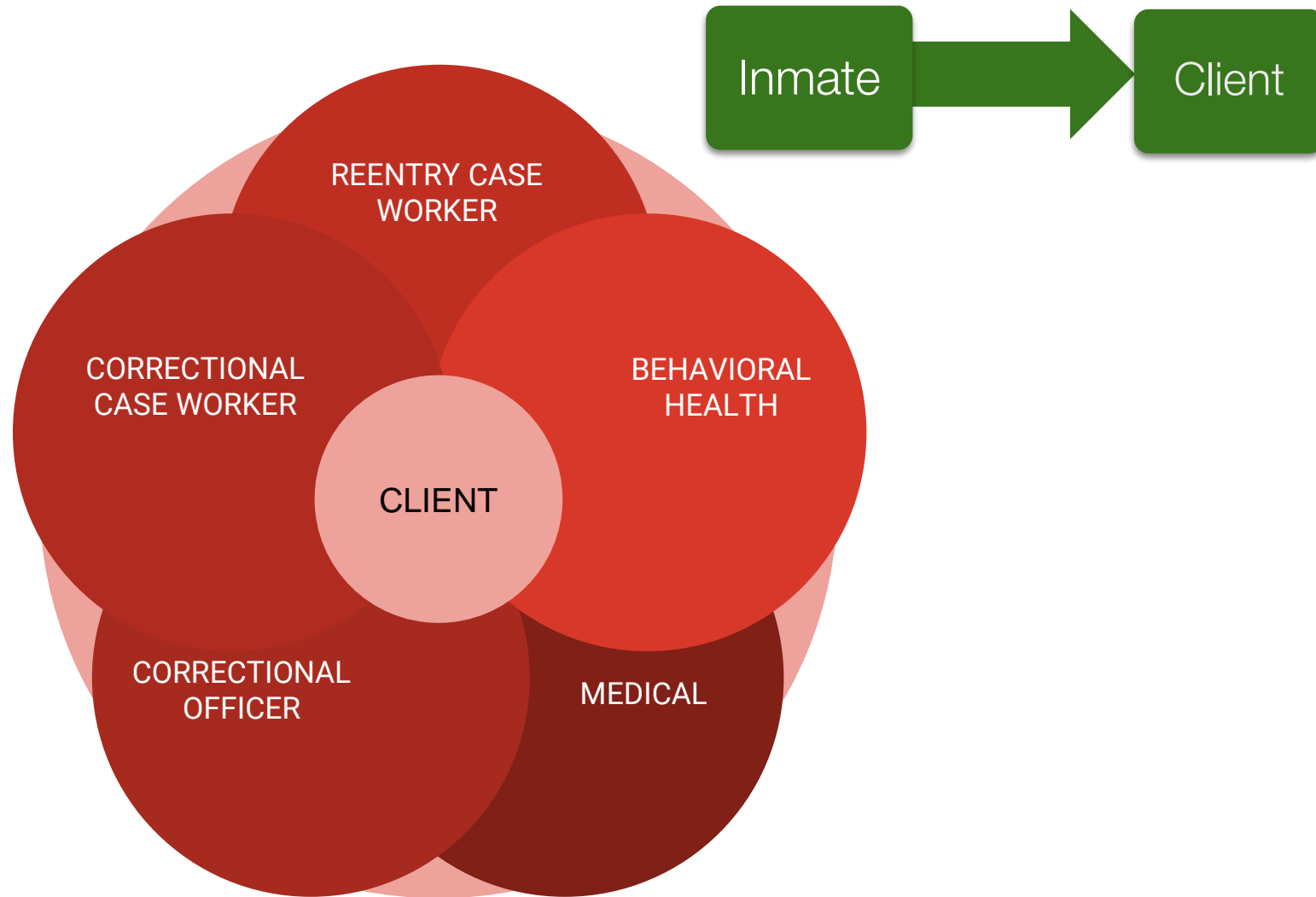
Adapted from M. Linehan – Stages of Treatment / C. Swenson, M.D. – DBT House of Treatment

...too well-known results

Restructure of the Old Foundation and Terminology



Treatment Supportive Structure



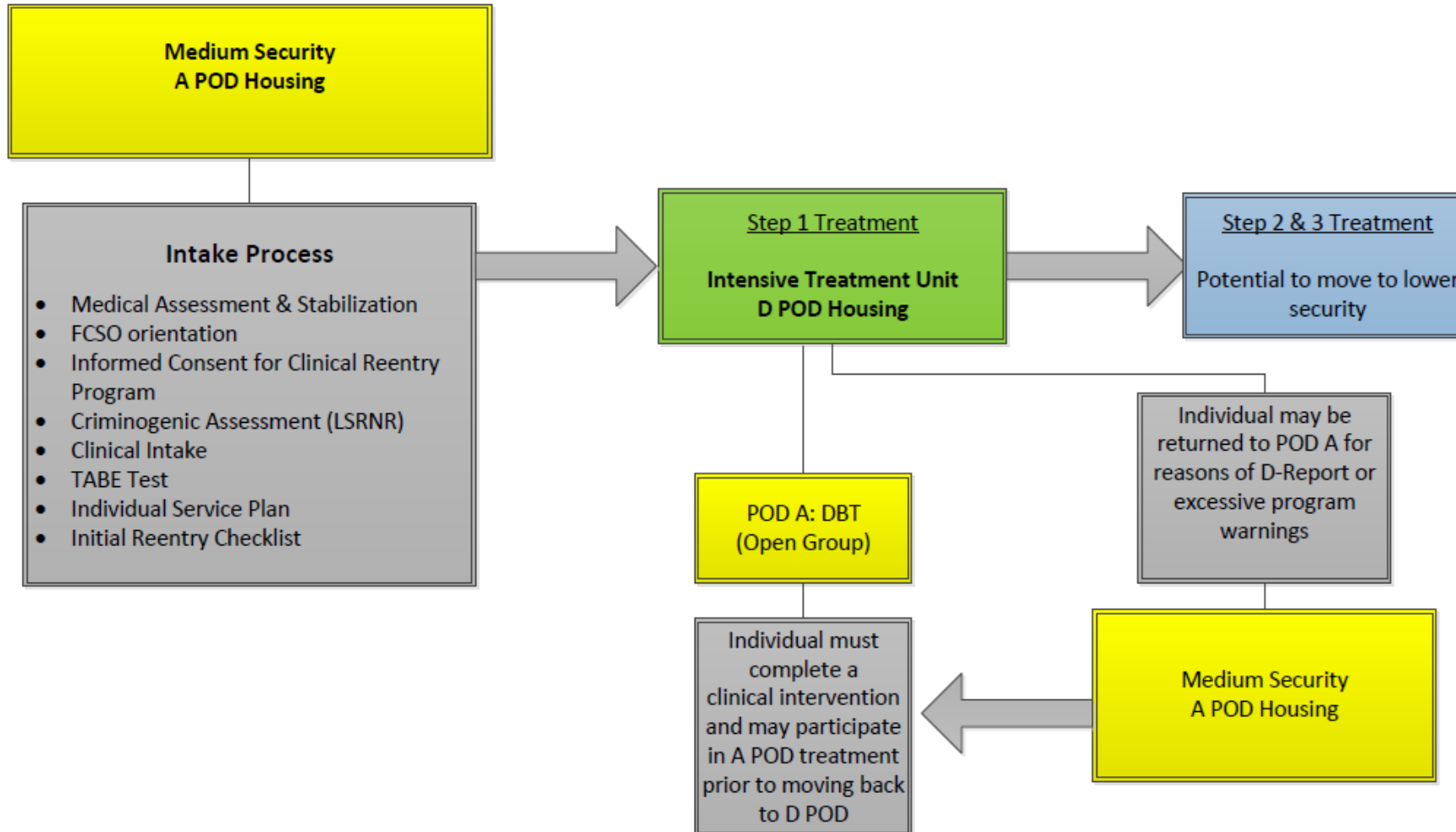
CLIENTS in a Treatment Supportive Structure

- Intensive skills building:
 - Mindfulness-based CBT (DBT/ACT),
 - Acceptance & Commitment Therapy (ACT) Groups
 - Dialectical Behavioral Therapy (DBT) Skills Groups
 - Reentry Group using Contingency Management
 - ACT Peer-Led Group
 - Post Release Community ACT Group
- Trauma-informed care
- Educational & vocational training
- Secondary treatment: expressive therapies



Program participants. Photos taken with permission.

Treatment Supportive Structure



DBT assumptions in practice:

- People are doing the best that they can.
- People want to improve.
- People must learn new behaviors both in therapy and in the context of their day-to-day life.
- **People cannot fail in DBT.**
- People may not have caused all of their problems, but they have to solve them anyway.
- People need to do better, try harder and be more motivated to change.
- The lives of people who are suicidal are unbearable as they are currently being lived.



FUNCTION:
Enhance & Motivate Staff

Supporting Staff To Do the Work



- Correctional Academy & In-Service
- Westfield State University Collaboration
- Acceptance and Commitment Therapy (ACT) training didactic
- Weekly Dialectical Behavioral Therapy (DBT) team meeting
- ACT Boot Camps
- Comprehensive 10-day DBT training

Staff trainings. Photos taken with permission.

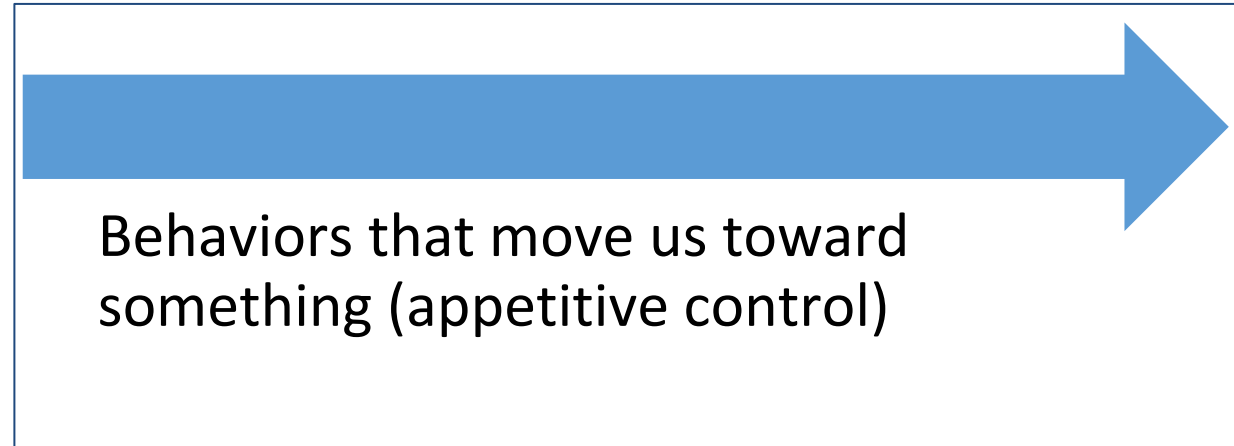
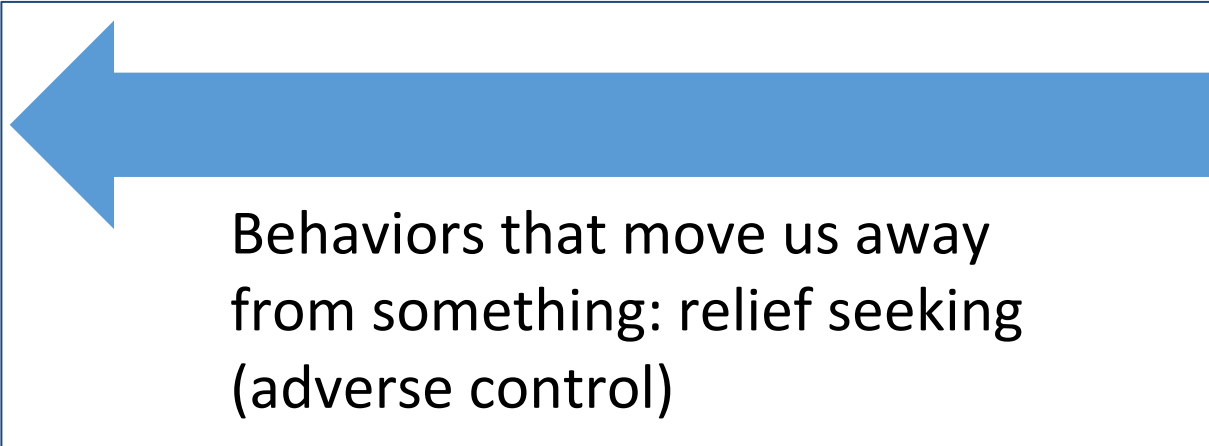
DBT Team Meeting



- Team Make-up
- Structure
 - Mindfulness
 - Assumptions
 - Agreements
 - Skill Reinforcement
 - Themes and Discussion
- Key Takeaway:

Behavioral Health Treatment Philosophy

If we break it down, behavior primarily functions in two ways:



A Lot Of Away Moves

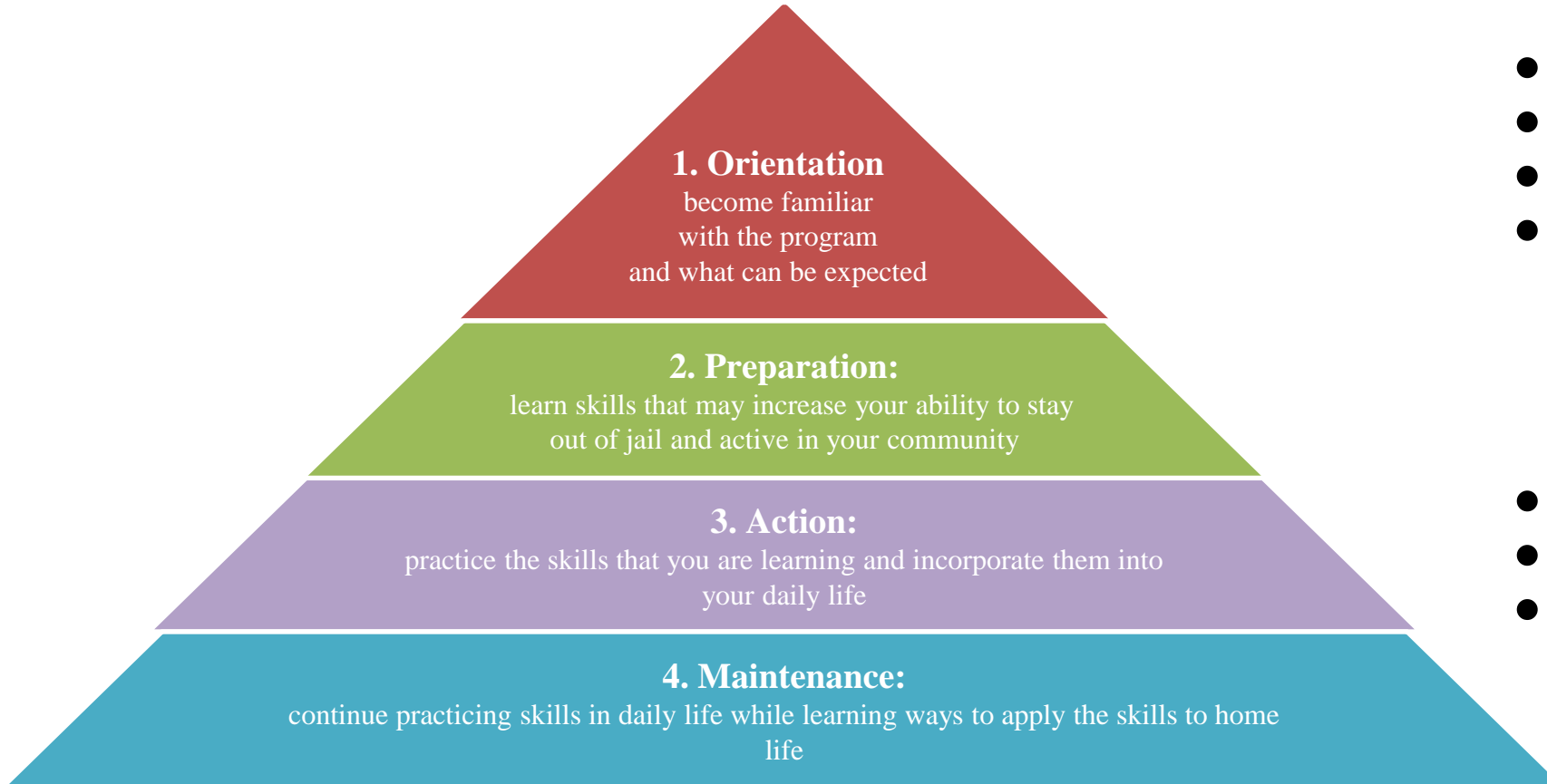


The behavior of individuals struggling in the justice system is often dominated by behavior governed by adverse control.

Goal: Create an environment that emphasizes appetitive control.



Incentivizing Engagement in Treatment Units



Locked Treatment Units:

- Earned Good Time
- Access to tablets
- Access to Family Events
- Elective Programming
 - Guitar Lessons
 - Yoga
 - Art
 - Gardening
- TV's
- DVD Players
- Contact Visits



FUNCTION: Enhance Capabilities

Dynamic Risk Factors and DBT Skills

Risk/Need Factor	Indicators	Intervention Goals	DBT Skills
Antisocial Personality	Impulsive, risk taking, seeking, aggressive, irritable	Increase self-management skills, anger management	Mindfulness, Distress Tolerance, Emotion Regulation
Pro-criminal Attitudes	Rationalizations for crime, negative attitudes toward the law	Counter rationalizations with prosocial attitudes; build prosocial identity	Mindfulness, Emotion Regulation
Social Support for Crime	Criminal friends, no prosocial contacts	Replace friends and associates with prosocial friends and associates	Interpersonal Effectiveness
Substance abuse	Abuse of alcohol and/or drugs	Reduce substance abuse, enhance alternatives to substance use	Emotion Regulation, SUD
Family/marital relationships	Inadequate parental monitor and discipline, poor family relationships	Parenting skills, improve caring and warmth	Interpersonal Effectiveness, Mindfulness
school /vocational	Poor performance, low satisfactions	Improve work/study skills, facilitate prosocial relationships at school and work	Interpersonal Effectiveness, Mindfulness
Prosocial recreational activities	No involvement in prosocial recreational/leisure activities	Increase participation in prosocial recreational activities, teach prosocial hobbies/sports	Interpersonal Effectiveness

Facilitating DBT behind the wall

- Key lessons learned about facilitating DBT groups in corrections
- Group and individual work continuum
- CCW coaching in lieu of phone support
- BCA for D reports

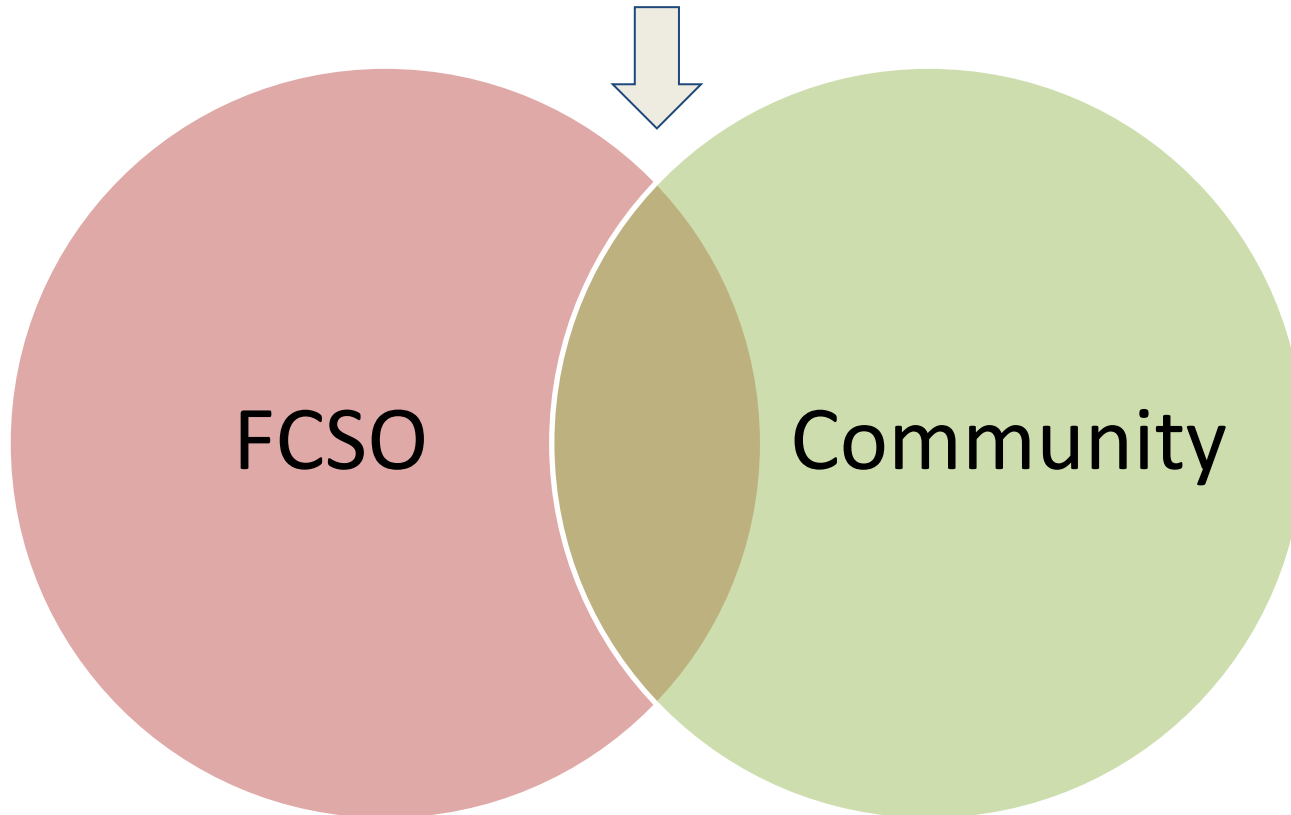


Program participants. Photos taken with permission.

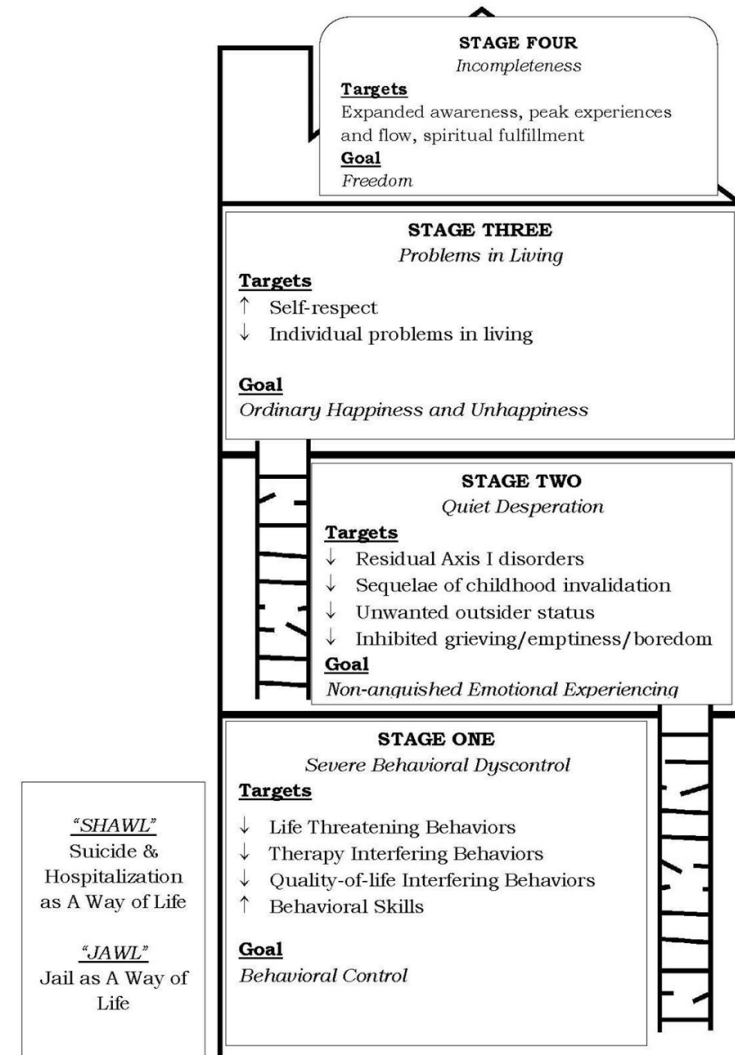
FUNCTION: Generalize Skills



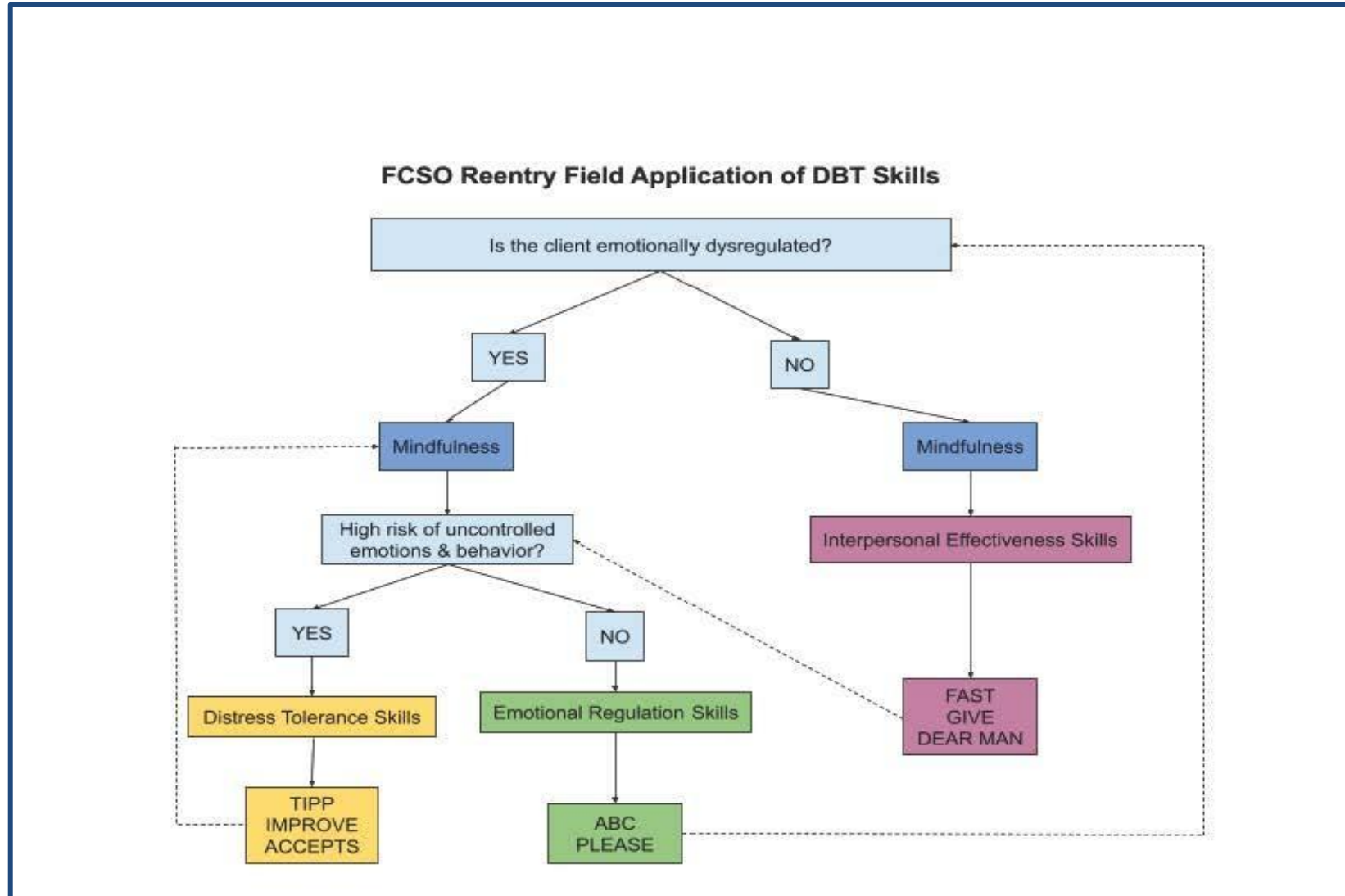
Pivot Point



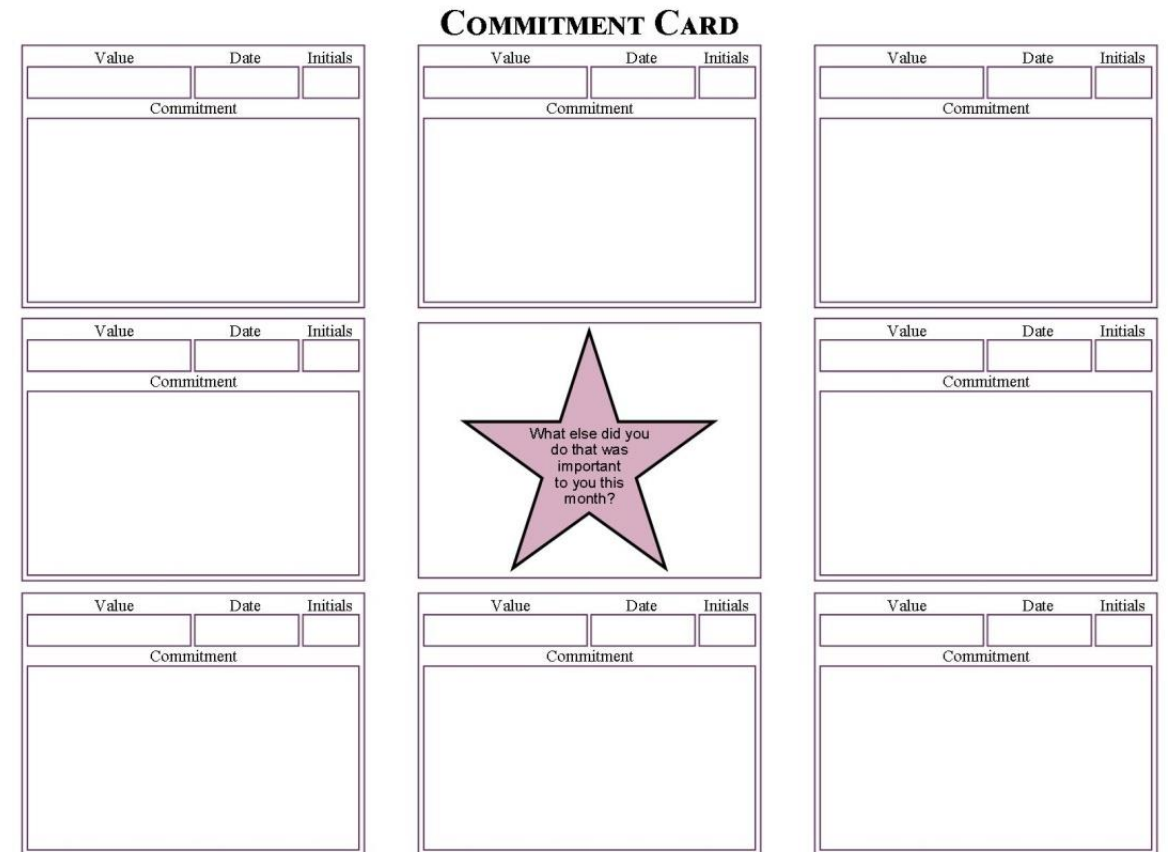
DBT House of Treatment



Reentry Case Workers: Reinforce & Generalize Skills



Open Enrollment Voluntary



Readings and Resources

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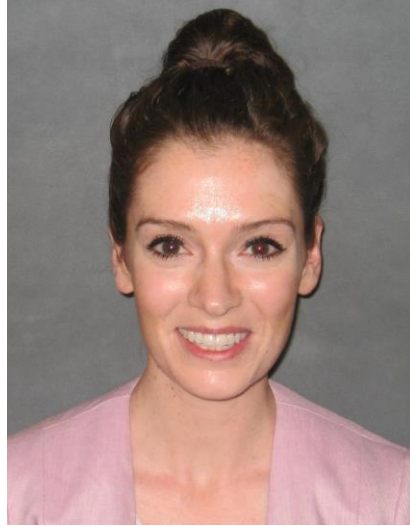
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Thank you



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DBT in Practice: Challenges and Successes

Jared Hill

Clinical Mental Health Counselor Clinical Director, Sanpete County Jail

History of DBT and RSAT program

Sanpete County Jail, Central Utah

- Program began in 2016.
- First County Jail in Utah to create an RSAT program
- Originally consisted of a relapse prevention group, psycho-ed classes, and cognitive intervention (MRT).
- No consistent individual treatment
- Limited ability to address co-occurring disorders, trauma, or significant mental health problems
- Grants received 2 years ago allowed for hiring full time mental health therapist, programming jail sergeant, community health worker, and county probation
- Addition of alternative programming such as DBT

Needs and benefits of adding DBT

- Addressing co-occurring disorders
 - Difficulties getting people into psychiatric facilities so we are managing a level of mental health problems greater than we ever have before.
- Addressing self destructive behavior
- Addressing suicidality
- Addressing aggression and impulsivity
- Emotional management and urge management
- Need to individualize treatment- attempts to create a less “one size fits all” program
- Need to create different intensity levels of treatment
- Many people do not get treatment unless we are able to provide it

Criteria For Participation in DBT

Assessment Process

- Clinical Interview indicates history of suicidality, behavioral problems, Personality Disorders, impulsivity, emotional dysregulation, mood lability, aggression.
- This is often found when assessing the ASAM criteria 3 (Emotional, Behavioral, or cognitive conditions)
- The LSRNR has a section called Responsivity. There are several questions addressing mental health issues and suicidality. Individuals that score in the high or intensive needs area on the LSRNR justify higher treatment intensity and increased treatment dosage. The DBT program was brought on to address those factors.
- The Addiction Severity Index identifies mental health problems and flags individuals for additional treatment needs in those areas.

Integrating an Evidence based program

Compatibility of the RNR model with DBT

- Foundation of Risk, Needs, responsiveness.
 - There is a need to create various intensity levels
 - Addressing various responsiveness elements
- Addressing barriers for treatment such as behavioral issues, emotional dysregulations
- Many of the quality-of-life goals that DBT asks to set fit well with the model of Risk Needs Responsivity.
 - Removing Substance abuse
 - Maintaining interdependent living
 - Sustainable employment.

Implementing DBT

- Stage 1 and stage 2 in individual therapy, but not 3 or 4
- We work with our community mental health to continue DBT treatment. They run a DBT skills group outside of jail
- Set up clinical team that works together to address problematic behavior and co-occurring disorders. Improved communication among professionals has been essential.
- Behavioral stabilization
 - Behaviors that interfere with treatment
 - Suicidal behaviors
 - Aggression towards other inmates and staff
 - Self harm
 - Quality of life interfering behaviors such as substance abuse
- Trauma treatment and reduction of trauma symptoms
 - Based on limited time we have to pick and choose the elements of DBT that can be the most helpful.

DBT Skills Group

- Group Lasts 12 weeks. This is an abbreviated group.
- Groups are taught 2 times per week. Sessions are 2 hours long.
- Work with Community Mental Health for continuity of care
- Skills group beginning with mindfulness exercise and uses role play and other forms of skills practice.
- Covers skill areas of mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness.
- Skills are reinforced in individual treatment sessions.
- Clients are able to practice skills developed in peer run groups that happen daily in the housing sections of the jail.

Challenges

Areas to improve

- Desire for change: Some inmates enroll in DBT because they are court ordered to complete our Residential Treatment Program. Additionally, Inmates can earn early release time for participating in programming. Some inmates do not appear to be genuinely invested.
- Group based treatment and integrating DBT skills into individual treatment.
- At the county jail, our typical clients are only available for a short time. Our substance abuse program is 90 days. DBT is generally considered to be one year minimum for adults. Time constraints makes it difficult to provide DBT to fidelity.

Challenges

Areas to improve

- Stage 1 behaviors are sometimes dormant during incarceration. Some people act out and are aggressive, and some people do not, but return to many of the behaviors outside of prison. The sterile setting makes focusing on problem behaviors difficult at times. DBT asks that people stay out of “false environments”, so this is a challenge.
- DBT was added after some of the other elements of treatment, and it is sometimes viewed as optional
- Continuum of Care challenges
 - Struggles getting people into community care after being released from the jail.
 - Getting officers and other staff members on board with DBT language and skills to remind and assist client’s outside of treatment. Sticking to behavioral language and avoiding pejorative language.

Results: How effective has it been?

- Inmates report improvement in skill development.
- Decrease in interpersonal conflicts and problematic behavior.
- Way to vary treatment for individuals coming back to jail multiple times.
- Jail staff reported enjoying having non-punitive options such as referring to individual treatment.
- Many clients have been observed talking about DBT skills during peer ran groups.
- Client's present as invested and talk about the skills in other programs.
 - Compare with MRT: clients reference and discuss DBT in other settings.
- As we have added Evidence Based Treatment, it has increased the confidence of the local judicial courts, who recommend and order individuals to complete the program.

QUESTIONS

▶ Type your questions in the Q&A box on your screen.



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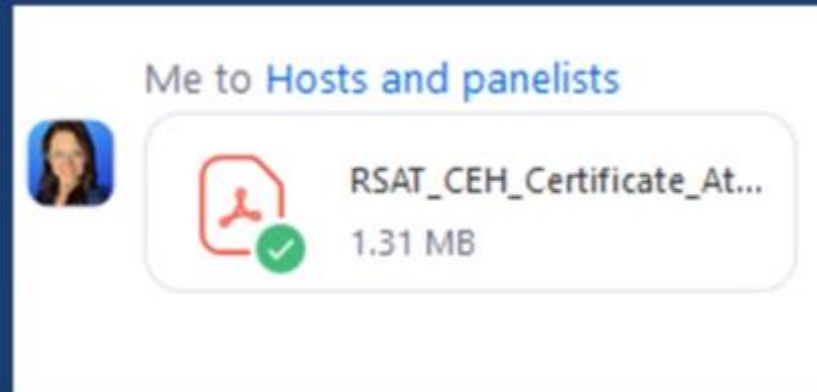
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