McLean
HARVARD MEDICAL SCHOOL AFFILIATE

DBT in the Adolescent Residential Setting: The Skillful Milieu

Blaise Aguirre, MD

Medical Director
3East Residential
www.3East.org
Assistant Professor of Psychiatry
Harvard Medical School
Twitter: @blaisemd

An Impossible Task?

A question frequently asked by clinicians and others before we opened the residential unit:

"How will you manage a unit full of adolescents with BPD?"

5 Components of a comprehensive Tx in an Adolescent Milieu

- Enhance client capabilities
- Improve client motivation/reduce factors impeding progress
- Skills generalization
- Structuring the environment
- Enhance clinical staff capabilities and motivation

There is overlap between these categories

Creating the therapeutic milieu

- ‘‘Methods are many, principles are few, methods often change, principles rarely do.’’ Emerson
- Do one treatment (mostly) and do it well
- Historical roots in ‘‘moral psychiatry’’ – compassionate care, rehab model (patients were engaged in meaningful activity)
- All members of the institution (staff and residents) formed a therapeutic community

Anchoring the Work in DBT Principles

- Principle of *behaviorism* underpins the DBT bio-social model of the development of BPD, as well as the DBT behavioral change strategies and protocols.

- *Zen* and *contemplative* principles underpin DBT mindfulness skills and acceptance practices for both therapists and patients.

- The principle of *dialectics* keeps the entire treatment focused on a synthesis of opposites, primarily on acceptance and change, and in the case of residential care, the needs of the milieu with the needs of the individual patient.

Residential Treatment - Opportunities

- Around the clock transactions between residents and staff
- Bridge between adolescents and families (assessing why the child cannot live at home, problem-solving, acceptance)
- Forming a community of treaters (everyone who does clinical work) with a community of residents and families to build a therapeutic milieu

Creating the therapeutic milieu

- The spirit, the principles, the skills, the strategies, and agreements in DBT all translate well into residential care
- DBT residential treatment has the power to transform lives, for residents AND staff
- DBT assumptions about patients and therapy need to be learned and modeled throughout the community

Commitment Interview

- Meeting with the team, prospective resident and family
- Focus on targets and goals
- Commitment strategies are central
- Commitment of prospective resident, family and team to the individualized treatment

We Live the Consultation Team Agreements:

- Dialectical Agreement: Searching for wisdom in all positions and seeking synthesis between differing positions.
- Consultation to the Patient Agreement: Agreeing to improve our own skills as DBT therapists, to not serve as a go-between for patients, and to not treat patients or each other as fragile.
- Consistency Agreement: Agreeing to accept diversity and change as they naturally come about. We do not have to agree with each others' positions about how to respond to specific patients
- Observing Limits Agreement: We agree to observe our own limits. As therapists and group members, we agree to not judge or criticize other members for having different limits from our own
- Phenomenological Empathy Agreement: All things being equal, we agree to search for non-pejorative or phenomenologically empathic interpretations of our patients', our own, and other members' behavior. We strive to see the world through our patients' eyes and each others eyes. We agree to practice a non-judgmental stance with our patients and one another.
- Fallibility Agreement: We agree ahead of time that we are each fallible and make mistakes. We recognize that we will inevitably violate all of these agreements, and when this is done we will rely on each other to point out the polarity and move to a synthesis.
- Stretch Limits: When needed

Residential Treatment -Opportunities

- The milieu, while small, offers opportunities for skills generalization and self examination
- Always a work in progress because the community is always changing
- Milieu interactions are consonant with adolescent development

Anchoring the Work on the Assumptions that the milieu:

- At any moment is doing the best it can.
- Can and must do better and try harder and work on motivation.
- Wants to improve.
- Must learn new behaviors in all relevant contexts.
- Assumes that our patients cannot fail in DBT.
- May not have caused all of our own problems, but we have to solve them anyway.
- Assumes that the lives of suicidal, BPD individuals are unbearable as they are currently being lived.

Creating a therapeutic milieu

- The culture must support the daily practice of living the principles and the skills
- Expand the scope of the DBT consultation team agreements to include the entire milieu

Dialectical Dilemmas

- Foster dependency vs. forcing autonomy
- Excessive leniency vs. authoritarian control
- Normalizing pathological behavior vs. pathologizing normative behavior

Additional Dialectical Dilemmas

- Accepting risk vs. limiting freedom
- Individual need vs. group need
- "Needs" of the adolescent vs. parental values and judgment (discernment)

Enhance client capabilities

- Skills groups
- Skills coaching and skill practice in the milieu (strengthening)
- Generalization (see next slide)

Skills Generalization

- Skills coaching
- Family therapy
- Passes
- Unit outings
- Work, school, volunteer activities

Improve motivation/reducing factors that impede progress

- Individual therapy
- Milieu structure (unit rules)
- Milieu interventions (behavior plans and contingencies on the unit)
- Family skills group and family therapy

Structure the Environment

- Level system
- DBT posters
- Fitness hour
- Curfews
- Cell phone and computer time
- Sharps and medications

Enhance clinical staff's capabilities and motivation

- Consultation Teams
- Floor staff "boot camp" and weekly trainings/supervision
- Conferences
- Skills coach on call for the floor staff


McLean
HARVARD MEDICAL SCHOOL AFFILIATE
1811
McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE
Thank You For Participating
For more information about 3East DBT Programs, please visit
mcleanhospital.org/3east