

Metro South Addiction and Mental Health Services

# DBT Informed Program

Dialectical Behavioural Therapy  
Pilot study

Rebecca Reedman (RN, M. Counselling)  
Deafness and Mental Health Statewide Consultation  
Service



## Statewide Consultation Service Deafness and Mental Health

- Dr Frances Dark, Dianne Briffa, Rebecca Reedman, Jennifer D'ath, Fiona Davidson, Mark Cave.



# Mental Health

- Can be viewed as a continuum
- Mental illness affects a persons thinking, emotional state & behaviour.
- Different types of mental illness– depression, anxiety, most common. schizophrenia, bipolar less common.
- 1 in 5 people aged 16-85yrs suffer from some form of mental illness in any year.
- People recover from mental Illness

# Mental Illness

- Half of all people who experience a mental illness have a first episode by age 18.
- Seventy-five percent (75%) of people who experience a mental illness have a first episode by 25 years of age.



# Treatment and Support

- Medical treatment- medications
- Psychological treatment- counselling/ psychotherapy, books, computer programs eg. mood gym
- Support Groups – Alcoholics A, Beyond Blue, pastoral care
- Rehabilitation/recovery programs - Back to work 'Break thru' , stepping stones
- Family and Friends

# Recovery and Staying Well

While psychological and/or medical treatment can help with recovery, other ways to stay well:

- **Maintain a healthy lifestyle**  
Address: Sleep, alcohol, drugs, diet, exercise
- **Reduce and manage stress**  
spiritual / massage
- **Developing and nurturing a sense of belonging.**  
Art group, hockey club, sense of family.

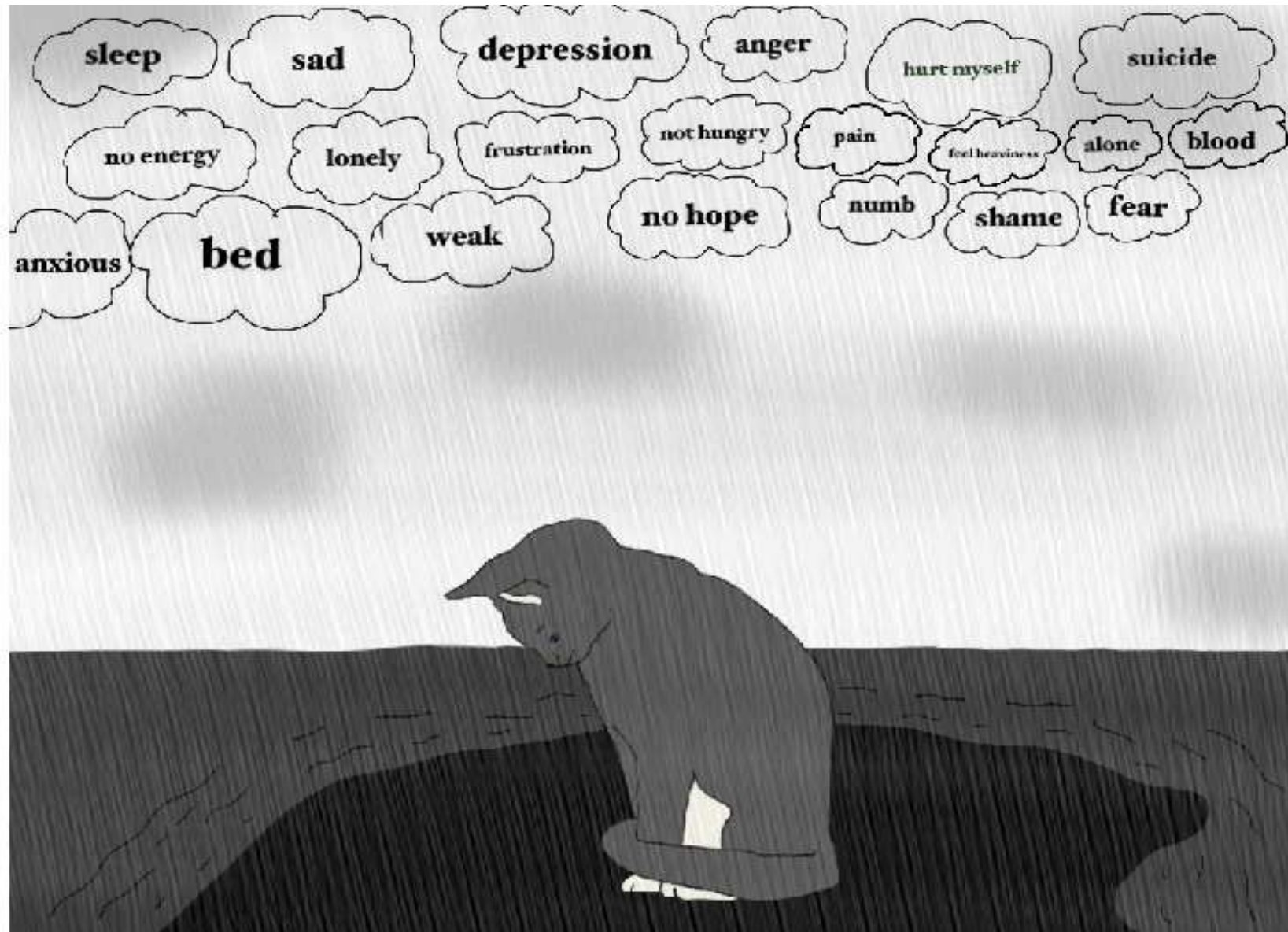
# Deafness and Mental Illness

- At a minimum, Deaf people experience a prevalence of mental illness equal to that of the hearing population
- Some studies indicate a greater likelihood of experiencing mental illness due to:
  - Increased social isolation
  - higher risk of abuse
  - communication issues
  - potentially varied educational experiences
  - a lack of knowledge within the mental health sector of deaf specific considerations.

## Mental Health Implications – Possible Individual Issues

- May see themselves as different / not normal
- May experience learning deficits / misunderstandings
- Communication difficulties / decreased incidental learning
- May have poor family supports / community supports / disadvantaged upbringing
- May be neglected or over protected
- Disempowerment / Isolation
- May have poor literacy / education outcomes
- Theory of mind, other factors (syndromes)  
? may lead to.....





## Deafness and Mental Health Service

- Formed in response to a growing recognition of the need for specialised services for Deaf and Hearing impaired consumers.
- Assist people who are Deaf or hard of hearing to access culturally affirmative and inclusive mental health care through:
  - Education and support for clinical and other service providers
  - Support for consumers
  - Prevention strategies
  - Consultation liaison
  - Therapy/Counselling

# A Need for Therapy?

What led us to start DBT:

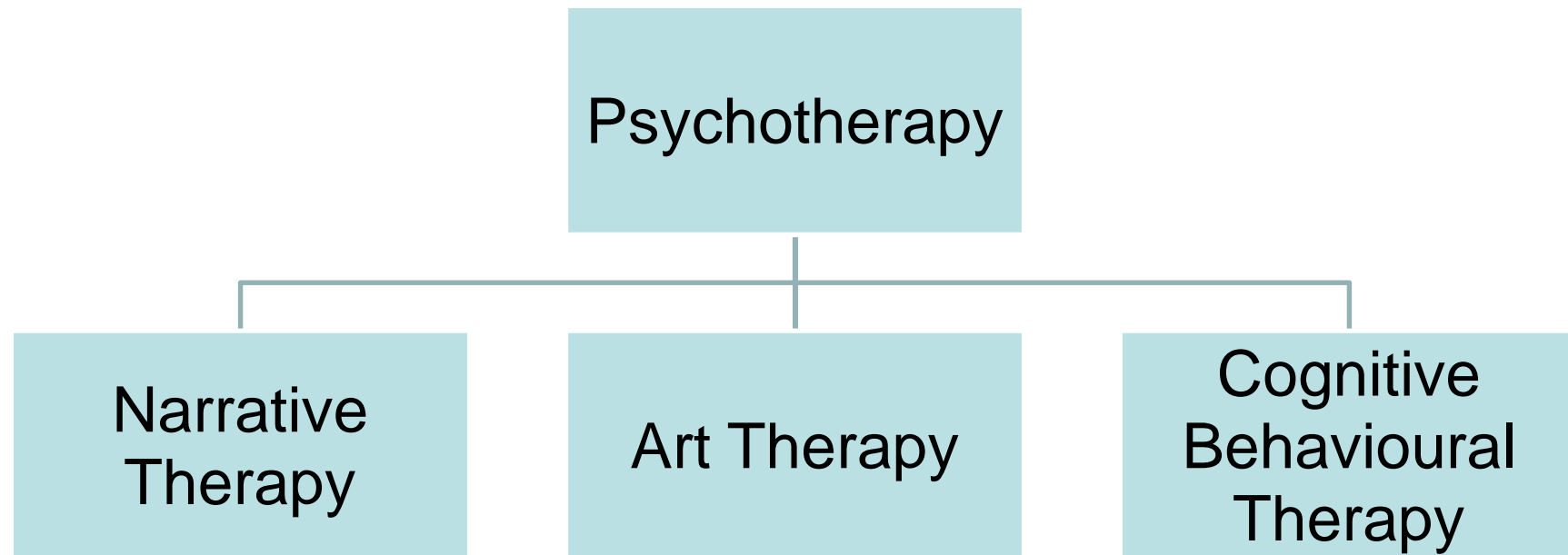
In our clinical experience we noticed clients struggling with

- Overwhelming emotions leading to destructive behaviours
- Past abuse issues
- Relationship and boundary issues
- Inadequate coping mechanisms in times of crisis

# Psychotherapy

- A therapeutic interaction or treatment contracted between a trained professional and a client, patient, family, couple, or group
- Psychotherapy aims to increase the individual's sense of his/her own well-being
- Psychotherapists employ a range of techniques dialogue, communication and behaviour change that are designed to improve the mental health of a client or patient, or to improve group relationships (such as in a family).

# Treatment



# Constructivist Narrative Perspective/Model.

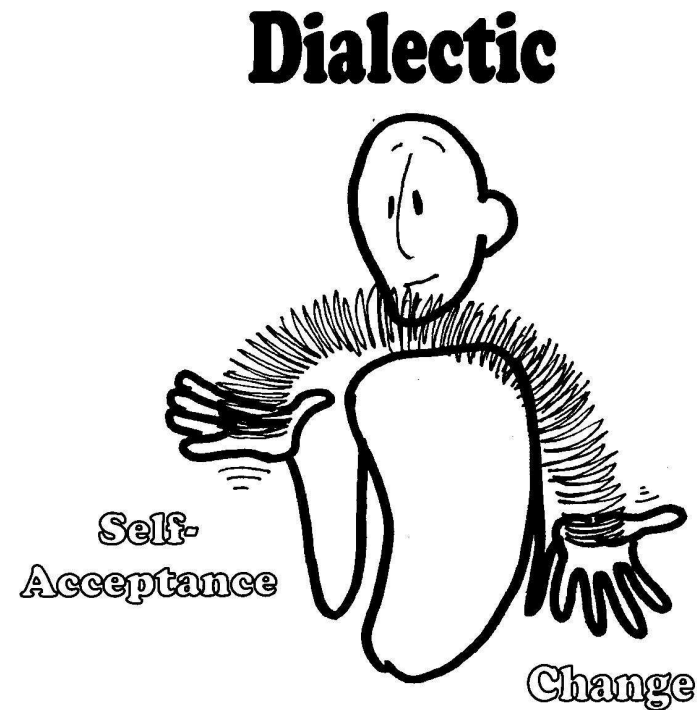
Focuses on the 'accounts' or 'stories' that individuals offer themselves and others about the important events in their lives.

Utilises strategies to help people change their thinking, including specific questioning that can lead them to discover abilities.

Constructing life affirming stories.

# Dialectical Behaviour Therapy

- Developed 1993 by Marsha Linehan
- Its about teaching psychosocial skills
- CBT strategies to help people change + mindfulness strategies taken from Zen Buddhism to help people accept themselves.
- Dialectic = integration of acceptance and change strategies



## DBT informed program

- Our program included:
  - weekly 2 hour group sessions,
  - fortnightly individual one hour counselling, and
  - SMS /email contact.
  
- The program
  - 22 sessions 1st group
  - 27 sessions 2<sup>nd</sup> group ( over 12 months )
  
- **Pilot program not yet verified by behavioural Tech LLT**



# Dialectical Behaviour Therapy

- A comprehensive program of teaching skills in a group setting & individual therapy to help scaffold skills into participants life

also email support and homework.

- Requires commitment from clinicians and clients (around a year for full program),

not a quick fix

# DBT

Dialectical Behaviour Therapy

Mindfulness

Interpersonal  
Effectiveness

Distress  
Tolerance

Emotional  
Regulation

# DBT

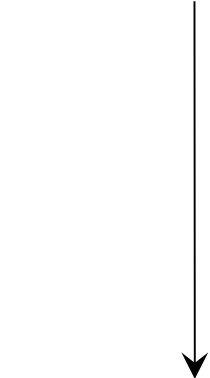
Dialectical Behaviour Therapy

Mindfulness

Interpersonal Effectiveness

Distress Tolerance

Emotional Regulation



**Wise mind**



**Observe**



**Describe**



**Participate**



**Non judgemental**



**In the moment**

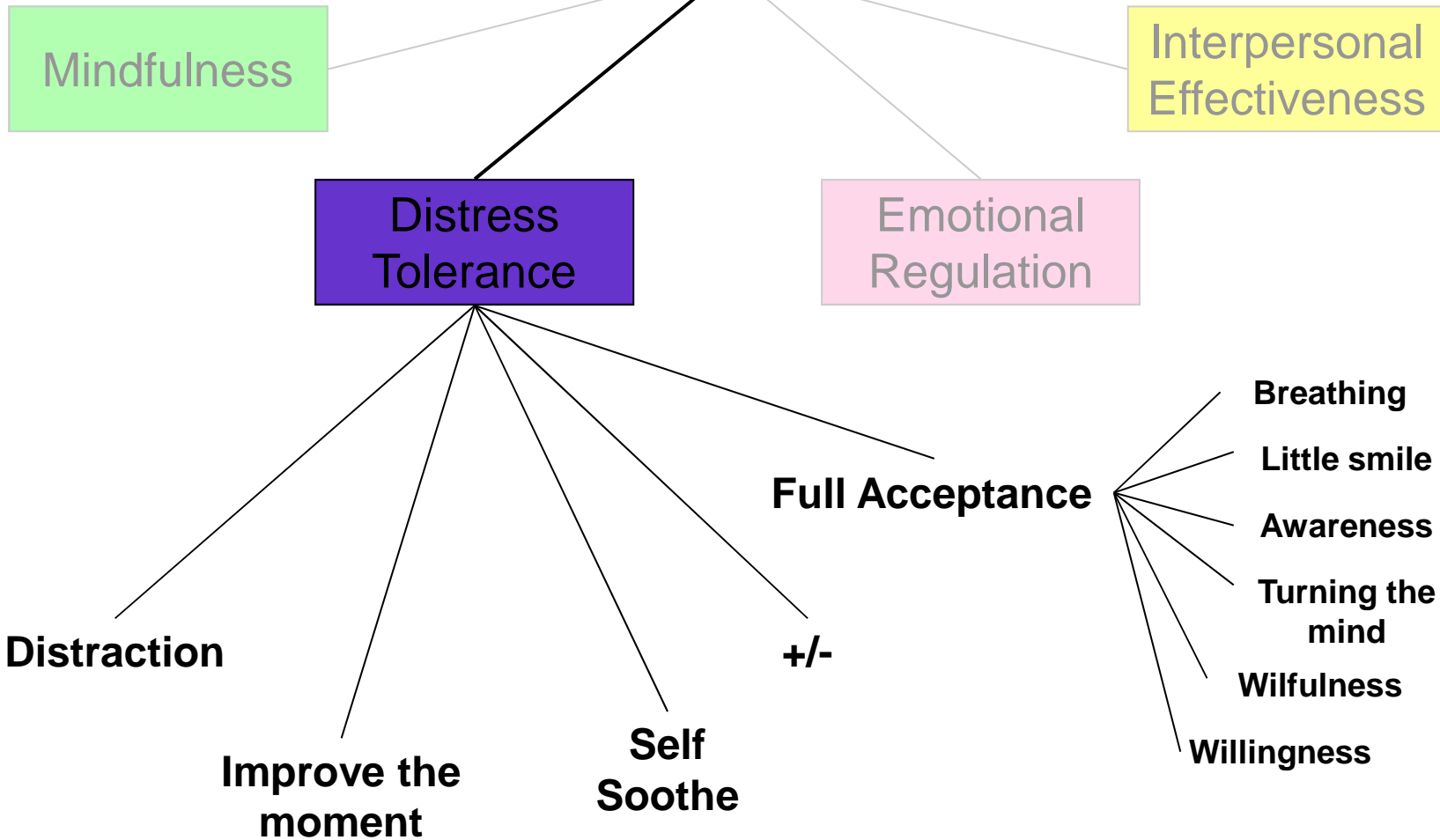


**Do your best**



# DBT

Dialectical Behaviour Therapy



# DBT

Dialectical Behaviour Therapy

Mindfulness

Interpersonal  
Effectiveness

Distress  
Tolerance

Emotional  
Regulation

**Be strong**

**Opposite  
to emotion**

**Do positive  
things**

**Wait**

**Know about  
emotions**

# Challenges

- **Linguistic challenges**

As hearing clinicians, working with people who use auslan as their primary language, matching linguistic differences within the group. Mindfulness (made a new sign), not able to use official DBT video resources well (ASL)

- **Cross-cultural challenges , being culturally affirmative or Deaf friendly**

Using Deaf specific role plays, bringing in Deaf challenges into assertiveness skills, using metaphors and analogies that make sense.

Attention to issues of confidentiality and trust.

## Challenges..cont.

- Working on the run, finding knowledge deficits and then trying to fill these on the run.  
Eg food groups/pyramid
- **Disability Challenges**  
Wheel chair access, concentration abilities, physical disabilities- dexterity, visual acuity etc
- **Assessment Challenges**  
culturally appropriate



Metro South Addiction and Mental Health Services



## Evaluation/Outcomes

In order to assess the effectiveness and usefulness of the program, we...

- Debriefed at the end of each weekly session
- Monitored and responded to ORS/SRS scores at every face to face
- Questioned clients at an 'Evaluation Session' several weeks after the finish of the program
- Questioned trainers and interpreters after the finish of the program
- Utilised Mental health assessment tools eg Beck Depression Inventory and Anxiety Inventory pre and post.

## Before.....

- *“Wasn't sure whether to send u email but been having thoughts bout suicide and been looking up on net bout it for the past few days or a week but I'm feeling ok now I think. I have cut myself....”*

## During....

“Hi

*The thoughts of self harm is back again but am doing distraction and cuddling my cat. The thoughts is starting to build up, same with feelings. How do I stop or lessen bad dreams cos it starting to bother me past few days and making harder to stay sleep?”*

## After...

- *“Before I had lots of negative thoughts and I was cutting. I was frustrated, angry and ashamed”*
- *“Now I recognise and have control of the emotion and negative thoughts. I have no thoughts of cutting anymore.”*
- *“ Learning about emotions and controlling them” was most helpful. The hardest part of DBT was “having to face the emotion .. having to feel shame and guilt.”*

## New Narratives

- *“DBT was useful for me as I learnt different skills that I can use to deal with situation calmly and rationally. For example, when I am angry I can stop myself from reacting and go for a walk to calm myself down and use mindfulness to get rid of the negative thoughts.”*

## Evaluation summary Outcomes/Process/Model

- DBT was well received by Deaf MH Consumers in the pilot program and appeared to have positive outcomes
- Most clients could identify specific skills they were using now, and could explain the usefulness of the skill in certain situations and everyday life

## What We Learned

- Need to consider future training needs for team
- Adapting materials for a Deaf audience is **very** labour intensive. May need to consider dual resources for low and higher literacy groups
- Importance of a schema or map for Deaf participants outlining components of DBT
- Need to incorporate more aspects of Deaf culture into group activities
- Importance of a regular consultation group and planning
- Fidelity to the DBT model?
- The benefits of group work.

## Questions or Comments?

### Deafness and Mental Health Statewide Consultation Service

- Ph: (07) 3167 8430
- TTY: (07) 3167 8488
- Email: [Deafness\\_MHS@health.qld.gov.au](mailto:Deafness_MHS@health.qld.gov.au)
- [www.health.qld.gov.au/metrosouthmentalhealth/deafness/](http://www.health.qld.gov.au/metrosouthmentalhealth/deafness/)