Crestwood Behavioral Health, Inc.





DBT Delivered by Peers in a Peer-Operated Crisis Program

Cindy Mataraso, PsyD (she/her) & Ron Cordy, CADC-II (he/him)

Land Use Acknowledgment

We acknowledge that the land we are gathering on for this conference once belonged to the Catawba, Cheraw, Wateree, and Waxhaw Peoples, who stewarded this land throughout the generations. Before this land was named the city of Charlotte, it was used as a place of meeting and trading by a diverse group of Indigenous peoples. We also acknowledge that the greater Charlotte region has profited from the enslavement of others and their descendants. We recognize that knowing, acknowledging, and honoring the history of this land and its people is only the first step. We must support and listen to Indigenous and Black voices while being agents of change for policies and practices that perpetuate inclusion, equality, and opportunities for reparation.

Learn more here: <u>https://www.youtube.com/watch?v=-WgxfugOtAY</u>

Possible Action Step: www.whenweallvote.org

Learning Objectives

What are three elements of Crestwood's peer-led program

What are three elements of Crestwood's acute care fidelity for Dialectical Behavior Therapy

Describe the training road-map to become a Crestwood DBT Counselor



Mindfulness

Crestwood Behavioral Health, Inc.



One of California's largest providers of residential care for acute and subacute Recovery and Peer-led services

- Five distinct treatment types allowing persons served to transition seamlessly to less restrictive settings
- Treatment within the communities in which persons served will be discharged, allowing for community support and meaningful activities outside of the treatment setting before discharge
- Psychiatric rehabilitation with evidence-based treatments



Persons Served at Crestwood's Crisis Residential Program

- Mostly adults ages 18-59 needing stabilization from a mental health challenge
- Historically Marginalized and At-Risk people
 Co-occurring disorders
- 4 Types of Service
 - Short term 2-4 weeks
 - One Month Stay
 - Crisis 24 hours
 - Mobile Crisis, coming soon

Peers are Leading at Crestwood Peer Led Services

Peers are the center and leaders in the Crestwood Resiliency program, and it's built on the following principles:

Everyone is treated with dignity and respect.
Everyone is treated as a guest in our home.
Recovery from a serious mental health challenge is not only possible but is the goal for everyone served.

Peers are Leading at Crestwood Peer Led Services

- At Crestwood, we believe that recovery is a supportive process where a person is encouraged to make the most of their life and achieve a sense of balance and fulfillment. It is a deeply personal and self-directed process built on hope, empowerment, meaningful roles and spirituality.
- Recovery services lead to successful transitions and integration back into the community; building skills to avoid hospitalization, incarceration and homelessness after discharge.
- Our recovery environment is a homelike setting, creating a culture that is welcoming and friendly and improves recovery outcomes.



Study Typology of PSS	Definition	Impact of PSS on hospitalization/ ED usage	Key factors that mediate Outcomes
Crisis and respite services	Programs and services that provide an acute response to individuals who are experiencing a psychiatric emergency and need an urgent response.	Provides alternatives to hospitalization and ED use. Fosters stability and community tenure.	 Peers are employed to provide services. Training and certification standards exist. Services are reimbursable. Services are covered under Medicaid state plans. Peer specialists are integrated into the health care system. Community has other supportive resources and services to support clients. Peers are part of health care team and provide input into medical records. Track record of success in the community. Supported by other providers. Peers focus on whole health.
Transition in levels of care	Programs and services designed to provide assistance and support to individuals who are involved in changes to their treatment services that involve new providers or settings and levels of acuity.	Helps reduce/ prevent crisis, crisis relapse, hospital readmission, ED use.	
Community- based services to promote recovery and resiliency	Programs and services designed to provide ongoing engagement, support, and activation for those who have successfully established recovery and illness management plans.	Keeps individuals healthy in the community and helps prevent hospitalization.	

Quantian of Deer Cunnert Staff (DSS) on Upenitalization and ED Litilization

Peers are Leading at Crestwood Peer Led Services

Courtesy of: *Psychiatric Times*, June 29, 2018, *"Revisiting the Rationale and Evidence for Peer Support by* Larry Davidson, PhD, Chyrell Bellamy, MSW, PhD, Mathew Chinman, PhD, Marianne Farkas, ScD, Laysha Ostrow, PhD, Judith A. Cook, PhD, Jessica A. Jonikas, MA, Harvey Rosenthal, Sue Bergeson, Allen S. Daniels, EdD and Mark Salzer, PhD)

Peers are Leading at Crestwood Peer Led Services

Individuals should have choices and self-direct their own services. A philosophy of "no-force-first-opportunity services" builds hope and empowerment.

Our program reduces symptoms, functional challenges, while increasing independence.

All recovery tools are honored, providing support for alcohol, drug and risky behaviors, while educating and linking our guests to medication and treatment options.

Choices and Self-Directed Services



- A Recovery Partnership with another individual in recovery, a Peer Support Specialist, provides the evidence that recovery is possible and offers the support to help each person served become engaged in their own recovery journey and to pursue their hopes and dreams.
- These shall be woven into the Recovery Service Plans (RSPs) from the time of welcome. The RSPs address housing, employment, and stable funding leading to self-sufficiency.

Trauma-Informed Environment

Crestwood's homelike, welcoming environment is fostered through soft, subtle, warm colors, comfortable oversized furniture and resources, such as wellness tools, meditation supports, art supplies and user-friendly, self-help materials. An environment is created to provide a structure that is safe, as well as calming and nurturing.



Environment

Crestwood has been recognized for intentional use of space that supports a person as they transition through their crisis, including:

Welcoming Rooms
Serenity and Comfort Rooms
Guest Dragonfly Rooms (for guest visits)
Contemplation space
Media and computer space
Exercise space

>Bedrooms that are homelike and comfortable





Resilience Values

Crestwood's Resilience Values:

- Recovery and healing starts from the point of welcome and is a right held by all who require services and is the responsibility of the provider.
- Creating an atmosphere that supports wellness and healing with the most effective psychiatric interventions.
- A welcoming, respectful and responsive staff promote hope, choice, empowerment and resilience. Crestwood utilizes a resiliency-based welcoming model.



Resilience Values



- Guest-driven and designed services are most effective with trained peer mentors and providers.
- Providing meaningful ways for guests to contribute actively to the overall program; giving back in ways that builds personal empowerment and self-efficacy.
- A warm handoff which provides supportive transitions with involvement of community and natural supports, including parents, is essential to selfreliance and integration into the community.

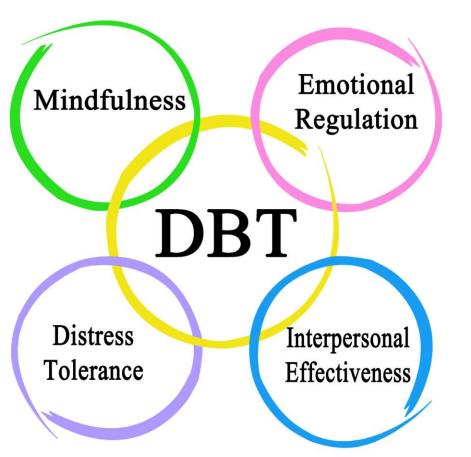
Cultural Relevance

The Crestwood Cultural Competency Plan focuses on the following:

- Prioritizing and commitment to Cultural Competence.
- Crestwood ensures that policies, procedures, practices and activities incorporate the values of racial, ethnic and cultural diversity, as well as reflect the community.



Dialectical Behavior Therapy



Well researched by both RCT and non-RCT demonstrating effectiveness since 1991

Evidence-Based practice by SAMHSA and APA

Modifications to inpatient have been validated across populations including hospital and forensic

First RCT found effectiveness for chronically suicidal and self harming women diagnosed with Borderline Personality Disorder

Today the list of disorders, for which it is effective, extends to diagnoses with an affective component, substance abuse, and eating disorders

Across ages ranging from adolescents to older adults

A Life Worth Living

DBT's Dialectical View

 Wholeness
 Reality is not static
 Between black and white are shades of grey

 Interrelatedness
 of grey

 Person and environment are connected
 Change is the nature of life

Within every truth, there is it's opposite

[] # \$5445+7-46, br 2007

Wisdom within contradictions

Always look for what's left out

opposition are part of the process



Crestwood Foundational Tool Dialectical Behavior Therapy (DBT)

DBT - developed by Marsha Linehan PhD, it is an Evidence-Based practice to prevent suicide. Crestwood's training was directly provided by Linehan's team. We have adapted the practices with consultation to meet the needs of our population.

DBT consists of:

- Mindfulness Zen practices in Cognitive Behavior Therapy
- Coaching on the Fly
- Consultation Team
- Skills Training mindfulness, emotional regulation, interpersonal effectiveness, distress tolerance and homework review.





Crestwood's DBT Fidelity

- Training all staff receive training at orientation, then yearly, comprehensive new counselor training (a one-year comprehensive program)
- Delivery all persons served have an opportunity to learn DBT in low intensity groups (we call DBT for All).
- Persons Served in full program receive weekly group, individual counseling, and practice exercises
- Coaching on the Fly
- Environment skill of the day, carnivals, incorporate into activities
- Weekly consultation team with DBT counselors

Fidelity for Crestwood's Dialectical Behavior Therapy for Acute Care Programs

Orientation to DBT for all staff and persons served.

- Person Served: Introduce DBT during the welcome through the New Person Served Orientation Packet and follow-up conversation about DBT during the orientation period.
- Staff: Within 90 days of hire, attend a half-day DBT training that includes, at a minimum:
- Mindfulness
- > Harmful Behavioral Contract (including Behavioral Chain Analysis)
- Coaching on the fly
- > 4 modules
- Validation Strategies
- Dialectics

Fidelity for Crestwood's Dialectical Behavior Therapy for Acute Care Programs

Groups Only (Acute Care Programs)

- At a minimum 4x weekly group facilitated by DBT-trained counselors.
 - Include in-group practice.
- Possible group schedule, Appendix A of the 2015 Manual
- At a minimum skill of the week posted for persons served
- Additional DBT activities i.e., carnival
- Coaching on the fly

Fidelity for Crestwood's Dialectical Behavior Therapy for Acute Care Programs

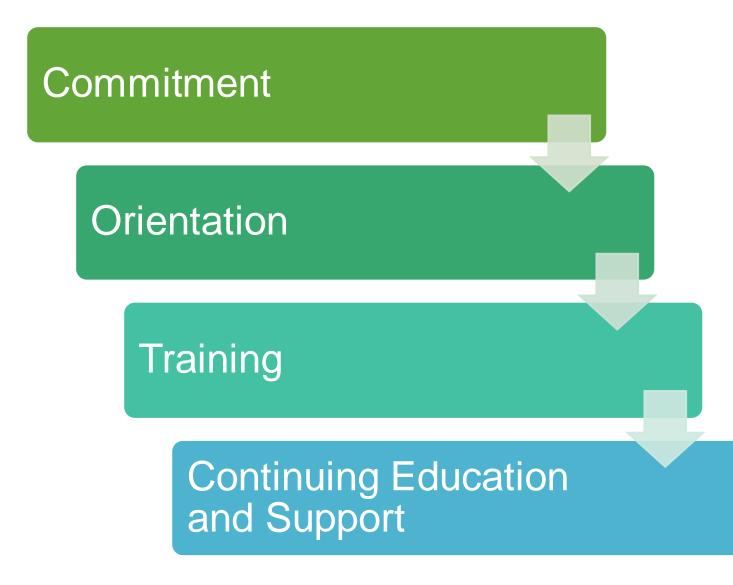
Consultation Team

- Teams are campus specific, not program specific. If your campus has more than one program it is the best practice to have teams that serve the entire campus meaning a counselor employed at one program can deliver DBT in another program.
- Teams consisting of one or 2 members will be partnered with other campuses with small teams to do team by Zoom.
- Hold team meetings a minimum of once a week.
- Meetings must follow consultation team protocol (located on the intranet in the DBT folder).
- To be a member of the consultation team, each team member MUST:
 - > Attend team meetings;
 - Have at least 1 individual client and/or lead/co-lead a comprehensive weekly skills group.

Crestwood's DBT Counselors

- Multidisciplinary
 - Direct Care Staff
 - > Peers
 - Paraprofessionals
 - Licensed staff
 - Support staff
- Training in treatment model





Training New DBT Counselors

Commitment and Orientation

Educate Campus Leaders

4 Pre-training sessions (1 hour each)

- Overview and orientation
- Validation/dialectics
- Mindfulness/Distress Tolerance
- Emotion Regulation/Interpersonal Effectiveness

New Counselor Training

5 Full Day Off-Site Training

- Validation (2 hours)
- Dialectics (2 hours)
- Behavior Chain Analysis (2 hours)
- Target Behaviors and change agents (2 hours)
- Consultation Team (2 hours)

10 post-training sessions (1 hour each)

- Validation/Dialectics (1 hour)
- Mindfulness (2 hours)
- Distress Tolerance (2 hours)
- Emotion Regulation (2 hours)
- Interpersonal Effectiveness (2 hours)
- Group Planning (1 hour)

Crestwood DBT Certification

Complete New Counselor DBT Training

Participate on DBT Team

Attend a 16-hour annual refresher

Watch Back in the Book (15 sessions)

Watch How to Conduct at DBT Group (9 sessions)

On-Going Training & Support

Annual 16-hour refresher

Clinical Supervision

Program In-Service Training

Monthly Support Zoom with Every Crestwood DBT Program

DBT Leads and Implementation Team support

Group Video



Beyond Groups

- Coaching on the fly
- Skill of the day
- ♦ Bite-sized trainings at meetings
- Events i.e., DBT carnival
- Mentorship
- Cheerlead DBT
- Family Education

- Collaborate with Treatment Team
- Case conceptualizations
- Respond to harmful behaviors
- Other healing activities i.e., Mindfulness
- Creative Interventions i.e., Mindful eating
- New Employee Orientation

DBT Environment

Skills Postings

- All staff trained in Chain Analysis
- Mindfulness at all meetings and the start of groups
- Theme days i.e., Wise Mind Wednesday
- DBT Skills walk-through of the facility that promotes DBT
- DBT scavenger hunts
- Include in facility activities
- Pair with other Crestwood initiatives i.e., Zumba with DBT songs
- Motivational quotes at workstations i.e., Keep Calm and DBT On



Accountability

- Designated Leads
- Campus Leads
- Monthly meeting with a representative from each campus
- Implementation team with each program type represented
- Foundational Tool committee

The Study

Explored Persons Served perspective on DBT throughout their treatment

Explored how Persons Served used DBT skills



Dialectical Behavior Therapy – Freise

How many DBT groups have you attended? _____

DBT skills I am learning help me to better handle future challenges Strongly agree to Strongly disagree scale with an N/A

I use DBT skills when challenges occur? Yes No

Strongly agree to Strongly disagree scale with an N/A

If you have used DBT skills in already, what was the situation, and did it help?

My DBT trainer was effective?

Strongly agree to Strongly disagree scale with an N/A

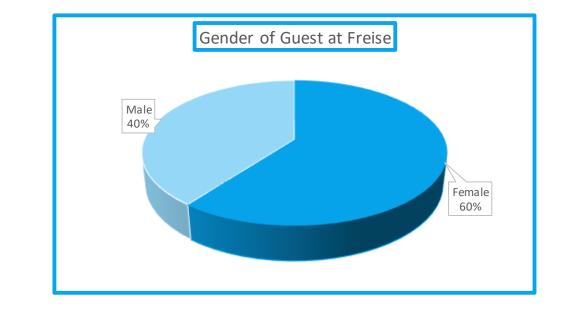
Any other thoughts about DBT or the trainer you want to share?

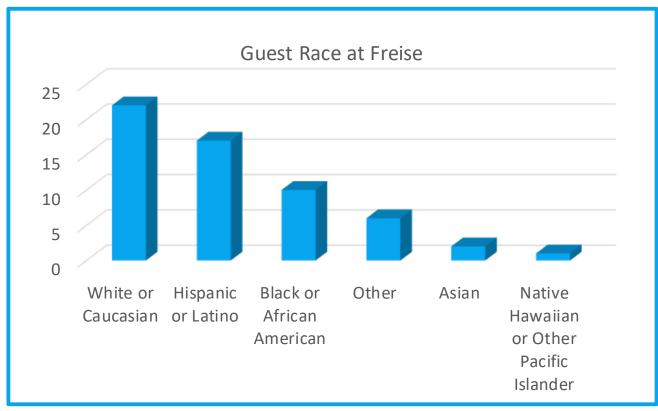
Thank you for your feedback. Your thoughts help us to improve our services.

The Study

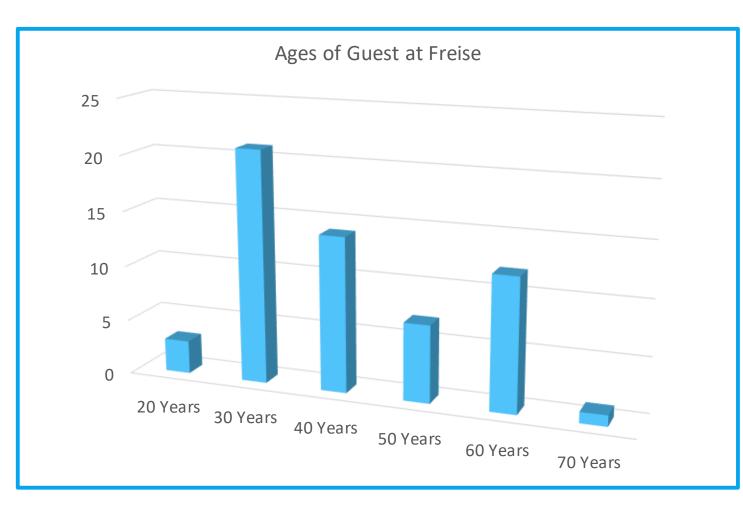
Study Dates	July 23, 2022 – September 18, 2022
Number of PS	58
Number of Responses	148
# Groups	24
Average Stay	9.69 days

The Study





The Participants



The Participants

The Results

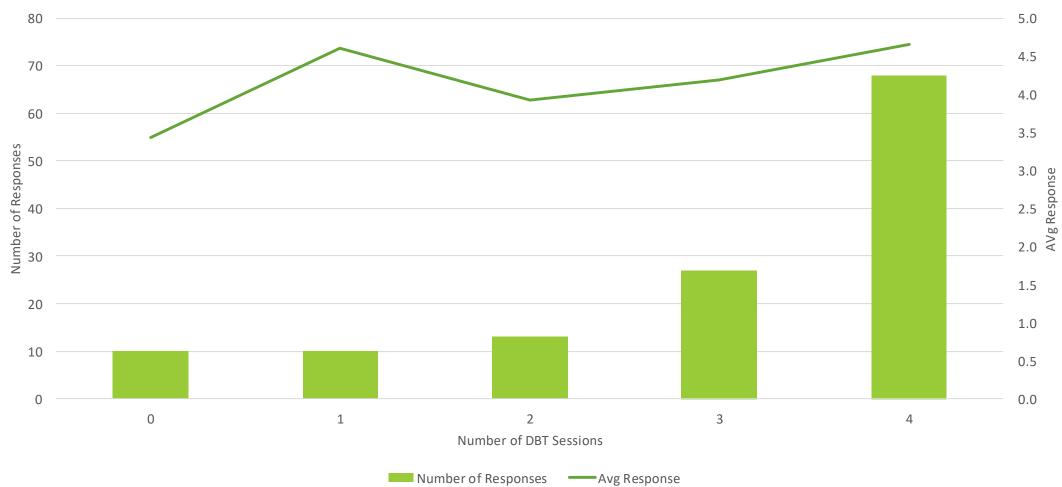
Participants reported that DBT was effective in managing stressors.

Participants report improvement in effectively managing current stressors with more DBT sessions.

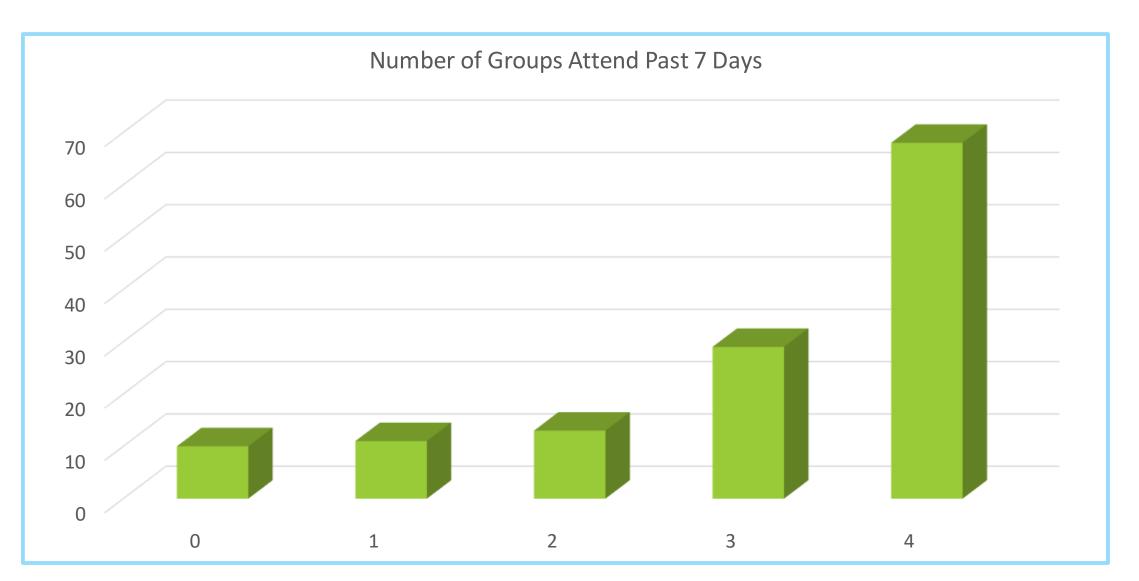
The Results

Participants used DBT training immediately.

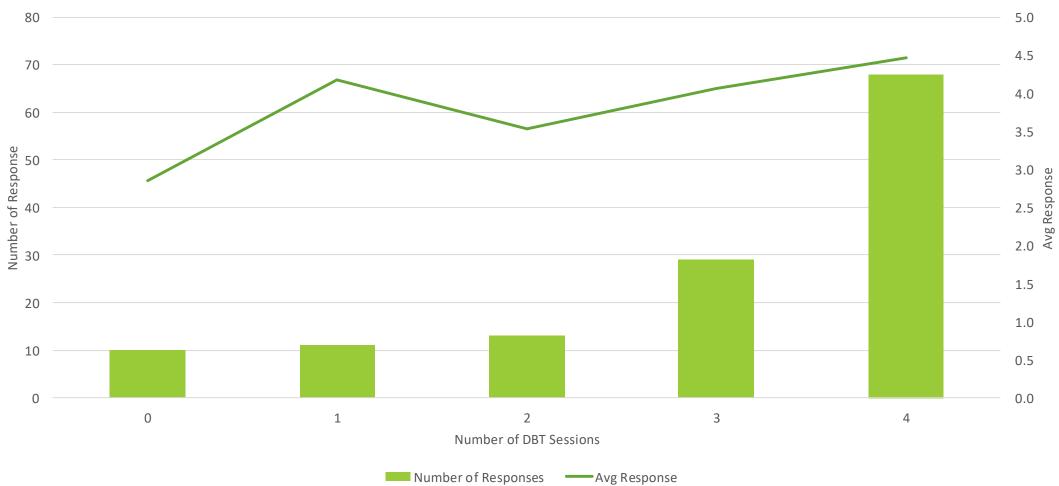
Participants rated their trainer as effective.



My DBT trainer was effective

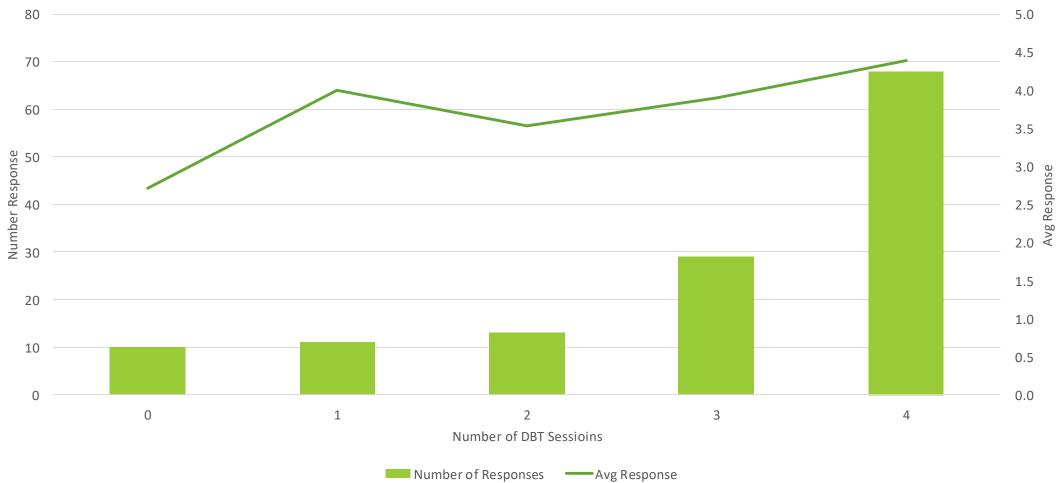


Mindfulness is effective for me



ive for me

I use the DBT skills when challenges occur



Comments from Persons Served



How to relax without popping a Klonopin

How to relax without popping a Klonopin

Tell us about how you have used your DBT skills recently

Ignored idiots, Wirsponse is freedom/powerful

Ignored idiots. No response is freedom/powerful

Tell us about how you have used your DBT skills recently

I learn how to deal with the angry voices in your head

Any other thoughts about DRT or the trainer you want to chare?

Hilary's Video



I used distractions, such as reading.

Tell us about how you have used your DBT skills recently

I had a situation with an old roommate and I chose to walk away from the situation rather than antagonize or argule.

Tell us about how you have used your DBT skills recently

using better word Choice, sticking to.

I used distractions, such as reading

I had a situation with an old roommate, and I chose to walk away from the situation rather than antagonize or argue

Using better word choice, sticking to facts

Tell us about how you have used your DBT skills recently

TO cope with beinghere

Tell us about how you have used your DBT skills recently

I learned to accept other peoples thoughts and spinings

How to maintain an alert and safe state of mind and living conditions.

To cope with being here.

I learned to accept other people's thoughts and opinions

I was finding it hard to sleep so I used the mindfuliness technique and it relaxed me enough I was able to skep.

I was finding it hard to sleep so I used the mindfulness technique and it relaxed me enough I was able to sleep

Tell us about how you have used your DBT skills recently

Deep breathing and grounding excercises When having Flash Backs.

Deep breathing and grounding exercises when having flash backs

Tell us about how you have used your DBT skills recently

my Grandma passed and I practiled grounding skills and mindfulness.

My grandma passed and I practiced grounding skills and mindfulness

Not allowing the situations I can't control make me bitter

Tell us about how you have used your DBT skills recently

I use then to cope with everyday Stream

I use them to cope with everyday stress

Tell us about how you have used your DBT skills recently



Used mindfulness and deep breathing

Using validation skills to communicate

Using validation skills to communicate with others

Tell us about how you have used your DBT skills recently

I used my OBT skills in communication skills and not getting upset like I use to.

I used my DBT skills in communication skills and not getting upset like I used to.

Tell us about how you have used your DBT skills recently

When I ful like I'm about to have a "moment" I review my worksheets/ auswers

When I feel like I'm about to have a "moment" I review my worksheets/answers

Comment from a Skills Trainer



"Often when I am teaching emotional regulation, guests begin to realize that the skills are not that hard. I have seen their confidence increase during these discussions and have watched as they realize that there is hope."

Deb's Video





Questions?





Cindy Mataraso, PsyD <u>Cmataraso@cbhi.net</u> Ron Cordy, CADC-II <u>Rcordy@cbhi.net</u>



References

- Anthony, W. A., & Ashcraft, L. (2006). From consumer to caregiver: individuals and systems benefit from use of peersupport models. *Behavioral Healthcare*, *26*(1), 10-12.
- Bryan, A. E., & Arkowitz, H. (2015). Meta-analysis of the effects of peer-administered psychosocial interventions on symptoms of depression. *American journal of community psychology*, *55*(3), 455-471.
- Coyle, T. N., Shaver, J. A., & Linehan, M. M. (2018). On the potential for iatrogenic effects of psychiatric crisis services: The example of dialectical behavior therapy for adult women with borderline personality disorder. *Journal of Consulting and Clinical Psychology*, *86*(2), 116–124. <u>https://doi.org/10.1037/ccp0000275</u>
- DiGiorgio, K. E., Glass, C. R., & Arnkoff, D. B. (2010). Therapists' use of DBT: A survey study of clinical practice. *Cognitive and Behavioral Practice*, *17*(2), 213-221.
- Dimeff, L., & Linehan, M. M. (2001). Dialectical behavior therapy in a nutshell. *The California Psychologist*, 34(3), 10-13.
- Bellamy, C., Schmutte, T., & Davidson, L. (2017). An update on the growing evidence base for peer support. *Mental Health and Social Inclusion*.
- Montgomery, E. C., Kunik, M. E., Wilson, N., Stanley, M. A., & Weiss, B. (2010). Can paraprofessionals deliver cognitivebehavioral therapy to treat anxiety and depressive symptoms?. *Bulletin of the Menninger Clinic*, *74*(1), 45-62.

Core Evidence – Behavioral Tech. (n.d.). https://behavioraltech.org/research/evidence/ *Evidence-Based Practices Resource Center*. (n.d.). Www.samhsa.gov. https://www.samhsa.gov/resource-search/ebp *Research-Supported Psychological Treatments* | *Society of Clinical Psychology*. (n.d.). Div12.org. https://div12.org/psychological-treatments/