



Teaching DBT Skills in a Harm Reduction Setting

Anna Siembor, MSW, LSWAIC

Andy Tilton, MSW, LICSW



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Agenda

- Downtown Emergency Services Center and SAGE Outpatient Mental Health Services
- What is DBT? Some background, history
- DBT in other community mental health settings
- SAGE DBT group case study
- Feedback from participants
- Planning for the future



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Our Mission

*At DESC, uncommon efforts
produce uncommon results
that eliminate homelessness,
one person at a time.*



Downtown Emergency Services Center

- Provides services for people experiencing homelessness since 1979.
 - 458 shelter beds in 5 locations.
 - 11 supportive housing sites with 1,100 units.
 - Over 300 'scattered sites' housing units.
 - Placement of 600 homeless adults yearly.



SAGE—Support, Advocacy, Growth and Employment

- 35 case managers (including four case manager/therapists) serving 1100 clients in 2018.
- Each case manager carries a caseload of 40-45 clients.
- Serve adults suffering from severe and persistent mental illness.



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216 James Office





Dialectical Behavior Therapy

- Developed by Dr. Marsha Linehan starting in the 1980s at University of Washington
- Therapy skills, dialectical philosophy, mindfulness
 - Emotional Regulation, Distress Tolerance, Interpersonal Skills, Mindfulness modules
- Developed for Borderline diagnosis, self harming
- Heavily researched and proven effective
- Broadly applicable to mental health disorders



DBT in other Community Mental Health Settings: Literature Review

Harborview DBT study, Vanderbilt DBT study
Both studies were mostly female, mostly white,
many highly educated
Vanderbilt study found up to 30% reduction in
depression

	Median incidents in year pre-treatment	Median incidents in year post-treatment
Medically treated self harming incidents:	2	0
Psychiatric hospitalizations:	4	0
Number of psychiatric inpatient days:	17	0



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Full Model DBT vs DESC

Full model consists of:

- 2.5 hour skills group
- Individual therapy
- 24/7 coaching
- Case Management
- Consultation

DESC's SAGE Program:

- 1 hour skills group
- Few clients receive individual therapy
- After hours crisis response*
- Case Management
- Consultation (not DBT specific)



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Pre-planning

- Being Intentional
- Developing a curriculum
- Determining group rules
- Location, location, location!
- Timing
- Recruiting attendees



Adapted Curriculum

Taking Care of Your Mind by Taking Care of Your Body

Remember these as **PLEASE** skills.

**P
L**

1. Treat Physical Illness.

Take care of your body. See a doctor when necessary. Take prescribed medication.

E

2. Balance Eating.

Don't eat too much or too little. Eat regularly and mindfully throughout the day. Stay away from foods that make you feel overly emotional.

A

3. Avoid Mood-Altering Substances.

Stay off illicit drugs, and use alcohol in moderation (if at all).

S

4. Balance Sleep.

Try to get 7–9 hours of sleep a night, or at least the amount of sleep that helps you feel good. Keep to a consistent sleep schedule, especially if you are having difficulty sleeping.

E

5. Get Exercise.

Do some sort of exercise every day. Try to build up to 20 minutes of daily exercise.

- PLEASE skills- *avoid mood-Altering substances becomes be mindful of how drugs affect your body*
- Make our own lists of pleasurable activities



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The Group Itself

- Group Norms and co-facilitators
- Stay flexible!
- Dealing with challenges in group



Group Results

“It’s a valuable thing. You never know when you’ll need to use this stuff!” -DBT Participant

- Over a 22 week course, 35 participants attended an average of 3.5 classes
- Each class averaged 5.5 participants



“What did you like?”

“It’s somebody to talk to, check to see if I’m doing ok. I like the group directors.”

“The mindfulness exercise was relaxing.”

“People come together in a group to sit down with other people to get into discussions about your thinking and mine. The group can shine light on different areas of people's thoughts, behavior, how we should try to forge each other.



“What is one thing you learned in group?”

“To speak one at a time, try not to take up the whole time”

“How to end a relationship--how to tell people ‘when you straighten out, get off meth, then we can hang out again.’”

“Simple techniques go far trying to control a yo-yo mind.”



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What would you change?:

“Nothing just add snacks.”

“Too much cross talk.”

“Opening and closing parts of it just make that more.”

“The definition of rational mind.”



Lessons Learned

- Managing expectations, giving up control
- Not one size fits all
- Housing first therapy: no barriers to beginning therapeutic work



Integrating DBT into other areas of Housing First

- Care coordination/safety planning
- Educating Non-Clinical Staff
- Supporting clients in staying housed
- DBT Groups within housing



Next steps

- Do a formal pre- post- study of DBT group
- Relaunch consult group
- Training more staff on DBT and skills
- More formal training for therapists and clinicians through grants



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Questions?



Contact Information

Andy Tilton,
Anna Siembor,
General information,