8th Annual

Yale NEA-BPD Conference

Impulsivity, Aggression, and Legal Involvement

Friday, May 4, 2012; 8:30 AM - 4:45 PM

BORDERLINE PERSONALITY DISORDER:

IMPULSIVITY, AGGRESSION, & LEGAL INVOLVEMENT

FRIDAY MAY 4, 2012

8:30 AM - 4:45 PM

Mary S. Harkness Memorial Auditorium, Sterling Hall of Medicine

333 Cedar Street, New Haven, CT

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Department of Psychiatry

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CLEARVIEW TREATMENT PROGRAMS

DBT-Correction Modified and START NOW

Robert L. Trestman MD PhD

University of Connecticut Health Center

DBT- Corrections Modified & START NOW

Robert L. Trestman, Ph.D., M.D.
Professor of Medicine, Psychiatry and Nursing

Executive Director, Correctional Managed Health Care
University of Connecticut Health Center
Farmington CT USA
Trestman@uchc.edu

copy of MATERIAL ⇒ cmhc.uchc.edu

OBJECTIVES

- Following the presentation, the learner will be able to:
  - Describe the clinical needs and potential benefits of a DBT program in correctional settings
  - Describe the challenges to implementing and maintaining a DBT program in correctional settings
  - Identify the characteristics of START NOW that make it a practical skills training program for correctional settings

DISCLOSURE

- No financial Conflicts of Interest

ACKNOWLEDGEMENTS

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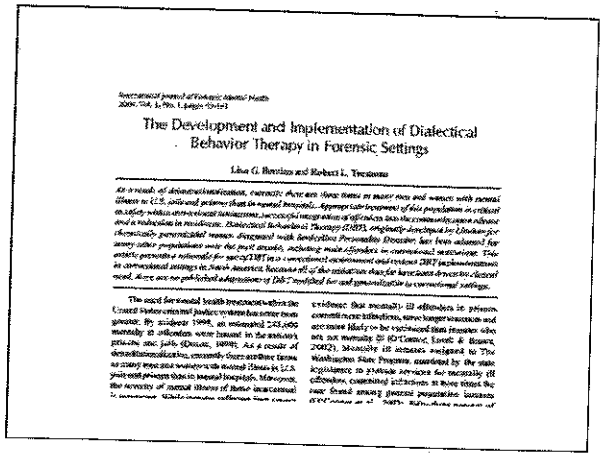
BACKGROUND

DIALECTICAL BEHAVIOR THERAPY (DBT):

- Originally developed for use in the community with women diagnosed with Borderline Personality Disorder
- Is a manual driven intervention that attempts to reshape maladaptive cognitions and behaviors into a skill set conducive to appropriate pro-social behavior and effective interpersonal interactions



The Development and Implementation of Dialectical Behavior Therapy in Forensic Settings

DBT in NORTH AMERICAN FORENSIC/ CORRECTIONAL FACILITIES

Institution	Contact	Population	Modules	Hours	Length	Addn'l tx	Other
Colorado Mental Health Institute	Robin McCann	forensic inpt, male	4, ER-revised	2x/wk,75 min	IE-14;ER-10;DT-10	CrimeReview, Beh CHN grp	case consultation
US Med Ctr for Fed Prisoners-Axis II	Georgina Ashlock	forensic inpt;male BPD	4 standard,mod-ify in moment	1 hr 2x wk; 13 per grp	standard	skills review, assertiveness, team bldg	many inmates thrown out
Canada	Donna McDonough	female forensic MHU & max sec	4 + orientation and bridging	2 hrs 2x/wk, 8 per grp	M-6 plus review IE-12;ER-14;DT-10	crime cycle,commit ment to tx individual tx	support coaching, consultation team
Echo Glen-Washington	Eric Trupin;Brad Beach	female juvenile offenders	5-added self-management	1-2x/wk 60-90 min	4 wks each	individual tx, Bmod, ed, voc, & rec programs	consultation team, staff coaching

DBT in NORTH AMERICAN FORENSIC/ CORRECTIONAL FACILITIES (con't)

Institution	Contact	Population	Modules	Hours	Length	Addn'l tx	Other
Twin Rivers Corrections - Wash.	G. Hover, R. Packard	male sex offenders	4-Linehan format	3x/wk for 50 min.	8wks, I mo brk, repeat	not mentioned	only low risk offenders improved
Atascadero Hosp California	Christine Mathieson	male max sec. TBI pts at VA	standard but simplified	90 min/ 2x/wk	10 wks/ea; 6 per group		robust change in ability to attend
Montford Psych Unit Lubbock, TX	Chuck Giles	male forensic	standard plus anger mngmt		standard; 6 per grp	indiv tx	modified to be more "inmate friendly",consultati on team
Garner Correctional Institution-CT	Dan Bannish	male forensic	standard	2 hrs/ 2x/wk	24	indiv	number of disciplinary tickets after
Manson Youth Institution-CT	Dan Bannish	adolescent males ages 16-20 forensic	standard	2 hrs/ 2x/wk	24	indiv	youths exposed concepts as well as adults

Using SCID II with 508 inmates in Connecticut jails in an IRB approved National Institute of Justice Study:
(Trestman et al, 2007)

Personality Disorder	Male (N=307)		Female (N=201)		Total (N=508)	
	# pos	%	# pos	%	# pos	%
Paranoid	29	9.6	20	10.1	49	9.8
Borderline	39	**12.9**	45	**23.2**	84	16.9
Antisocial	120	39.5	53	27.0	173	34.6

TREATMENT GOALS

- Reduction of security risk
- Reduction of symptom burden
- Reduction in self-mutilatory behavior and/or aggressive behaviors
- Increase in prosocial behaviors
- Functional change in maladaptive cognitions

DBT MODULES AND SKILLS TAUGHT

Core Mindfulness Skills → Focuses on the synthesis of a reason and emotionality to create a "wise mind", or a mind aware of one's surroundings, as well as one's own behavior

Interpersonal Effectiveness Skills → Teaches effective strategies for obtaining what one wants as well as coping with interpersonal conflict

Emotional Regulation Skills → Defines emotional response to situations and teaches ways to identify and interpret events prompting the emotion as well as the aftereffects of the emotion on other types of functioning

Distress Tolerance Skills → Teaches that pain and distress are a part of life, and teaches tolerance and acceptance of oneself and one's situation

TARGETED INMATE BEHAVIORS

- fighting
- disorderly conduct
- disobeying a direct order
- insulting language or behavior
- threats
- assault on facility staff or other inmates
- self-mutilation
- suicidal ideation
- destruction of property
- interfering with safety and security of the facility

TREATMENT GOAL: ***The acquisition of emotional, cognitive, and behavioral skills conducive to effective problem solving and prosocial interactions***

CHALLENGES TO TREATMENT

Comorbidity

- Axis I and II disorders: many individuals with diagnosable DSM Axis I disorders (such as anxiety, stress or psychotic disorders)also have concurrent Axis II disorders (antisocial, BPD)
- Substance use: tends to exacerbate symptoms of psychiatric illness; between 60-90% of those with mental illness in DOC have comorbidity

CHALLENGES TO TREATMENT

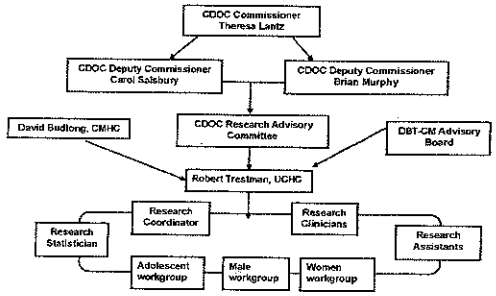
Environment

- Correctional facilities are first and foremost a "safety" first environment, with a secondary emphasis on providing treatment
- Continuity of treatment between facilities

POTENTIAL BENEFIT TO PARTICIPANTS

- Decrease
  - ✓ life threatening behaviors
  - ✓ treatment interfering behaviors
  - ✓ quality of life interfering behaviors
- Highly structured in content and format
- Can help to engage treatment-resistant individuals

Organizational Infrastructure



MEASURES USED

Assess change in behavior over time using a battery of standardized psychological and psychiatric assessments completed during interview sessions at four points in time

- Intake
- Week 17 (after DBT classes end)
- 6-months
- 12-months

Gather CDOC data including clinical information (medications, psychiatric diagnosis), offense information and facility disciplinary information

- Using original DBT as a basis, rework the DBT manual and worksheets for each population with input from CDOC staff and a National Advisory Board
- Develop DBT training for staff in correctional facilities/reinforce DBT milieu where possible (over 100 CDOC officers and staff)

- Developed a 16-week corrections-modified version of DBT (DBT-CM); 2 sessions per week for 1 hour each session
- Developed *post-intervention randomization component* that consists of 8 weeks in which a clinician reviews for standardized "coaching" material with each participants.
  - ***General Psychoeducation*: consists of individual coaching and material that focuses on improving current functioning.**
  - ***DBT-CM Coaching:* consists of individual coaching in review of all four DBT-CM modules to assist with generalization.**

Disciplinary Tickets

Average Number of Tickets Per Month, Per Person, Received Before Group
(Months 6 to 0)

12

Average Number of Tickets Per Month, Per Person, Received During Group
(Months 1-4)

1

Average Number of Tickets Per Month, Per Person, Received After Group
(Months 5-11)

4

CASE STUDY

Mr. Brown:

- Diagnosed as Borderline Personality Disorder
- High-profile inmate, numerous disciplinary tickets
- Extremely suspicious
- Inappropriate outbursts (giggling, mumbling)
- Often refused medication/ often complained of physical ailments such as back pain, muscle stiffness and fatigue

After participation in DBT-CM pilot:

- Did not received any disciplinary infractions
- **Reduced vulnerability** by eating meals, exercising on a regular basis and taking medications
- Recognized and articulated that reducing his vulnerability was the key to reducing his susceptibility to negative emotions
- Using **Behavioral Chain Analysis**, he was able to problem solve alternative behaviors in various situations, avoiding three physical altercations

Behavioral Sciences and the Law
Behav. Sci. Law 27: 787–800 (2009)
Published online in Wiley InterScience
(www.interscience.wiley.com) DOI: 10.1002/bsl.889

Treatment of Impulsive Aggression in Correctional Settings

Deborah Shelton, Ph.D., R.N.*,
Susan Sampl, Ph.D.†,
Karen L. Kesten, M.S.‡,
Wanli Zhang, Ph.D.§ and
Robert L. Tresman, Ph.D., M.D.¶

- Participants: English-speaking women (n=18) and men (n=45)
- Results: Significant reduction in targeted behavior was found from baseline to following the16 week DBT-CM skills treatment groups. Both case management and DBT coaching were significant at 12month follow-up.
- Conclusions: The study supports the value of DBT-CM for management of aggressive behaviors in prison settings.

Journal of Child and Adolescent Psychiatric Nursing

Impact of a Dialectic Behavior Therapy—Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents

Deborah Shelton, PhD, RN, NE-BC, CCHP, FAAN, Karen Kesten, MS, Wanli Zhang, PhD, and Robert Tresman, MD, PhD

- *PARTICIPANTS: 38 male adolescents*
- *RESULTS: Significant changes were found in physical aggression, distancing coping* methods, and number of disciplinary tickets for behavior.
- *CONCLUSION: The study supports the value of DBT-CM for the management of* incarcerated male adolescents with difficult-to-manage aggressive behaviors.

CHALLENGES: TRANSITION FROM RESEARCH TO PRACTICE

- Costs of training
- Staff turnover
- Optimum language level
- Costs and copyright issues

START NOW Background

- An integrative skills training model informed by a number of theoretical approaches & models-
  - Primarily a cognitive behavioral skills training model
  - Influenced by findings from Trestman and Sampl's research of DBT in 3 CT correctional facilities
  - Infused with elements of cognitive neurorehab
  - Includes motivational interviewing principles & practices
  - Incorporates gender specific approach
  - Informed by trauma sensitive care principles

Structure & Design of START NOW

- 32 Skills training group sessions
  - twice weekly, for 16 weeks
  - 75 minutes in length
- Co-facilitated
- Potential for rolling admissions
- Clinical tools:
  - Participant workbook
  - Facilitator manual
  - Checklists to be used for fidelity monitoring & supervision

- **Training**
  - Targeted at Masters prepared clinicians
  - Two days
- **Facilitator manual**
  - Highly structured, detailed
  - Basic scripts and examples provided
- **Workbooks**
  - Gender specific
  - 5th grade reading level

Clinical Approaches Influencing START NOW:
Cognitive Behavioral Interventions
Key Principles:

- Behavior is understood in the context of antecedents & anticipated consequences; functional analysis of behavior.
- One's interpretation of events or "triggers" is key in determining emotional & behavioral reactions.
- Emphasis is on learning & practicing new coping skills both during & between sessions.

Cognitive Behavioral Interventions
Influence on START NOW strategies:

- CBT procedures during group:
  - role play
  - Brainstorming
  - problem-solving
  - shaping of desired behaviors
- "ABC System" for functional analysis of behavior
- "Real life practice exercises" between group sessions

Clinical Approaches Influencing START NOW:

Motivational Interviewing

People are most likely to change because *they* see the benefits of change.

4 Key Principles:

- Express Empathy & Acceptance
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Miller & Rollnick, 1991 & 2002

Motivational Interviewing
Influence on START NOW strategies:

- Emphasis on accepting ambivalence about change and "rolling with resistance"
- "Supporting self-efficacy" through focusing on strengths
- Many opportunities to elicit change talk & work through ambivalence are built into the START NOW clinical materials

Offender Focused Interventions
Influence on START NOW strategies:

- Illustrative examples & coping behaviors are relevant to forensic situations
- Concepts & language are simplified given cognitive limitations of many offenders
- Numerous icons included in the participant workbook- especially useful with TBI or verbally limited participants
- Facilitator manual includes numerous tips for engaging difficult-to-engage participants: eg, shaping by reinforcing any movement toward the desired behavioral change.

Neurocognitive Rehabilitation
Influence on START NOW strategies:

- Skills training to address specific dimensions of executive control, e.g. focusing skills.
- Cognitive, self-regulatory & monitoring strategies to assess consequences and inhibit impulses.
- Real world, not redundant tasks.

Dialectical Behavior Therapy (DBT)
Influence on START NOW strategies:

- Mindfulness influences "focusing" skills
- Emphasis on acceptance of dialectics

Gender Specific Approaches
Influence on START NOW strategies:

- Examples and images specific to the gender of participants
- Gender specific tips in facilitator manual, e.g., machismo pressures for males or affiliative needs for women

Trauma Sensitive Care
Influence on START NOW strategies:

- Recognition that some behaviors that began as attempts to adapt to highly stressful situations are no longer helpful
- Emphasis on grounding skills & self-monitoring

START NOW Session Components

- Welcome any new members *(if rolling admissions)*
- Review of real life practice exercise from previous session *(10 – 15 min.)*
  - Provide opportunity to share their responses
  - Offer & elicit feedback
  - Then, group discussion of real life practice exercise
- Practice Focusing or ABC Skills *(10 – 15 min.)*
  - Primary skills
  - Alternate each session

START NOW Session Components

- Introduction & rationale for new topic *(10 min.)*
  - Use Socratic approach-
    - ask questions to get them thinking
    - let them be in expert role when possible
  - Link skills to situations in participants' lives
  - Look for opportunities to elicit change talk
  - Find balance between showing enthusiasm for new topic & rolling with resistance

START NOW Session Components

- In-session practice exercise *(15 min.)*
  - Includes role-play, brainstorming, educational discussion, brainstorming, etc.
  - Encourage active participation
  - Making notes or sketching in books is encouraged, but optional
- Assign new real life practice exercise *(5 min.)*

Unit 1- My Foundation: Starting with Me

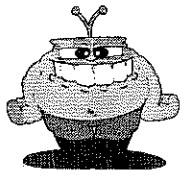
- Focuses on developing increased self-control & ability to cope with stressors
- Includes setting a treatment goal, increasing wellness skills, accepting yourself & your situation, & enhancing your spirituality, values & personal boundaries.

Unit 2- My Emotions: Dealing with Upset Feelings

Includes:

- Recognizing & understanding emotions.
- Coping with emotions through actions, or through thoughts & imagery.
- Coping with depression, anger, anxiety & grief.

Session 11: My Emotions & Feelings, part 1



Some people see their emotions as an invading force. They try to get away from their emotions or just put up with them.

Session 14: Coping with Upset Feelings through Thoughts & Imagery

- Start off the session reinforcing the idea that how we process things affects our emotional reaction
- Explain "Thought Errors":

Thought Errors

Thought Error	Description	Example
All or Nothing Thinking	Thinking in extremes. Often includes words like always, never, all, nothing, everybody, & nobody	*"Nothing ever goes right for me!"*
Mind-reading	Believing you know what other people think or feel	*"They thought I was stupid."*
Negative Self-Talk	Thoughts that put you down & make you feel bad about yourself (look back at the Self-Acceptance topic in Unit 1 for more information)	*"I'm ugly." "I can't do anything right."*
Expecting the Worst	Telling yourself that things are not going to work out	*"I'll never get out of here."*

Example 1: BREAK IT DOWN, USING THE ABC SYSTEM

ACTIVATORS *What triggered me?*		BEHAVIOR	CONSEQUENCES *What happened?*	
Activators around me *What? Where? When?*	Activators inside me *Thoughts? Feelings?*	*What did I do?*	*Positive Consequences* +	*Negative Consequences* —
At chow. A paper with writing on it was passed to me. CD took it & wrote me up.	*I wanted to know what it said. Angry that I got written up. Felt like cussing out the CO.*	*Punches the wall when I got back to cell.*	*Didn't tell off the CO & get a worse infraction.*	*Hand was bleeding & swollen.*

BEHAVIOR	CONSEQUENCES *What are the likely consequences?*	
What I can do instead-	*Positive Consequences* +	*Negative Consequences* —
Appeal the ticket.	*Don't end up with a sore hand. Wasn't put in the disciplinary area*	*Probably won't win the appeal anyway*

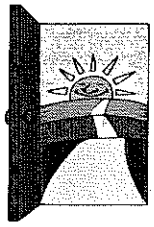
For Behaviors above that did not work out well for you, fill in the boxes to the right, showing what you can do instead, when faced with similar Activators.

Unit 3- My Relationships: Connecting with Others

- Focuses on developing positive relationship skills including:
  - Listening skills
  - Assertiveness
  - Setting boundaries
  - Asking for support
  - Avoiding destructive relationships
  - Responding to feedback
  - Coping with rejection

Unit 4- My Future: Setting & Meeting my Goals

- Focuses on preparing for a positive future by:
  - Developing hope
  - Setting realistic goals & breaking them down into steps
  - Learning problem solving skills
  - Learning to set & meet educational & vocational goals



Diagnoses

- 50% of participants meet criteria for Borderline Personality Disorder by clinical impression
- Other diagnoses: yes!

Original Article

A Process Evaluation of START NOW Skills Training for Inmates With Impulsive and Aggressive Behaviors

Journal of the American Psychiatric Nurses Association
17(3) 346–357
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http://apna.sagepub.com
SAGE

Deborah Shelton[1] and Sara Wakai[2]

Abstract

AIM: To conduct a formative evaluation of a treatment program designed for inmates with impulsive and aggressive behavior disorders in high-security facilities in Connecticut correctional facilities. **METHOD:** Facsimile-paper surveys and in-person inmate interviews were used to answer four evaluation questions. Descriptive statistics and content analyses were used to assess context, input, process, and products. **FINDINGS:** A convenience sample of 36 adult male (38) and female (8) inmates participated in the study. Inmates were satisfied with the program (4-point scale, M = 3.38, SD = 0.75), 6-month hospital stays were reduced by 13.6%, and psychotropic medication use increased slightly (6.40%). Improved outcomes were noted for those inmates who attended more sessions. **CONCLUSIONS:** The findings of the formative evaluation were useful for moving the START NOW Skills Training treatment to the implementation phase. Recommendations for implementation modifications included development of an implementation team, reinforcement of training, and attention applied to uniform collection of outcome data to demonstrate its evidence base.

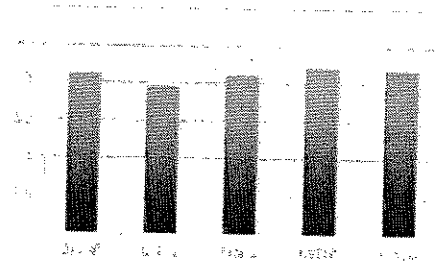
CURRENT STATUS

- 9 facilities have active START NOW programs
- 44 clinicians are currently trained
- 150 individuals (approx) are in active treatment

START NOW Participant Satisfaction Data

Q3: To what extent has this START NOW unit met your needs?

1=None of my needs have been met,
4=Almost all of my needs have been met

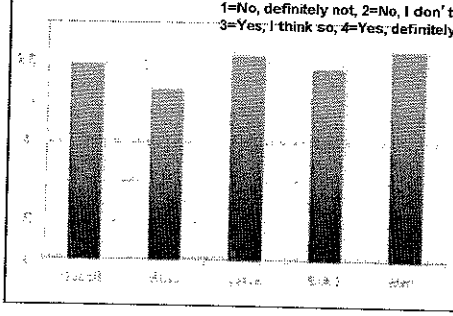


Overall N:380
U1 N: 134
U2 N: 98
U3 N:68
U4 N: 80

START NOW Participant Satisfaction Data

Q4: If a friend were in need of similar help, would you recommend that he/she participate in this START NOW unit?

1=No, definitely not, 2=No, I don't think so,
3=Yes, I think so, 4=Yes, definitely

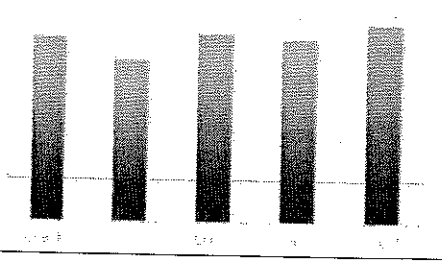


Overall N:380
U1 N: 134
U2 N: 98
U3 N:68
U4 N: 80

START NOW Participant Satisfaction Data

Q6: Has this START NOW unit helped you to deal more effectively with your problems?

1=No, it seemed to make things worse,
2=No, it really didn't help,
3=Yes, it helped,
4=Yes, it helped a lot

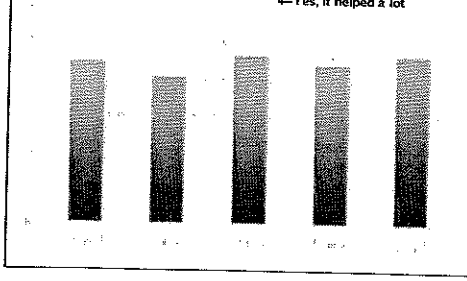


Overall N:380
U1 N: 134
U2 N: 98
U3 N:68
U4 N: 80

START NOW Participant Satisfaction Data

Q7: Has participation in this START NOW unit helped you cope with daily life in prison/jail?

1=No, it seemed to make things worse
2=No, it really didn't help
3=Yes, it helped
4=Yes, it helped a lot

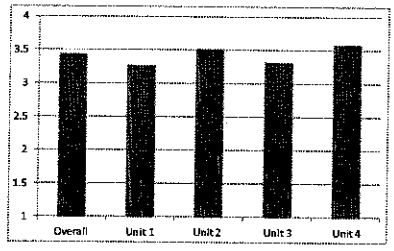


Overall N:380
U1 N: 134
U2 N: 98
U3 N:68
U4 N: 80

START NOW Participant Satisfaction Data

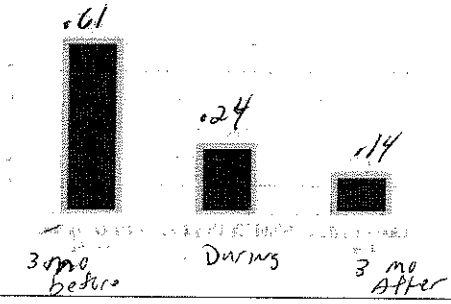
Q8: If you were to seek help again would you participate in this START NOW unit?

1=No, definitely not
2=No, I don't think so
3=Yes, I think so
4=Yes, definitely

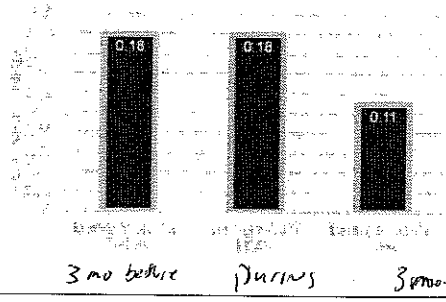


Overall N:380
U1 N: 134
U2 N: 98
U3 N:68
U4 N: 80

START NOW Preliminary Results: Days in the Infirmary (N = 126 participants)



START NOW Preliminary Results: Disciplinary Reports (N = 126 participants)



ADAPTATION of START NOW Alternative to Incarceration (AIC) Program

- DMHAS AIC program for Dually- Diagnosed SMI clients (ASIST)
- Significant effect for START NOW on reduced re-incarceration (b=-.024, S.E.=0.008, p=0.003, OR=0.98); Cox regression, adjusted for illness severity
- Dose Response: Each START NOW session yields a 2.0% reduction in the odds of re-incarceration

Frisman LK, Lin H, Rodis E, & Grzelak J. Final Report: Evaluation of the ASIST Program. CT Department of Mental Health & Addiction Services, internal document, 9/12/11

SUMMARY

- These interventions have a role to play in empowering individuals to gain greater control over their lives as they work toward recovery and effective integration into the community
- Implementation of evidence-based or evidence-informed treatment has many real world challenges that can be met both in institutional correctional and forensic settings