

Hamilton Family Health Team

Better care, together.

A Partnership between Outpatient Dialectical Behaviour Therapy (DBT) Specialty Services and Primary Care Mental Health Program to build capacity and efficiency in delivering emotion regulation skills for challenging patients.

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Opening Exercise



Introductions



- Hamilton Family Health Team
 - Jackie Bootsma, Mental Health Program Coordinator
- St. Joseph's Health Care Hamilton
 - Karen Wisdom, DBT Therapist
 - Tom Alexander, DBT Therapist

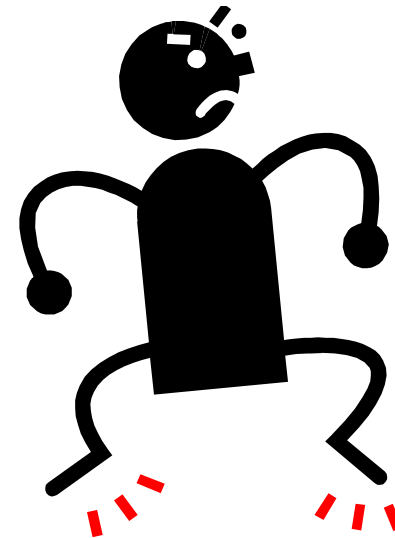
We have nothing to disclose

- Through a collaborative partnership, we were able to have a specialty service teach and mentor primary care clinicians to deliver the DBT Coping Skills Group within primary care



DBT Coping Skills Group

- 20-week adaptation of Marsha Linehan's DBT
- Based on theories of dialectics, mindfulness and CBT
- Focus on Emotion Regulation Skills
 - Mindfulness
 - Interpersonal Effectiveness
 - Distress Tolerance
 - Behaviourism
 - Emotion Regulation
 - Dialectics
 - Validation



- Based on manual developed by CAMH/Toronto
- Initially individual therapists did not require DBT training, group therapists did
- Now all therapists trained in DBT
- Not a process group
- Focus on skill development
- Weekly homework and daily diary cards



Research on DBT

- *Cochrane Database: Systematic Review 2012 August 15; 8; Psychological therapies for people with borderline personality disorder. Stoffers JM, Vollm BA, Rucker G., Timmer, A., Huband N., Lieb K.*

28 RCT Studies

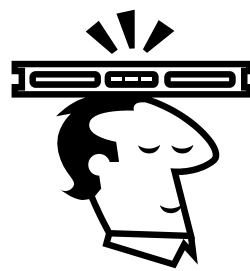
- Psychotherapy interventions vs. control or other psychotherapy
- N=1804 with BPD
- Beneficial effects DBT over TAU were statistically significant, moderate to large
 - for anger, parasuicidality and general mental health ratings
 - Not SS for patient retention

1 RCT Study

- 20 week STEPPS
- N=65 TAU plus STEPPS
- N=59 TAU
- Statistically significant improvement
 - Affective, cognitive, interpersonal and impulsive functioning
 - Impulsivity, negative affectivity, mood and global functioning
- No Difference in
 - Suicide attempts, self-harm acts or hospitalization

- There is growing evidence to support the effective use of DBT for more than the original BPD diagnosis.

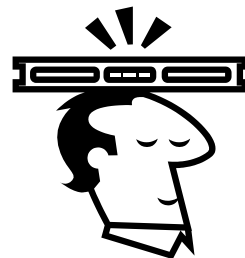




The Rationale

- Primary Care works to enhance capacity
- Refer to Hospital Speciality DBT/BPD program
- Problems faced:
 - Wait list for DBT program
 - Need BPD diagnosis
 - a high risk, low functioning client, life threatening
 - Leads to exclusions:
 - Less symptomatic BPD
 - Clients with emotion dysregulation, not BPD diagnosis

Rationale (cont)



- Hospital DBT/BPD specialty program lacks resources to serve the demand
- Primary care is not equipped to handle this more challenging population
- Look at how we could partnership to better fill the gaps and better serve our community
 - Hospital DBT clinicians train and mentor Primary Care Mental Health Counsellors
 - Online DBT course (DVDs, readings)

Learning Process - HFHT

- What was it like to be the learner?
 - Screening and interviews (fit)
 - Scary
 - Exciting
 - Time Consuming
 - Enriching
 - Observe, then jump in (online course)



Learning Process - St. Joseph's

- What was it like to be the mentor/trainer?
 - Skeptical? (DBT Virgins)
 - Nervous
 - Pleasantly surprised
 - Learning on all sides
 - Highly dependent on a good fit



Breakdown

- St. Joseph's Hospital Outpatient Program
 - Full DBT for BPD
 - 1 year intensive program
 - 20-week coping skills group
- HFHT
 - Less symptomatic BPD traits, emotion dysregulation with or without a diagnosis
 - 20-week DBT coping skills group
 - Other groups



What is happening now at the HFHT

- 82 referrals to the DBT Coping Skills Group
- Started our first group in January (ongoing)
 - First participants graduated May 22nd
 - People having to wait 4-6 months
- Second group started May 31st
 - 2 new MHC begin training (online and in group)
 - Trying to keep waitlist down to under 3 months



What is happening now at St. Joseph's Healthcare



- New partnership with a FHT (4)
- Our two sites run three 20-week groups, training in 2 of them
- Now have a place to refer patients who do not meet criteria for our services but do have emotion dysregulation (FHT)



Benefits



- HFHT
 - Working and communicating better with St. Joseph's, collaborative care, shared care
 - New service for challenging clients who come often, (high needs, low response)
 - Professional development for clinicians
 - Enhance clinicians' skills for other work with individuals, couples, families and groups
 - Support from experienced clinicians
 - Plan to develop a DBT group for youth

Benefits



- St. Joseph's Healthcare
 - Frees up a facilitator when training
 - Dynamic and fun to lead with new people
 - Have enjoyed the teaching, developing own skills
 - Break down silos
 - Use HFHT group for follow up care, ongoing care
 - Shared care

Benefits



- The Community
 - More options for services
 - Increased access
 - Patients can receive services through their medical home
 - Potentially less hospital based care

- Consumer Voice

“I just wanted to send you a little note to say "Thank You" for giving me the opportunity to be a part of the DBT Coping Skills Group. This group has given me literally a new lease on life. I now feel free of all the negativity that I began with. I now have the skills to use to better my existing relationships as well as my future ones. It also taught me that it is o.k. to feel emotion without shame or guilt. The coordinators were supportive in every way. So again, I Thank all that were a part of my journey.”

(graduate of HFHT 20 Week DBT Coping Skills Group)

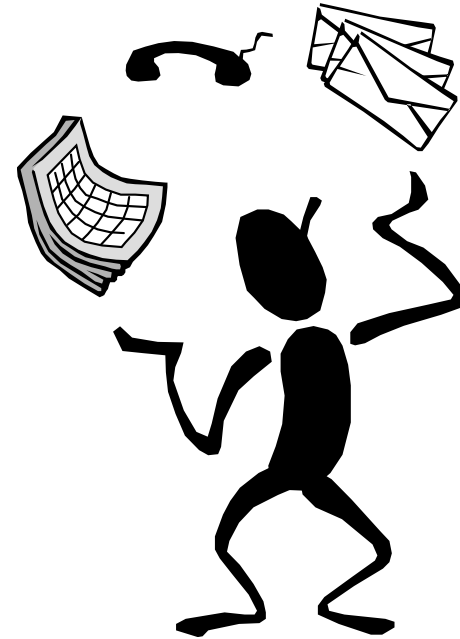
Challenges



- HFHT
 - Not all on one site (group, counsellor and psychiatrist)
 - No supervision, no consultation group
 - Adhering to the model
 - Managing referrals and orientation
 - Meeting the demand

Challenges

- St. Joseph's Healthcare
 - Time
 - Developing skills as trainers
 - Managing a complex challenging case load



Questions

