

INFORMATION... foundation for good policy

The Department of Mental Health and Addiction Services A Healthcare Service Agency

M. Jodi Rell, Governor

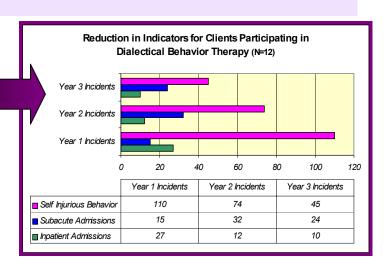
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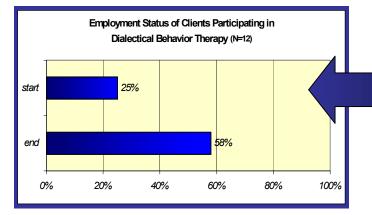
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DBT...A Successful Treatment Intervention

Clinicians are challenged daily to find effective ways to help people to reach their fullest potential in their recovery from serious mental illness. DMHAS now looks to science to inform us about treatment approaches that work. One such proven treatment method, **Dialectical Behavior Therapy** (DBT), was introduced at the DMHAS Southeastern Mental Health Authority (SMHA) in 1996. DBT treatment is specifically designed to treat individuals with a diagnosis of "borderline personality disorder," a serious condition that affects about 2% of all Americans and causes major disruption to families and work life. People with this condition suffer from mood swings, have difficulty managing their emotions and may be self-injurious or chronically suicidal. DBT involves individual psychotherapy, DBT skills training, therapist consultation team participation, and telephone consultation. Services are organized around target behaviors that include: suicidal or self-injurious behavior; treatment interfering behavior; and quality of life interfering behavior.

Data collected from
a retrospective review of 12 client records
suggests the effectiveness of DBT services on
target behaviors. There was a notable decrease in
self-injurious behavior representing a 33% decrease
during the second year of treatment and a 60%
decrease in the third. There was a 73% reduction in
inpatient admissions from the first year of treatment to
the third year. SMHA sub-acute residential admissions
increased as a contingency management strategy to
decrease the use of more restrictive
inpatient hospitalizations.





WHAT'S NEXT?

SMHA is currently working toward developing a formalized system of evaluating treatment outcomes to better establish the efficacy of DBT Services. Other planned developments include enhanced baseline data collection on such measures as depression, anxiety, anger management and behavioral self-control. Post treatment follow-up is also planned.

Of the 12 records
reviewed, there was an increase in
employment status from 25% to 58%.

Some individuals began part-time employment,
others increased from part-time to full-time.
Though increasing employment status was not
necessarily a target of treatment, the emphasis placed on
skill acquisition and targeting quality of life interfering
behavior and, "getting a life worth living," impacted
employment status in a positive manner. Other factors
that may have contributed to the increased
employment status include the emphasis placed
on the recovery model, and on employment
as an important part of recovery.

For more information, please contact Sandi Philips, Supervising Clinician, at 860-859-4614 or e-mail at <u>Sandra.Philips@po.state.ct.us</u>