Dialectical Behaviour Therapy in Forensic and Correctional Settings

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Disclosure statements

• Shelley McMain is an unpaid member of the Scientific Advisory Board of the Linehan Institute.

• Shelley McMain receives payment for some DBT trainings.
Presentation plan

• Overview of DBT
• Rationale for adapting dialectical behaviour therapy (DBT) to forensic and correctional settings
• Evidence base of DBT in forensic and correctional settings
• Common elements of DBT programs and examples of specific models
• Implementation challenges and facilitators
First incarcerated at age 15 for assault, trespassing and causing a disturbance.

Diagnosed ADHD, BPD and ASPD

Non-compliant, disruptive, aggressive, impulsive

Chronic self-harming behaviour

“Pushed staff to their limits”

Numerous transfers to correctional facilities

Oct. 19, 2007, age 19, dies by suicide in custody
Jury recommendations

“This case study can demonstrate how the correctional system and federal/provincial health care can collectively fail to provide an identified mentally ill, high-risk, high-needs inmate with the appropriate care, treatment and support.”
Background

• Limited treatment options for mentally ill individuals with criminal justice involvement (e.g., NICE, 2014).

• Individuals with personality disorders are vulnerable to inadequate care (McCann et al., 2007).

• Staff burnout is common (Schaufeli & Peeters, 2000).
Dialectical behaviour therapy

• designed for multi-disordered, high-risk individuals and compatible with best-practices

• targets criminogenic risk factors

• responsive to diverse learning styles

• addresses staff burnout
DBT in a nutshell

• Developed originally for suicidal patients with borderline personality disorder (BPD).

• Integrates a focus on change, acceptance and dialectics.

• Principle-drive approach for severe, multi-diagnostic, difficult-to-treat individuals.

• Recommended for the treatment of BPD by several national practice guidelines (e.g., NICE, 2009; Australian Clinical Practice Guidelines, 2015).

Marsha Linehan
Biosocial theory

Behavioural dyscontrol

Emotional vulnerability or insensitivity

Invalidating environment

Disturbed caring; emotions are disregarded, minimized, rejected, punished; reinforcement of antisocial behaviour
DBT modes and functions

1:1 counseling
Enhance motivation and engagement

Skills training
Skill acquisition

Milieu coaching
Ensure generalization to the environment

Consultation team
Motivate and engage staff

Environment
Structure the environment
Research overview

> 31 studies

Case studies
Pre post
Quasi-experimental
Small sample

Prisons
Forensic
Residential
Outpatient forensic

Male and female
Adolescent, adult
BPD; ASPD
Behaviorally dysregulated
DBT outcomes

Physical aggression
Self-harm
Disciplinary tickets
Impulsivity
PTSD symptoms
Depression symptoms
DBT outcomes

- Anger management
- Social support seeking
- Planful problem solving
- Accepting responsibility
- Emotional control
- Coping skills
Special populations
Individuals with intellectual disabilities

Pilot program at the National High Secure Learning Disability Service, U.K.:

- DBT > wait list
- reduced symptom distress
- more likely to move to a less security setting

Program features:
- simplification of concepts
- small groups (4-5)
- repetition
- creativity and variety
- handouts using symbols and pictures
- individual support.

Morrissey and Ingamells, 2011
Specific DBT Program Examples
Examples of applications

Published applications

Outpatient forensic clinic in The Netherlands (van den Bosch, Hysaj & Jacobs, 2012)

The RUSH Program, Australia (Eccleston & Sorbello, 2002)

WA State juvenile residential (Trupin, Stewart, Beach & Boesky, 2002; Drake & Barnoski, 2006; WSIPP, 2002, 2006)

Colorado inpatient forensic population (McCann, Ball & Ivanoff, 2000; McCann, Ivanoff, Schmidt & Beach, 2007)

CT State Prison – youth and adults (Berzins & Trestman, 2004; Shelton et al 2009, 2011)

NYC stalking offenders on probation (Rosenfeld et al., 2007)

Telephone-linked care system (TLC) for forensic outpatients and probationers
(Berman, Farzanfar, Kristiansson, Carlbring & Friedman, 2012)
Model of DBT implementation in CSC

1. General population
2. Maximum security female offenders
3. Offenders in the community
4. Specialist units for mentally ill offenders
   - Individual counseling
   - Group skills training
   - Consult Team
   - Psychoeducational groups
   - Activities centered around treatment
CSC DBT Training Program

Basic courses
- 2-day introductory course (all)
- 2-day skills training (treatment staff)
- 2-day individual therapy (psychologists)
- 1-day consult team (treatment team)
- webinars (English/French)

Consultation
- monthly site consultation
- complex case rounds - monthly
- monthly consultation (national)

DBT trainer training
- train the trainer 2-day workshop
Focus of staff training and intervention

- Motivational strategies
- Structural strategies
- Coping skills
- Problem assessment
- Compassion-based approach
Is DBT too complex to master?

State Department of Mental Health DBT training initiative was evaluated.

Sample: 109 clinicians with diverse backgrounds and roles

Predictors of knowledge:
• reading
• consultation
• study group
  but not prior education.

Hawkins & Sinha, 1998
DBT outcomes - Corrections Canada

Positive outcomes:
• better institutional functioning
• interpersonal functioning
• emotion regulation, coping skills and self control
• improved mental health symptoms
• effective coping post-discharge

Blanchette, 2010
Implementation challenges

General

Tension between security and treatment teams.

Staff frequently have low level of formal training in mental health.

High staff turnover.

Operational challenges.

Adapting to a new way of delivering treatment.
More challenges

DBT specific

Adapting DBT with low fidelity.
Staff perceived too few suitable clients.
Difficulty find time to meet for consultation.
Lack of individual therapists.
Training before staff are committed.
Successful facilitation

Buy-in at senior level
Identify champions
Adequate program size
Expert consultation
Cultivate relationships
Train teams
Take-away

Evidence to support the application of DBT in forensic and correctional settings.

Treatment helps to reduce behavioural dyscontrol and increase effective coping.

Successful implementation of DBT requires full support of administration and clear goals.
Contact information

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