

Developing DBT services in New Zealand: An overview of the DBT-NZ Project

The Mental Health Workforce Development Project MHWDP is sponsoring a series of training events in dialectical behaviour therapy (DBT). The objective is (i) to support the development of effective services for New Zealand mental health consumers with complex needs through the provision of specialist training in DBT and (ii) to develop a New Zealand based DBT training capacity.

DBT is an evidence based treatment for persons who suffer from complex 'multi-diagnostic' problems, such as borderline personality disorder. For more information on DBT see <http://www.behavioraltech.com/>

This DBT training has a number of components:

- **A two-day orientation to DBT** to be held in Wellington at the School of Medicine on December 5th and 6th 2005. Capacity 200 persons. Fees \$300+GST. Enrolment is open to all those with an interest in DBT. Those who have enrolled for the DBT intensive (see below) are automatically enrolled in this 2-day orientation as a part of their intensive fees. Places are still available for this event.
- **A one-day consultation meeting** with Dr Elizabeth Simpson on December 7th in Wellington for team leaders and service managers involved in establishing DBT services. The focus is on the implementation of DBT across treatment systems. Enrolment will be extended to leaders and managers of the larger teams involved in the intensive. There are no fees. If you wish to attend this session please contact Barry Foley at MHWDP.
- **A DBT intensive training** for up to 70 persons based in treatment teams. A DBT intensive is the main training event for teams to learn the details of providing DBT treatment. This consists of a week-long event commencing March 27th 2006, a second week-long event starting October 16th 2006 and a 2-day follow-up in May 2007 (this date not finalised). There are also set tasks and monthly telephone consultations between the training events. Thanks to the sponsorship of MHWDP fees have been reduced to \$2000+GST per person. The application date for the intensive has now passed.
- **A 2-day trainer's event** to be held in May 2007. Enrolment is for those selected for the DBT-NZ training team (see below).

All training components will be provided by Behavioral Tech LLC (B-Tech), the US based training company associated with Marsha Linehan. The lead trainer will be Dr Elizabeth Simpson, MD, a senior B-Tech trainer and Harvard clinical instructor who also provided DBT training in New Zealand in 2004. Mike Batcheler (Auckland DHB) will be an assistant trainer as part of the DBT-NZ training team (see below).

The DBT-NZ Training Team.

In conjunction with B-Tech and the events above, the DBT-NZ project will be selecting and training a small group on New Zealand based regional trainers to become B-Tech affiliated and competent in delivering DBT training with B-Tech materials in New Zealand. These persons will be selected according to their experience and enthusiasm for DBT and workforce training. Further information including application forms are available.

For more information on the project including registrations forms contact:

- Olympia D'souza, Administrator, MHWDP, phone 09 - 300 6773
- Barry Foley, Project Manager, MHWDP, phone 09 - 300 6775
- Mike Batcheler, DBT-Coordinator, Auckland DHB, phone 09 – 845 0943

Some comments on recent DBT initiatives within New Zealand

DBT has been implemented across a variety of treatment settings and countries by a variety of treatment teams. It currently has the largest number of positive randomised controlled trials of any treatment approach in the treatment of persons with the diagnosis of borderline personality disorder. But what do the clients and staff say? Here are some comments from clients and staff involved in some New Zealand DBT initiatives:

New Zealand DBT client feedback:

- ❖ “I’m able to cope with emotions and stress better... [I see] how much practical knowledge is necessary for healing & replacing old behaviour with useful behaviour”
- ❖ “I have a whole selection of resources to draw upon and know how to maintain myself on a daily basis to prevent things getting too bad”
- ❖ “I’ve taken more responsibility for my suffering and taken steps to change or at least been aware of a conscious choice not to”
- ❖ “...it provided me with a higher understanding of skills that I could use to increase my quality of life”
- ❖ “... it helped me to confront and deal with the most difficult times. I learned how to see things from other points of view.”
- ❖ “Great new ideas to overcome difficulties not only for children but also for parents” (comment from parent of CAMHS DBT services user)

New Zealand community mental health staff feedback:

- ❖ “[DBT] has been huge. It has given me a framework of skills for working with BPD clients. I have greatly increased my sense of compassion, understanding and knowing what to do.” – A.M., Nurse Therapist.
- ❖ “It’s given me a framework for working with potentially very challenging client. It’s taken me from ‘managing’ these clients to enjoying them. And it works.” – D.S., Clinical Psychologist.
- ❖ “The differences we see is in using a holistic programme with young people and their families. We’ve also seen significant reduction in respite services and no use of hospitalisation in the year we’ve been running. – K.T. Clinical Psychologist, Child and Family service.”

New Zealand inpatient staff feedback:

- ❖ “We no longer experience the intolerable pain and frustration of prolonged involuntary hospitalisations for our borderline service users.... I estimate the average length of stay for a service user with borderline personality disorder has been reduced from several weeks to less than one week.... In my opinion, the implementation of a DBT-based approach to the treatment of service users with borderline personality disorder has been the single most important innovation I have seen in my professional career...” - Dr Thom Rudegear, Clinical Director, Te Whetu Tawera, Inpatient Mental Health Unit, Auckland DHB.
- ❖ “I liaise with resource co-ordinators from other DHB's frequently and commiserate with them [about] their service's lack of a fully functioning [DBT] programme. I am absolutely convinced DBT principles advantage not only individual service users but the service as a whole.” - Inpatient Admissions Coordinator, Te Whetu Tawera, Inpatient Mental Health Unit, Auckland DHB.