

APT's Award for Excellence in DBT 2016

Program's name: PT-AMBAHR - Programa de Tratamento Ambulatório para Perturbação de Personalidade Borderline em Ambiente Hospitalar.

(in English: Outpatient Treatment Program of Borderline Personality Disorder in an Hospital Environment).

Institution: Department of Psychiatry and Mental Health of the Padre Américo Hospital, in Portugal.

Developer: Dr. Teresa Sousa-Ferreira.

The Program for Outpatient Treatment Program of Borderline Personality Disorder in an Hospital Environment (in Portuguese: *Programa de Tratamento Ambulatório para Perturbação de Personalidade Borderline em Ambiente Hospitalar* PT-AMBAHR) is an adaptation of the Dialectical Behavior Therapy Program.

It was created in early 2015, in the Department of Psychiatry and Mental Health of the Padre Américo Hospital, in Portugal.

It is a pioneer project in Portugal, and there is no official record, taking into account the available databases, of the use of a treatment program exclusively based on Dialectical Behavior Therapy in a hospital setting, in patients with Borderline Personality Disorder.

This Program aims to promote a treatment structure geared towards patients diagnosed with Borderline Personality Disorder, who are being monitored in the Department. It has been developed to function in an outpatient setting, for patients with this disorder and with difficulties in terms of emotional regulation and interpersonal relationships, poor coping skills, and with difficulties dealing with frustration, but without severe suicide risk.

The team consists of a Psychiatrist, a Psychiatry Resident and two psychologists with training and expertise in Dialectical Behavior Therapy.

The treatment program has a duration of 12 months and comprises the following components:

- Individual sessions;
- Skills Group Training;
- Telephone coaching;
- Interviews with family members;
- Team Consultation meetings.

The Skills Group Training take place on a fortnightly basis over a period of 12 months, with a duration of 150 minutes and the purpose of learning behavioral strategies from the 4 basic areas of Dialectical Behavior Therapy (*Mindfulness*,

Interpersonal Effectiveness, Emotional Regulation and Distress Tolerance). These group sessions are led by two members of the therapeutic team (the Psychiatry Resident and one Psychologist).

Individual sessions have a fortnightly frequency, interspersed with the group sessions, and have a duration of 60 minutes over a period of 12 months, where treatment goals are worked on according to the hierarchy reiterated in the original therapy (1^o Stop self-harming behavior; 2^o Intervention on the factors that interfere with therapy; 3^o Intervention on quality of life) and where there is also focus on the applicability of behavioral strategies in everyday life, through the analysis of homework (filling out *Diary Cards*), *Problem Solving*, *Behavior Chain Analysis*, among others, using several techniques such as validation, positive reinforcement, etc. Since they are conducted by the Psychiatry Resident, individual sessions also serve to perform pharmacological adjustments when necessary.

Meetings of the therapeutic team are used to discuss cases, adjust treatment plans and manage the burn-out of the therapists. They are led by the Psychiatrist and, ideally, all team members are in attendance, taking place at least once a month.

Interviews with family members have a monthly frequency, over a period of 12 months, with the purpose of evaluating treatment feedback and teaching some behavioral strategies to facilitate the management of situations in the family context. These sessions are led by a Psychologist of the team. The idea of incorporating sessions with family members of patients with borderline personality disorder arose after these patients mentioned how difficult it was to put these strategies into practice when living with people who were unaware of them.

Telephone coaching is an aspect of the treatment to be used in crisis situations, a concept that varies according to the patient and should be agreed upon between therapist-patient. It serves as coaching for the application of behavioral strategies in a specific situation, which cannot wait until the next appointment at the service. There is a specific phone number for the patients to call for this purpose, available from 8:00 a.m. to 10:00 p.m., and it is a member of the therapeutic team who answers the telephone (Psychiatry Resident).

Both objective and subjective measures were used to evaluate the impact of this treatment program.

As for objective measures, psychological scales were used, as well as the evaluation of the frequency in filling out/using behavioral strategies, through the analysis of the *diary card*.

Regarding subjective measures, feedback from patients and family members was used.

Concerning the results, the brief preliminary evaluation points towards favorable results. Feedback from patients and family members has been equally positive. We are still a small team but we hope to expand in the future.

We expect to win this award and we hope to inspire new services to implement this therapy, particularly in Portugal.

Below, there is an excerpt from one of the comments delivered by one of the patients regarding this treatment program:

“...I have been able to better control my emotions and impulses in order to live my daily life better despite the obstacles. I feel stronger, with more peace and knowledge to fight. This program taught me to be more prudent and understanding. I notice that I am understanding my self better” (M.).