

Basal Exposure Therapy 24/7

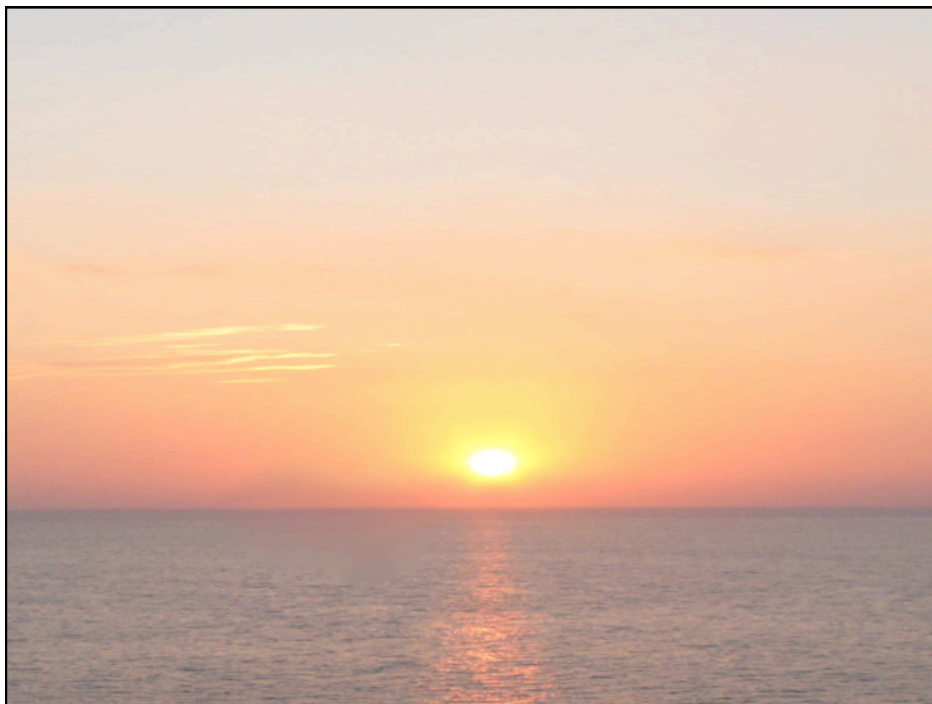
From poly-pharmacy and mechanical restraints
to second order change and empowerment

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The BET patients: Characteristics

- Severe generalised, psychological and psychosocial dysfunction (GAF < 30)
- Self-harm and suicide attempts
- A wide range of severe symptoms associated with both Axis I and Axis II disorders
- Delusions, hallucinations and dissociation
- Extreme levels of pathology and fluctuating symptoms with several and shifting diagnoses
- They use a cocktail of various medications
- Despite cost-intensive treatment efforts they remain low functioning – some of them even get worse
- ✓ *There is no research on treatment effects related to this group of patients*
- ✓ *There are no other treatment models that are used systematically for treating this group of patients*

How are we supposed to help our patients?

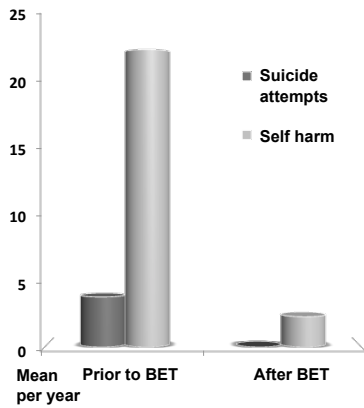
Give a man a fish
and you feed him for a day

Teach a man to fish
and you feed him for a lifetime

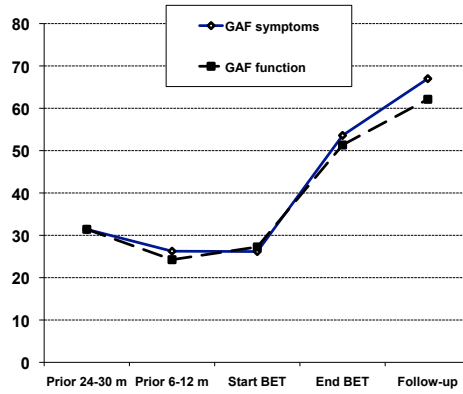
Chinese proverb

n = 15 BET patients

Self harm and suicide attempts



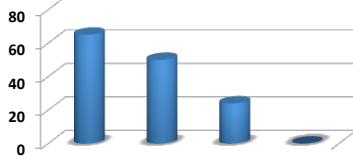
Changes in global functioning (GAF)



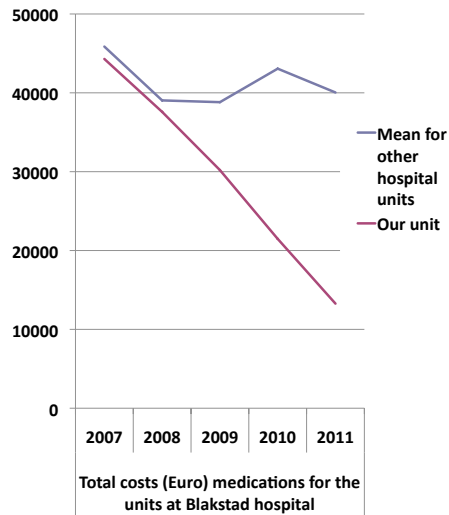
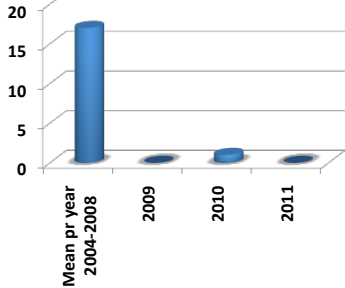
Mean number of regular medications (n=22)
At BET start = 3.8 VS: At discharge = 1.0

Use of force and medication costs: n = All patients at the ward

Physical and mechanical restraints

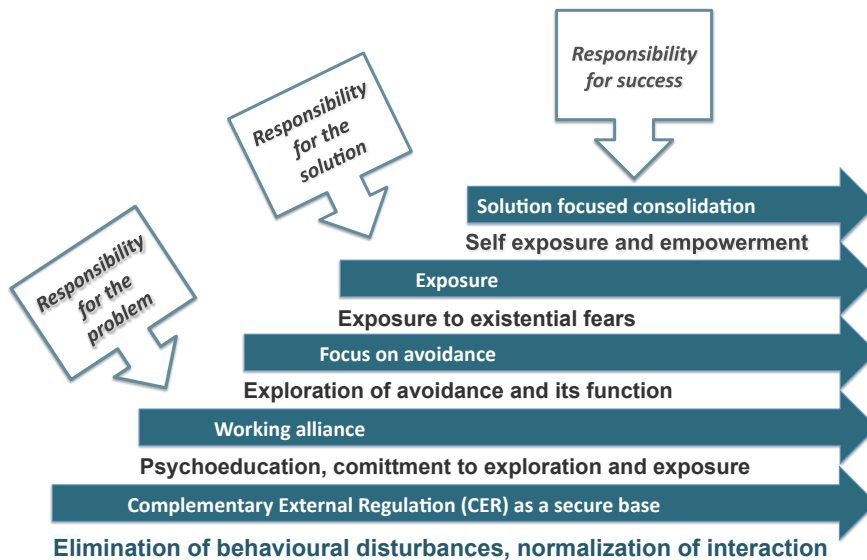


Forced short term medications



Total costs (Euro) medications for the units at Blakstad hospital

BET: giving back responsibility to the patient through 5 treatment phases



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••• VESTRE VIKEN

From 1st order to 2nd order change

- **Puncturing hope (forget about being creative)**
 - Life was painful in the past
 - Life is painful now
 - Life will continue to be painful in the future
 - **Life is, and will forever be, painful**
- **Radical acceptance (forget about getting relief)**
- **Change is the patient's responsibility**
 - ✓ You create and maintain your problem by avoiding pain and fears
 - ✓ You can solve your problem by choosing not to avoid (exposure)

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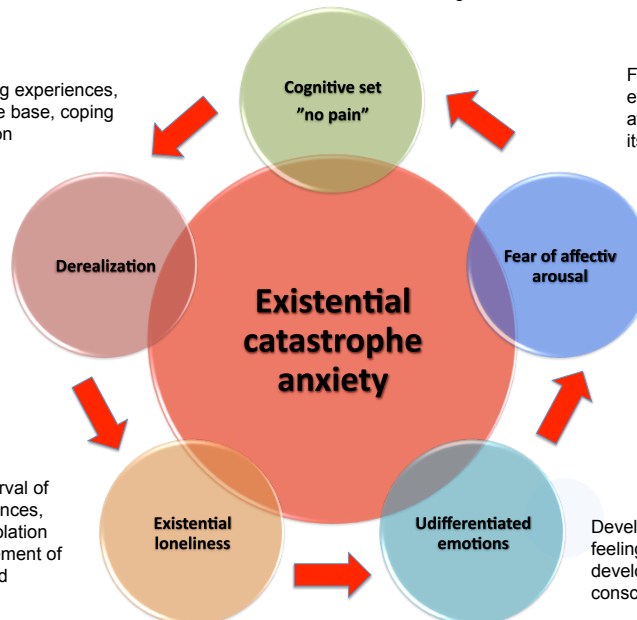
Existential catastrophe anxiety

- **Three kinds of phobias**
 - External phobias
 - Affect phobias
 - **Existential catastrophe anxiety**
- **Existential catastrophe anxiety**
 - An impending fear of dissolving, falling to pieces or being engulfed in eternal emptiness or pain

Cognitive "set" prescribes avoidance and use of automatic avoidance strategies

Overwhelming experiences, lack of secure base, coping by dissociation

Fear of feelings evolves into fear of affective arousal itself



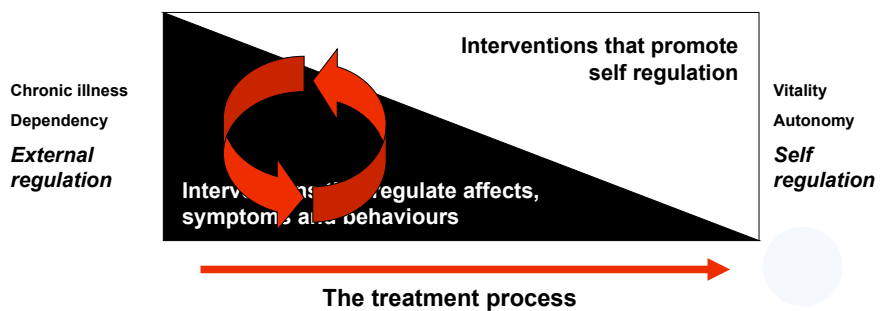
Lack of apporval of inner experiences, existential isolation and reinforcement of alienation and derealisation

Development of fear of feelings, which obstructs development of affect consciousness

Exploration of the phobic object

Marginalization processes

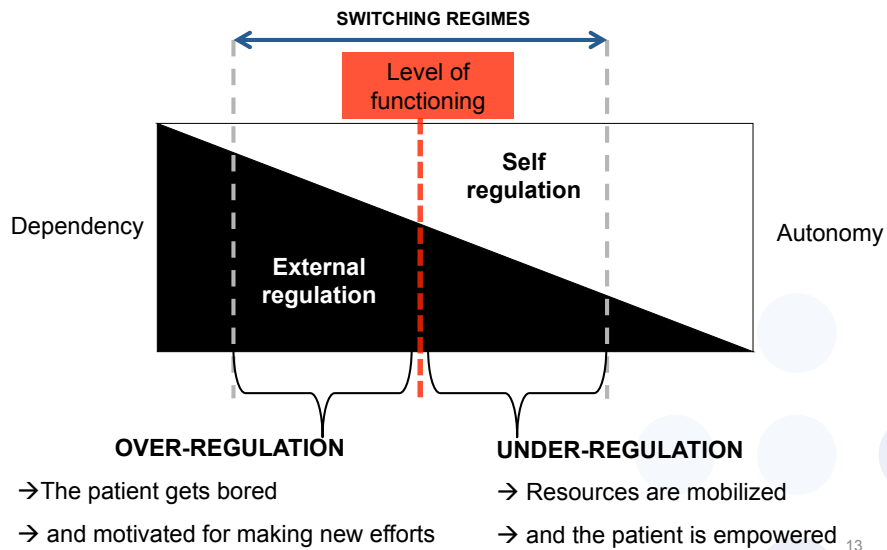
Two dimensions of treatment



FACTORS CAUSING POSITIVE FEEDBACK LOOP TOWARDS MARGINALIZATION:

- 1) The medical model, which is based on external regulation (de-powerment)
- 2) The "step-by-step" ideology of health care institutions (de-motivation)
- 3) Positive reinforcement to appeals, demands and threats (escalation of dysfunctional behaviors)
- 4) Acting out of counter transferences (leads to symbiosis and/or aggression/rejection)

Complementary external regulation



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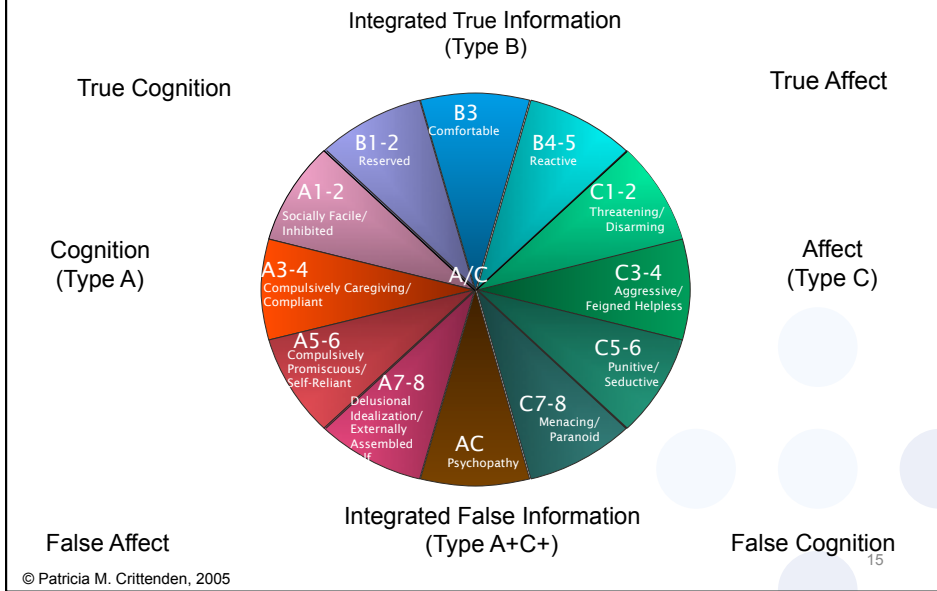
Complementary responses

- Progressive responses
 - ✓ Staying in the therapeutic relationship
 - ✓ Assumes responsibility for her own perspective
 - ✓ Takes deliberate choices
 - ✓ ("Creative") Hopelessness – "I don't know what to do"
→ **Therapeutic starting point for ask for help**

- Regressive responses
 - ✓ Behavior that generate increasing need for external control
 - ✓ Withdrawal from the therapeutic relationship
 - ✓ Hostility
 - ✓ Increasing appeals, demands and threats
→ **Follow up: coordinated CER**

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DMM-informed BET-treatment



Therapeutic stance - Basic BET validation



1. Identify inner state/emotion/feeling based on what you presume (you're listening, observing)
2. Communicate what you think may be the patient's experience
3. Assume responsibility for your perspective
4. No question mark
5. Period .



BET - Inviting validating communication



- 1. Identify inner state/emotion/feeling based on what you presume (you're listening, observing)**
- 2. Switch between communicating**
 - ✓ what you think may be the patient's experience and
 - ✓ how it is for people in general to deal with such experiences
- 3. Assume responsibility for your perspective**

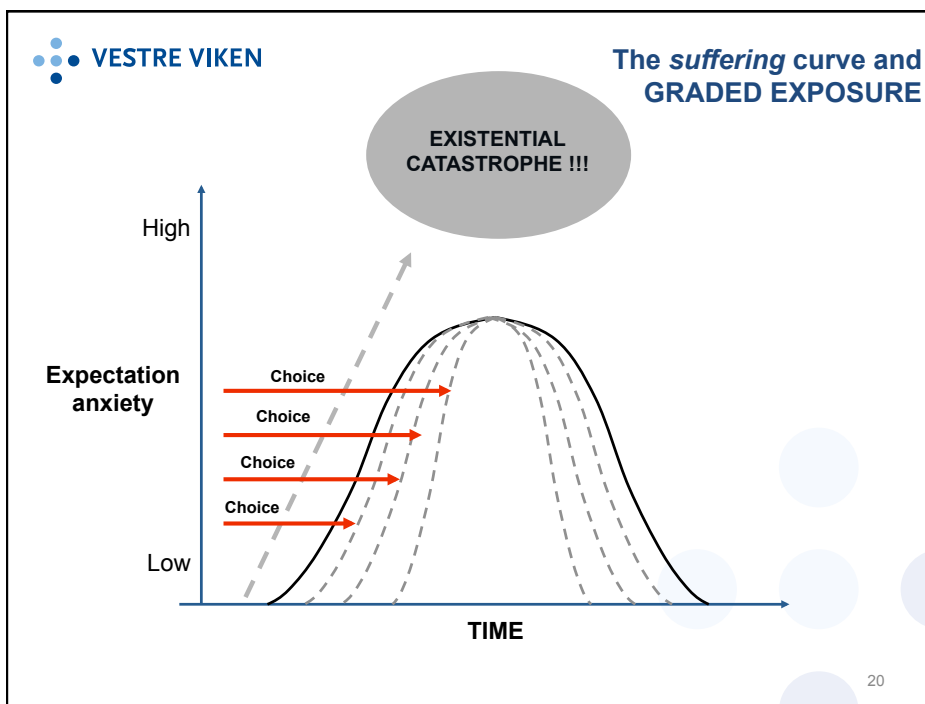
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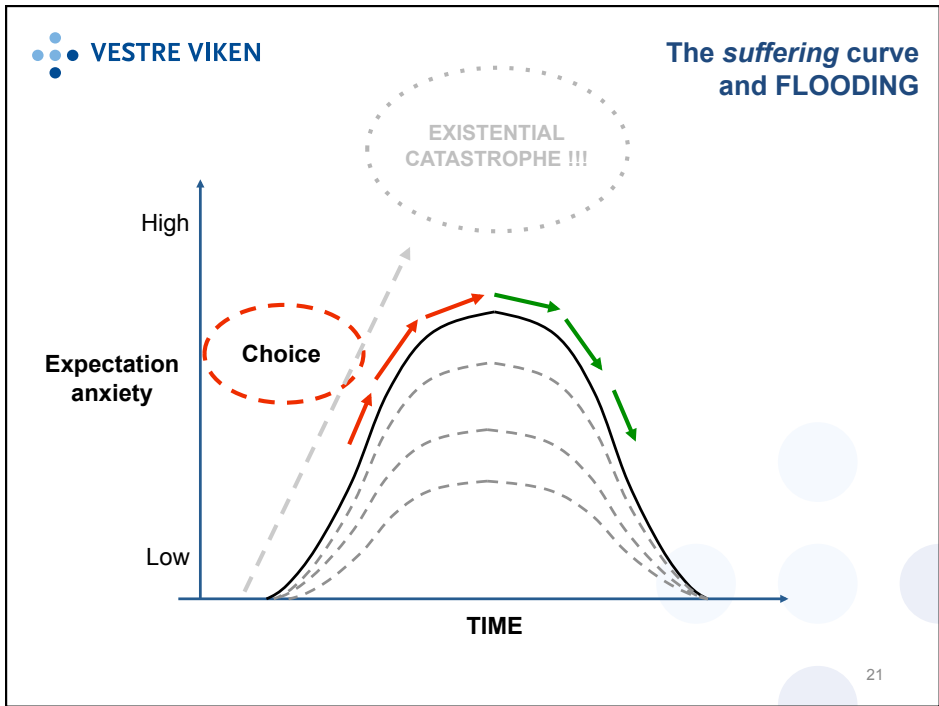
BET - Rhetoric

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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
07.00-07.15	Report night/day	Report night/day	Report night/day	Report night/day	Report night/day
08.00-08.10	Joint meeting G.1/2	Group report	Group report	Group report	Group report
08.10-08.45	- Focus last week - Focus this week - Process evaluation	Reflecting team: System / ethics	Reflecting team: System / ethics	Reflecting team: Group leader's meeting to keep us on track	Process evaluation: -Focus this week -New focus next week
08.45-08.55	Practical: sessions, info, coaching	Practical: sessions, info, coaching	Practical: sessions, info, coaching	Practical: sessions, info, coaching	Practical: sessions, info, coaching
08.55-09.00	A1-A2 Coordinate	A1-A2 Coordinate	A1-A2 Coordinate	A1-A2 Coordinate	A1-A2 Coordinate
09.00-09.30	Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions
09.30-09.50	Morning meeting cl.	Morning meeting cl.	Morning meeting cl.	Morning meeting cl.	Morning meeting cl.
09.50-10.30	Physical activity	Physical activity	Physical activity	Physical activity	Physical activity
10.30-11.30	Psych ed group - 11.15	Therapy client A and B	Therapy client C and D	Therapy client E and F	Therapy client A and B
11.30-12.00	LUNCH	LUNCH	LUNCH	LUNCH	WEEK END LUNCH
12.00-12.45	Therapy cl. A, B and C	Therapy cl. E and F	Therapy cl. A and B	Therapy cl. C and D	Therapy cl. E and F
12.45-13.30	Therapy cl. D, E and F	Therapy cl. C and D	Therapy cl. E and F	Therapy cl. A and B	Therapy cl. C and D
13.45-14.30	Group supervision role play	Treatment planning: Refl team with client	Group supervision role play	Treatment planning: Refl team with client	Group supervision role play
14.30-15.00	Cl. team-coordination	Coordination refl team	Cl. team-coordination	Coordination refl team	Cl. team-coordination
15.00-15.20	Group ind report	Group ind report	Group ind report	Group ind report	Report gr1 gr2
15.20-15.30	A1-A2 Coordination	A1-A2 Coordination	A1-A2 Coordination	A1-A2 Coordination	A1-A2 Coordination
16.00-16.15	Afternoon meeting	Afternoon meeting	Afternoon meeting	Afternoon meeting	Afternoon meeting
16.15-16.45	Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions
1700-20.00	Milieu therapist sessions when needed	Milieu therapist sessions when needed	Milieu therapist sessions when needed	Milieu therapist sessions when needed	Milieu therapist sessions when needed
21.15-21.30	Report evening/night	Report evening/night	Report evening/night	Report evening/night	Report evening/night

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VESTRE VIKEN

Existential catastrophe anxiety = Existential psychological stuckness

GITW-Beh

T-Moves

GITW-Exp

What is important

BET-patients

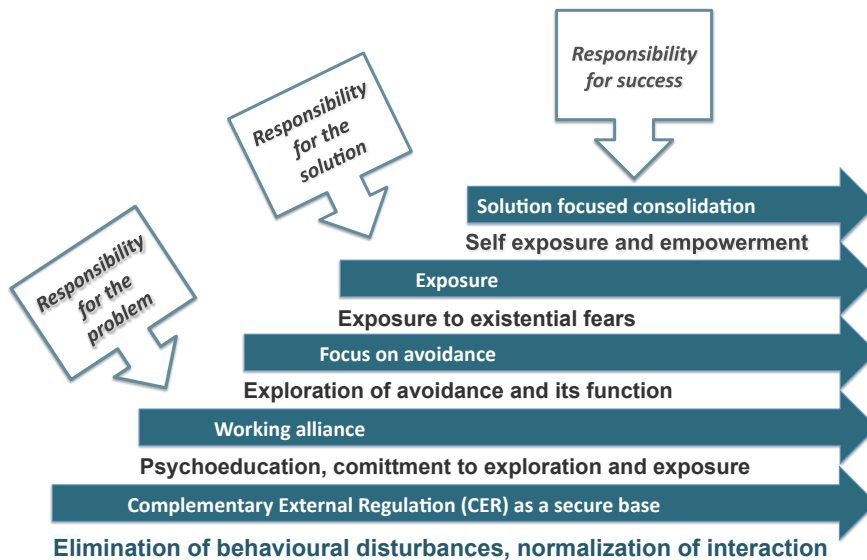
- Verbally and behaviorally stuck in a **loop of avoidance**
- Not able to notice differences and hooks
- Every T-Move represent a hook
- Every verbal intervention represents a hook

The way out of stuckness

- Only direct experiencing in a milieu-therapeutic context can establish new contingencies
- Overregulation elicit T-Moves**
- Relational survival is the ultimate reinforcer

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BET: giving back responsibility to the patient through 5 treatment phases



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The experience of respect and equality

*"I was respected and taken seriously,
even though I had a severe mental
disorder"*

*"I was seen and met as an equal human
being and not just as a diagnosis"*

Former BET-patients

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Thanks for your attention

Facebook: Basal exposure Therapy (BET)



Contact information

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