



## S.L. Gimbel Foundation Fund Grant Evaluation Form

Date: Oct 15, 2013

Organization: Oak Grove Center for Education and the Arts

Contact Name: Tammy Wilson, LMFT

Title: CEO

Phone Number: 951-677-5599

Grant Period: Oct 1, 2012 – Sept 30, 2013

Award Amount: \$25,000

Grant Number: 2012752

**Describe the project's key outcomes and results based on your goals and objectives. Provide the number of clients served and other relevant statistics.**

Oak Grove successfully implemented LIVE SAFE into its entire curriculum, added the 12 week curriculum focused on safety (which would run consecutively with two week breaks in between), fully implemented DBT skills groups as well as DBT therapy groups, Seeking Safety. We also implemented an expanded Arts program. Collectively the various interventions and tools assisted us in teaching students how to express their difficult feelings, ask for help, accept themselves, and manage and tolerate frustrations. Students attended Art-Therapy Groups, Aggression-Replacement Therapy, Seeking Safety, and DBT Skills Groups. Our students (both residents and day students) were taught a variety of coping techniques and activities through coping skills groups and one-on-one time with staff mentors.

A key outcome of the grant was implementing both the Words of Women and the Wisdom of Women project. The Wisdom of women provided the opportunity for our girls to be mentored by women from the community. The Words of Women was implemented and involved key guest speakers from the community coming to Oak Grove and presenting on a wide variety of topics but mainly sharing in telling their story of triumph over adversity and instilling hope (as well as being a role model) with our girls. Both of these opportunities provided stories of success, hope, character building to girls struggling with self-injurious behavior and or any unsafe behavior such as drugs/alcohol, running away, rage reactions. The women involved in both the weekly mentoring as well as those women who came in as special speakers encouraged, supported and provided resources beyond what we imagined.

Total numbers served:

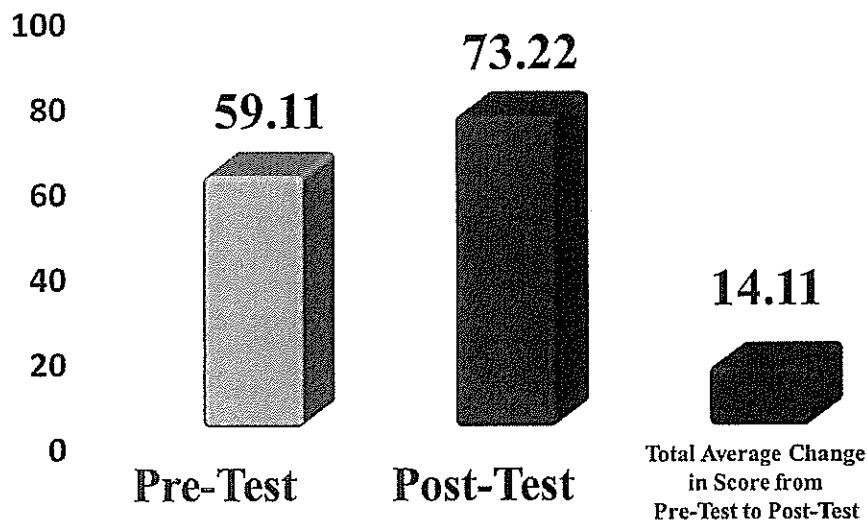
- 88 girls were involved in the project (a combination of residential students as well as day students from the main campus as well as our Perris campus)
- 48 residential students were involved in the mentoring project and more intensely in the workshop Speakers Series
- 112 residential students participated (includes the girls mentioned above)
- 90 Day Students
- 14 Ranch Students for DBT and 42 for Seeking Safety
- **Total = 244 students (exceeding expectation)**
- Performing Arts grew from 22 to serving over 50. The Performing Arts Camp involved both campuses and culminated in a Celebration Show highlighting all they had learned over the 4 week camp
- Staff that received SAFE (Self Abuse Finally Ends) training from Dr. Wendy Lader: 45
- 80 staff received DBT Skills Training from Billie Gengler, L.C.S.W Clinical Director on either July 16 or 18, 2013

- The Clinical team (16 therapists) were able to do webinar trainings on DBT beginning this past Summer and extending into September as well as viewing DVD trainings in the clinical team meetings. This is enriching their clinical work. The clinical team will continue to benefit from the training materials that were purchased.
- Since Oct 2012, 112 residential clients have been included in at least one group involving SAFE, DBT skills or Seeking Safety. Of the 112 residential clients, 84, or 75% have successfully eliminated self-injurious behaviors for two consecutive months. Unfortunately, we did not meet our goal of 85%, we believe due to a variety of factors not often under our control, such as residents being prematurely discharged, changes in funding sources, client resistance to utilizing strategies, etc. Of these 84 clients who eliminated self endangering behaviors, 20 out of 28 or 71% were in our Short Term intensive program. We strived to provide these clients with the most intensive exposure to LIVESAFE, DBT and Seeking Safety. These residents have a shorter length of stay, often only a couple of weeks.
- In the day treatment program, 90 students have participated in DBT groups and 75 students have participated in Seeking Safety. At Oak Grove at the Ranch, another 14 students have been participating in a DBT group. DBT and Seeking Safety groups are offered twice weekly. On intake assessments, students who are identified to have a "trauma-abuse" and self abuse history, are placed in LIVESAFE, DBT and Seeking Safety groups, and many times they are included in all groups.
- We have reached the goal of 100% of students with a trauma history being placed into at least one group involving DBT skills, or Seeking Safety group as well as the LIVESAFE group. As a result of inclusion in LIVESAFE, DBT and Seeking Safety groups, we have observed clients to be utilizing coping skills on a daily basis, as they discuss how they are staying safe on a daily basis with their primary staff or therapists.
- The girls on Dorm A are regularly using the Impulse Log when they feel unsafe; it assists them in stopping and thinking about their impulsive unsafe thoughts and find alternative coping skills to manage their distress so that they do not self harm. The Behavior Chain Analysis, a DBT skill is being utilized on a consistent basis with clients after they have an unsafe incident to assist them in identifying triggers and then "breaking the chain" with alternative coping, thoughts, perceptions, etc. The Seeking Safety list of 84 Coping skills is readily available to clients and they are encouraged when upset or distressed to utilize these skills in the moment. Other skills of Radical Acceptance, Mindfulness, Distraction, Interpersonal Effectiveness are also frequently discussed in groups, in the classroom, on the dorms, and in one on one sessions, as a way of reinforcing skills learned in groups.
- The Butterfly Project has been implemented on a daily basis and assists the girls in reducing self injury of cutting. Clients are observed verbalizing their knowledge of these skills and how they utilize them on a daily basis. Clients are also encouraged to use a non judgmental stance in their self talk, as the learned in DBT groups. These are just a few of the many examples of how our clients are implementing alternative ways to manage painful emotions rather than self harm.
- We have purchased a six set DVD which provides all 6 sessions from the 2009 DBT National Conference held in Fairfax Virginia. The six sessions include: Ethics of Evidence-Based Treatment, Fundamentals of Dialectical Behavior Therapy (DBT), Master the Behavioral Chain Analysis: DBT's Most Essential Strategy, DBT Innovations and Adaptations, Using DBT with Axis I Disorders, and Developing Your DBT Program. We have also purchased a thirteen set DVD of the Dialectical Behavior Therapy Conference: Practice-Based Intensive DBT Training, which is a 21 hour training. The topics presented include: Developing the Foundation, Skills Training, DBT Therapy, and Managing Challenging Behaviors.
- We presented a facility wide training regarding DBT skills on July 16, 2013 utilizing some of the skills in these DVDs. We have also purchased a two day webinar on DBT on July 16<sup>th</sup> and 17<sup>th</sup>, which have been rerun on Sept 19<sup>th</sup> and 26<sup>th</sup>. These seminars have been presented at the facility and enable us to train therapists and staff in all aspects of DBT thereby infusing the philosophies and interventions of DBT throughout the program. Also, because we have purchased the trainings we offer them as needed to new staff and periodically to existing staff to assist in refreshing the information.

As a result of this grant we were able to implement both LIVESAFE and DBT. The grant allowed us the opportunity to have a Coordinator who was responsible for coordination and ensuring the interventions were being effectively utilized and that trainings were implemented. New programs can struggle with investing a great deal in training but if the training is not appropriately implemented, the project will not be as successful. The assistance we were allowed to have with dedicated staffing not only prevented this from happening but helped ensure the success of this program overall. The leadership team dedicated to launching DBT in our programs

also designed a Pre and Post Test. These are attached. The mean improvement overall substantiates that the scores were higher at the end of the 10 week curriculum but even more important, the residents demonstrated a higher advancement on their phase than the residents not having the training. They also showed evidence of greater use of coping skills and a reduction in problem behaviors. Although the use of DBT will be ongoing, the last formal 10 week curriculum concluded in June. For the month of June, there were no incidents of self-injury. We do not feel this is coincidental but correlated with all the residents were learning in the various groups and due to their use of coping skills, interventions, safety boxes and comfort kits.

## DBT Pre-Test vs Post Test Score Results 2013



The girls conducted a month long Self Injury Awareness set of activities in the month of March. There were many panel discussions, assemblies, booths, education. Girls who previously had struggled the most with self-abuse were able to be the "leaders" in educating other student on campus about how to use coping skills, DBT skills and overall safety techniques. This was a very effective teaching intervention as youth listen more to other youth and by being involved in the leadership of the program, this also reinforced key concepts to the youth who had struggled the most.

Mentorship was big part of the program and felt to be very successful. Two success stories are Aislynn and Kelsey. Their mentor logs and notes are attached. Kelsey graduated from the program recently and left on a high phase having mastered her treatment goals. Aislynn is in residence currently but has shown tremendous progress and continues to benefit from this approach.

All Dorm A Residents have been taught to utilize the impulse control log. They are given 10 "Thank You for Being Safe" Gotchas for every entry they discuss with a staff as incentive to use it. We feel this has added to the safety on the dorm as well. This is part of LIVESAFE group that has been applied to the dorm as a whole with very positive results. An example log is attached.

The Arts Curriculum Meet the Masters is providing wonderfully enriched lessons on art in a format that is easy to implement and provides wider opportunities than what can be provided only by artists. We have also incorporated musicians, dancers and visual artists into the enhanced schedule and this made a wonderful impact on the quality of the program.

**What were the challenges and obstacles you encountered (if any) in attaining your goals & objectives? How did you overcome and/or address the challenges and obstacles? What were the lessons learned?**

- A challenge we had not anticipated is that by training our therapists in a state of the art treatment technique we would inadvertently make them even more attractive for school districts to recruit. We sent 3 therapists to extensive training. They were going to be the core of our program with specialized training in this area. What we did not anticipate is that the training itself would make them highly desirable candidates for other employment. School districts recruited 2 of the 3 and the third went into private practice. Although a challenging set back initially, we accommodated by training ALL of our therapists and utilizing some of the grant funds for training on grounds, enriched webinar trainings and DVDs that allowed the entire clinical team to grow in this area. One of the lessons learned We are seeing great results related to this modification.
- Part of what we would do differently is what we ended up doing, train more clinicians and make the DBT focus a comprehensive facility wide focus, incorporate it into the culture overall versus relying on only a few with specialized training to get results. This ended up being a better strategy. Additionally, we would set a different expectation for our long term clients versus those that are in short term care. The measure would be cleaner versus too much of a blend in the two populations. Nevertheless, we are proud of the outcome we achieved and feel grateful to Kaiser for the wonderful opportunity that was provided to us to truly enhance patient care.
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**Describe any unintended positive outcomes as a result of the efforts supported by this grant.**

A key component of the grant was to strengthen the lives of young girls through the continued presence of mentors and the availability of resources to help youth replace self-injurious behaviors with positive, healthy behaviors. An intention thrust was to step outside the campus of Oak Grove and bring strong women throughout the community onto our campus, exposing our students to a variety of different industries, talents and personalities. Although we predicted that this would be a powerful tool, an unintended but very welcome outcome is the degree to which these women impacted our program very favorably. Because of their involvement the individual girls were strengthened but additionally the women became more familiar with Oak Grove and its programs, gained greater understanding of the complexity of the youth we are serving and as a result of their awareness connected us with others in the community that could also be resources whether this was in the form of in-kind donation of products and services, additional people that could attend and support our events or even in some cases people who could serve on our board or in other capacities that impacted our youth. We found that due to the diversity of the speakers we arranged, different girls were able to identify with various speakers whether they were role models in the area of Recovery, Health, Business, Science or the Arts—all were able to provide some level of both education and support.

Another unintended but very welcome outcome of the grant was that a love of the arts was fostered for youth that we had not anticipated. Oak Grove has had an Arts program but typically this includes students who are in Performing Arts and know that they enjoy arts. As a result of this grant, however, a broader range of arts was provided to both boys and girls and as a result youth that wanted to be involved in music were able to have lessons and more in depth exposure but youth who had not previously been exposed to the arts and were as a result of this grant decided that they wanted to continue in visual, performing or musical arts. This then gave them a coping skill and helped build self-esteem. By providing guitar, dancing, drumming visual arts and overall expanding the Arts Program we were able to expand an appreciation of the arts for those that already had an interest AND expose others to art that did not realize they had an interest. An unintended positive outcome was also that youth who had performances scheduled demonstrated an ability to have their behaviors more under control leading up to and beyond the performances, there were more youth engaged in our phase program and earning higher phases AND there appeared to be less depression for those involved in the arts program. Additionally there appeared to be increases in self-esteem and team work overall for those participating in the arts. We are very grateful for the opportunities this provided.

**Describe the overall effect this grant has had on your organization.**

There was tremendous success with teaching residents DBT skills leading to both overall growth as well as a reduction in self-harming behaviors. Some examples of success stories are included below. Although we expected DBT to be effective with the adolescents, we were pleasantly surprised that the skills were effective with our younger children provided we "adapt" the curriculum to be more engaging and developmentally appropriate. We named the workshop STAR WARS DBT and it was very well received. Dorm B utilizes DBT on a daily basis and it is ingrained in our culture and in our interactions with our residents. We have a weekly DBT skills group as well as mindfulness groups that help the residents gain the skills to help with emotional regulation, distress tolerance, self-soothing and distraction.

Because the Dorm B population is ages 8-14, we have put a new spin on DBT in order to present it to our younger and lower functioning residents with a kid-friendly approach. We utilize Star Wars to help residents grasp the concepts and the different skills used in DBT. We impress on the residents the importance of feeling their emotions and not shut them out completely. When the residents discuss how they avoid emotions and shutdown, we use the comparison to "droids", robots who feel no emotions. We also discuss how the residents can control their emotions without impulsively reacting to them. We compare impulse to "Darth Vader" who is controlled by his emotions. It is our goal that through DBT skills, residents can learn to be "Jedi's" who are *calm, cool and collected* and are not controlled by their emotions.

Since adding the Star Wars spin on DBT, the amount of participation in DBT Skills group and mindfulness has increased. Residents are much more engaged and are able to comprehend the concepts of DBT in a more effective manner. Staff are able to recognize this when the residents discuss DBT outside of group and in daily situations and share how they are utilizing their skills. Residents discuss the utilization of Wise mind and describe Wise mind as "the force", and their emotional mind as "the dark side".

The grant allowed Dorm B staff to incorporate safety boxes and comfort kits. They now have an ample coping box that gets utilized multiple times throughout the entire day. Our coping box contains items that assist residents in self-soothing with their five senses and give them an opportunity to test out a variety of coping skills to see which ones work best for them. We also use a check out sheet to keep a log and track how often the coping box is being used, which item each resident uses most often and how effective the coping skills was for them. Through gathering this information, we can ensure that the coping box is adequately replenished to meet the needs of the residents as well as help residents assemble their own coping box.

As mentioned above there were more youth involved in the arts and as a result demonstrating more stable behavior overall. We purchased items related to Independent Living Skills and also found out that cooking with the residents provided opportunities for greater bonding as well as integration into the program.

Additionally although we still struggle with youth who have great difficulty managing their emotions, engaging in unsafe and self-destructive behavior, mentoring, the Arts, DBT, Seeking Safety all gave tools

to better equip the residents with skills and tools so that they could better use these tools versus acting out. Treatment Team data supports the tremendous growth that occurred with residents who had more exposure to the various treatment options.

**Tell us a few success stories that made an impact on your organization and/or community as a result of this grant.**

Several testimonials submitted from the staff include the following:

*"DBT has been very helpful with Derrick who can be extremely aggressive, has very few coping skills and struggles with utilizing coping skills that are effective for him. Staff have implemented an incentive program for Derrick where he can earn one item every shift for having safe behavior. We have taken the information from the coping skills check out sheet to identify which coping skills Derrick has used most often and which have been the most effective for him. We have included these items in his bag of rewards he can earn from his incentive program. He is earning these shiftily and is compiling his own personal coping box. Since this program has been in place, Derrick's behavior has dramatically improved. Derrick is utilizing the items he has earned and has been able to initiate using his coping skills on his own".*

*"Another resident Devin, an extremely impulsive and aggressive 12 year old boy, has benefited hugely from the DBT skills and communicates with staff how he is using his "Jedi" wise mind regularly. In the past, Devin would explode and react aggressively at the slightest increase of frustration or stress. Staff have work diligently with Devin over the last year that he has been in placement to utilize healthy coping skills, self-soothing, mindfulness, and wise mind to help him decrease his immediate reactions to negative emotions. One day, Devin was in the Rec room in the gym participating in Musical Theater. Devin was preparing to audition for his part in the play by singing a song he had been practicing. Devin looked extremely nervous about having to sing in front of people, especially having to be the first person to audition. On top of this stress, the group was running a little behind because the musical equipment was not working properly. After about 10 minutes of trying to get the equipment to work, the group was finally ready. The staff in charge of musical theater, having only known Devin for a very short time, began rushing him to get ready because they were running late. In the past, this would have sent Devin into immediate crisis which would have included yelling, throwing things and possibly aggression. However, Devin, equip with his DBT skills, very calmly responded "Excuse me, Ms. Stacy, I have anxiety and I get overwhelmed when people rush me". The staff were amazed at how calmly Devin was able to express himself to a new person that didn't know how Devin felt about being rushed. When we asked Devin how he was able to so effectively communicate to Ms. Stacy, Devin responded "Well I'm a Jedi in training, I was using my Wise mind". For Devin, just being able to appropriately communicate is huge. Devin sometimes struggles with speaking in front of people, especially a large group such as his peers in the milieu. He trips over his words and it appears the he struggles with forming the right words for what he is thinking. It's almost as though his mind is working faster than his mouth can keep up with. When sharing in groups and addressing the milieu, staff could see how Devin become frustrated with his inability to always get his point across. Often times he would refuse to share anything in groups or would become extremely frustrated and leave group and tantrum when he tried to share something and was tripping over his words. In the last 3-4 months, we have observed Devin confidently sharing his thoughts and input in groups and stepping up as a leader to address the milieu. Devin still struggles with his wording and has to pause to collect himself, but we haven't seen the frustration on his face or in his behavior. When asked about what changed to help him through this, Devin tells staff that he uses the principles of mindfulness and stays in the moment without judging himself. Devin also compares himself to Yoda and tells staff that Yoda struggled with putting sentences together and that he didn't speak the same way everyone else did, but that Yoda was still able to become a Jedi Master".*

*"Alex is another Resident who diligently utilizes his DBT skills and has found success in managing his anxiety. Alex utilizes visualizing and positive imagery to help improve his distress tolerance. Alex visualizes Coronado as his positive imagery. Coronado is a place his family often visits and has a lot of positive emotions and feelings attached to it. When he is overwhelmed, we encourage him to think of this place and to put himself there visually. Alex also utilizes relaxation in the form of reading. When Alex first arrived at Oak Grove, he was consumed with video games. They were his escape from life, is "coping skill". However, this also became his escape from going to school and building positive relationships with his family. At Oak Grove, Alex has learned how to utilize other healthier coping skills and has especially enjoyed reading. In DBT group, he has verbalized that he uses reading has a way to relax (IMPROVE the moment) as well as his positive imagery".*

*"Over the past year, the dorm has also utilized Behavior Chain Analysis with each resident after they have a major incident. By identifying triggering events, vulnerabilities and alternatives to the behaviors, Staff are able to help residents look back on their behavior and see what could have been done differently. Behavior chains have been extremely effective in the dorm setting to assist residents in identifying what precipitated the particular behavior. Often times, with our Dorm B population, Residents are unable to verbalize their feelings effectively and appropriately, and it usually just manifests into behavior. With the implementation of behavior chains, Residents are able to see how situations that trigger them can be better handled and staff are able to assist them in finding alternatives. Because we are able to work so often and closely with our residents, staff are able to remind them of their behavior chain when the same triggering event occurs again. Because of the age of our residents, they often rely on staff intervention to assist them before they are able to recognize alternatives on their own. The staff utilize the information received from behavior chains to front load residents and prepare them before they are even triggered. For example, staff are able to tell residents "Remember last week when you were really triggered by not understanding the math and we were able to find some ways to break the chain? Let's get the coping skills we discussed ready and take a break to help relax before the teacher starts her math lesson". Now the residents are more prepared than they might have been the last time and are able to utilize some of the solutions identified to help break the chain".*

*"Exercise and relaxation is also an effective method of Emotion Regulation that the dorm utilizes. Various forms of exercise are part of our daily program, including cross country, soccer, basketball, dance, and cross fit to help each resident find some kind of exercise that they enjoy to help them use as a tool for Emotional Regulation. We also utilize yoga as well ("Yoda's Yoga" as it is referred to in keeping with the Star Wars theme). The residents were able to identify how yoga can help with Emotional regulation (PLEASE to Reduce Vulnerability) and Distress tolerance (IMPROVE for improve the moment). Residents also utilize yoga as a mindfulness skill to practice being in the moment. Often times, Resident will approach staff and ask for them to lead them through some Sun Salutations to help them relax and focus on the moment they are in."*

*"DBT has had such a prominent role in the Dorm B program over the last year and has become a part of our therapeutic culture. Residents use verbiage and skills relating to DBT on a daily basis. It has become so prevalent that when room makeovers were being done, Residents are specifically requesting Star Wars DBT themed rooms, complete with Yoda quotes on the walls that relate to mindfulness. Staff have been able to assist Residents in reducing highly unsafe behaviors through the skills that they learn in DBT group as well as the utilization of coping skills, self-soothing, and the consistency of using Behavior Chain Analysis. Because of the nature of DBT and the simplicity of the skills, Residents are exposed to DBT all day without feeling that they are being "over-therapized".*

Another success story is that as a result of the various women that came in as speakers for the Words of Wisdom grant, many of these women subsequently became more involved with Oak Grove, became mentors to an assigned resident and even connected us with their places of employment. They have also expressed an interest in hiring some of our youth. This was a wonderful way to connect, empower and educate.

- Provide a financial report on the use of your grant funds (expenditures).  
See attachment
- ❖ Please attach copies of publicity and other promotional materials or email them to [shunke@thecommunityfoundation.net](mailto:shunke@thecommunityfoundation.net).  
3 newsletters that mention Gimble Grant and the Community Foundation were forwarded.  
Video comments available upon request. The Grand Opening and the Performing Arts Showcase specifically credited Community Foundation and Gimble Grant. The size of the video exceeded that which can be emailed but additional DVDs available upon request (or Oak Grove could supply a You-Tube)  
Available upon request: a photo album of the various speakers for Wisdom of Women  
Reference Oak Grove facebook page for albums related to the Mentoring Project or available upon request  
<http://vimeo.com/oakgrovecenter>  
<http://vimeo.com/61332356>  
The two links above show involvement in our arts program and relevance. Additional available upon request
- ❖ All variances or time extensions must be approved by The Community Foundation's Grant Committee. Please contact us at 951.241.7777, ext. 114 immediately if a variance or extension becomes necessary.

Please return the completed form to:

Celia Cudiamat, Executive Vice President of Grants and Programs  
3700 Sixth Street, Suite 200, Riverside, CA 92501 or fax to 951.684.1911  
Or email to: [ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net)



# Impulse Control Log

|  | Date & Time | Date & Time | Date & Time |
|--|-------------|-------------|-------------|
| <b>Dangerous Thought or Impulse</b><br>(e.g. cutting, AWOL, substance use, bingeing or purging, punching walls etc...)   |             |             |             |
| <b>Location</b><br>(e.g. bedroom, classroom, milieu, outdoors etc...)  |             |             |             |
| <b>What were you feeling?</b><br>(e.g. sad, scared, angry, ashamed, embarrassed, hurt, anxious etc...)   |             |             |             |
| <b>What would be the result of acting on your dangerous impulse?</b><br>(e.g. loss of trust, hurting friends or family, more scars, more anxiety, feeling guilty, consequences etc...) |             |             |             |
| <b>What would you be trying to communicate by acting on your dangerous impulse?</b><br>(e.g. my feelings are overwhelming, I need attention, stay away from me etc....)                |             |             |             |
| <b>What action did you take? How were your thoughts/ feelings communicated?</b><br>(e.g. used a coping or self soothing skill, acted out etc...)                                       |             |             |             |
| <b>What was the outcome? Did you act on your dangerous impulse and have consequences? Did you use a coping skill to decrease the desire to act out?</b>                                |             |             |             |

# DBT Mentor Log

| <b>Date</b>                | <b>Resident</b> | <b>Comments</b>  |
|----------------------------|-----------------|--|
| Month/Day/YR               | First Last      | Include Specific DBT Skills discussed to address particular triggers, conflicts, unregulated emotions, etc...  |
| 4-3-13<br><br>(First week) | Kelsey D.       | Her pretest suggests that she has is confident in knowing herself, her emotions, and being able to express them to others. She rated most statements with 4's and 5's. The only 1's she had for rated towards having goals for her future and not being able to focus on the moment. She expressed through the ratings that she enjoys challenges, taking care of herself and wants better relationships with her family and friends. She knows how to use distractions to help her when she is having difficult emotions and knows how to self soothe.  |
| 4-10-13                    | Kelsey          | Kelsey has been in DBT skills before at a previous placement. She is aware of the skill sets necessary to help one self overcome and handle difficult emotions. She knows what it is to be mindful and has mentioned concepts and skills that are meant to be covered in future weeks. I have asked her to be especially mindful of her actions and to continue to work in this group to further benefit herself and her knowledge of DBT skills.  |
| 4-17-13                    | Kelsey          | She is writing in her journal as well as expressing her thoughts to me regularly. She has expressed that she became upset while in a therapy group session where she was sharing because a peer laughed out loud at a comment she'd made. She also expressed that her aunt had called her a hurtful name. She was able to self soothe by writing some poems expressing her feelings about what happened.   |
| 4-24-13                    | Kelsey          | I had her analyze her week(s) and describe when she is using emotional mind, rational mind and wise mind. She gave me examples of each the first being emotional mind. She stated that she had been upset because a friend of hers did not sit next to her at lunch but rather sat next to someone else. She was upset and I asked her if she had taken the time to analyze why they had maybe chosen to sit elsewhere that day. She stopped and gave me a list of reasons as to why maybe her friend chose to sit next to someone else. At this point, she realized she was using her rational mind and combined her emotions to come to her wise mind conclusion. She said that she is aware of how to use wise mind but can have difficulties seeing through her emotional mind some times to get to her rational mind. |
| 5-1-13                     | Kelsey          | This week Kelsey discussed her knowledge of opposite action and how often she uses it. She says there are times when her peers frustrate her with their childish actions, but instead of blowing up on them, she uses it as an opportunity to teach them how to act. I have noticed that she spends a lot of her time in the milieu mentoring her younger peers.   |

|         |        |  |
|---------|--------|--|
| 5-8-13  | Kelsey | Over the course of Kelsey's stay, she has evolved from having very low self esteem to building up her esteem, becoming more comfortable with herself, and most importantly, her feelings. She used to find it very hard to express her feelings appropriately. She would whine for attention or shut down and isolate because she felt she was misunderstood. Since this time, she has learned to express her feelings and push herself to communicate more effectively when feeling upset or sad. She has found that others are more willing to listen and help when she communicates her thoughts appropriately. |
| 5-15-13 | Kelsey | This week, Kelsey felt group should review the names of the skills and match them to the action of the skills. She thought it would be good review and would help those who usually don't remember the name of the skill they are using.   |
| 5-29-13 | Kelsey | Kelsey's self validating skills have improved since she started this program. She has learned her strengths and weaknesses and how to be in charge of her emotions and mind. Before she would only recognize depressed/anxious emotions and refused recognize happier/content emotions. Now, she feels the need to find her happier or more content moments which allows her to have more fun and be more carefree instead of being in her head negatively.  |
| 6-5-29  | Kelsey | Kelsey is getting better at using distractions. She has had a codependency problem in the past and has found security in others distracting herself from her more painful emotions. She has learned several methods of how to distract herself now. She uses music, movies, journaling, poetry, doing her make up, dying her hair, singing, doodling, and crocheting to distract and self soothe. Since she has started using these tools to help herself, I have noticed a significant change in her self esteem and comfortableness with herself.  |
| 6-19-13 | Kelsey | Kelsey made her coping skills box today and in it she put several CD's, brand new make up, pens for doodling, play dough, and bubbles. She has developed skills in DBT that are teaching her valuable ways to handle her stress, anxiety and other emotions that she would have before had a problem with. She has improved most in the area of self-realization and validating herself. She knows now how important her feelings are and the more appropriately he communicates them, the easier it will be to control them.  |

# DBT Mentor Log

| Date                       | Resident   | Comments  |
|----------------------------|------------|---|
| Month/Day/YR               | First Last | Include Specific DBT Skills discussed to address particular triggers, conflicts, unregulated emotions, etc...   |
| 4-3-13<br><br>(First week) | Aislynn S. | Her pretest shows she has a hard time focusing on the task at hand. She is hesitant to communicate to others her emotions. She does not think her needs are a priority, nor is she able to communicate with people in order to get her needs met. She has a hard time accepting things for what they are and cannot find ways to distract herself, without the help of others which she is uncomfortable asking for. She did express that she wants to have better relationships with others, specifically her family and she wants to be able to treat her body better.  |
| 4-10-13                    | Aislynn    | She is feeling anxious majority of the time or at least this is the emotion she is conscious of the most. She has reported feeling shaky and has a tight chest when feeling anxious. She was able to recognize feeling content when it is pointed out to her. Same with happiness. She was reminded that a few nights ago she was dancing in the milieu with some of her peers. I reminded her and asked if possible she felt happy within that moment, she responded "yes". I then pointed out that there is possible more instances where she is feeling happy and maybe just is not recognizing it as much as she is recognizing an emotion like anxiety.  |
| 4-17-13                    | Aislynn    | Aislynn spoke of depression that she has been experiencing for quite some time. She mentioned that depression is a direct result of her anxiety. She feels that every time something good happens that something bad must follow. This makes her anxious especially when something good happens because she fears the bad things to come. Therefore she is constantly living in a state of panic even when good things are happening. I asked if this was a direct result of events that have happened in the past. She did mention a few incidents where bad had followed good, but could not think of more than three incidents.  |
| 4-24-13                    | Aislynn    | She wrote me a story in her journal about a girl who was lost in the woods. The girl in the story survived by climbing in a tree to sleep and eating berries. One night the girl fell asleep for the first time and missed the search helicopter searching for her. She feels that the girl missed her opportunities to be found because she was tired and hadn't slept in awhile. I explained that maybe this was an interpretation of her own life in some way and maybe she feels lost and that she had missed some opportunity to be "saved". She responded that this would be a possibility but she could not pinpoint which opportunity she was missing out on. I mentioned the idea that it might be life in general she is missing out on because she is dwelling |

|         |         |  |
|---------|---------|--|
|         |         | on depression and anxiety instead of living her life happily.  |
| 5-1-13  | Aislynn | She wrote a great story about swinging on the swings. It was a long descriptive story of how it felt when she is on the swings. It was a great mindful description of something that makes her happy and frees her mind from all other emotions. I had her share this story in group this week, which she was ok with her story being shared but was scared to read it herself. I read this story aloud and she received great praises from her peers in group. I think this bit of praise gave her a level of confidence she had not had before.  |
| 5-8-13  | Aislynn | This week Aislynn wrote about opposite action and she observed others to see what opposite actions they took. She has started branching out more and making new friends. She is making progress with her social skills. She was isolating and staying in her room to avoid activity, and now she is hanging out in the milieu and playing cards and other games with peers. I noticed that she is feeling less anxious throughout the day now that she has opened up to some of her peers.   |
| 5-15-13 | Aislynn | I had her write down a list of emotions. Then I had her star the ones she feels the most often. She recognized her anxiety, irritation, nervousness, worrying, and being afraid. However, she did also recognize that she feels happy, excited, relaxed as well. She is feeling more at ease and does not get as anxious any more. She has mentioned that she has started talking over the phone to a boy and has noticeably gained confidence that she is displaying more regularly.  |
| 5-29-13 | Aislynn | This week we went over distractions for self soothing. She has utilized some of these skills and has mentioned that she feels distractions work well to soothe her. She did mention that she was unable to use distractions before without being told by staff to help her with her anxiety, but now she is able to take it upon herself to get started on an activity that will distract her from her current emotion and move her to another happier or more content emotion.  |
| 6-5-13  | Aislynn | She made a list of what she used as distractions that contained each of the five senses. She used several examples of how she did throughout the week for soothing distractions, such as: playing with her hair, playing cards, watching a sunset, looking through the garden, smelling mint leaves, listening to music, smelling body wash, squeezing clay, chewing gum or eating candy. She told me that music has been a soothing distraction for her for a long time. She started using it to block out noise and now uses it to distract herself because she listens to the lyrics which helps her focus.       |
| 6-19-13 | Aislynn | She is learning the concept of ACCEPTS. She made a list of activities including swim, computer, and showering. Contributing she put down community service, baby sitting, and helping a neighbor. She could not think of anything for comparison. For opposite emotions she wrote down watch a comedy, talk to friends, eat an enjoyable meal, and listen to music. Pushing away she put that she would like to sing and I asked her why this works for her. She replied that it pushes her out of her comfort zone and puts her in an excited mood and afterwards she feels good about herself for gathering up the |

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|  |  | courage to do something out of her comfort zone. |
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2012 S.L. Gimbel Foundation APPLICATION

V. Project Budget

A) Please provide a detailed line-item budget for your project by completing the table below. Include all sources of funding for the proposed project.

| Line Item Description                     | Line Item Explanation<br>(Formula/Equation used as applicable.<br>Example: 40 books @ \$100 each = \$4000)   | Support From Your Agency | Support From Other Funders | Requested Amount From TCF | Line Item Total of Project | Budget Item Total | \$ used      |
|---|--|--------------------------|----------------------------|---------------------------|----------------------------|-------------------|--------------|
| DBT Trainings                             | Webcast - Dialectical Behavior Therapy: Basics & Beyond and Advanced Dialectical Behavior with Michelle Washington \$299.99 for webcast  | \$475                    |                            | \$340                     |                            | A                 |              |
|   | \$39.99 for each additional participant  |                          |                            | \$475                     |                            | B                 |              |
|   | Mindfulness, Willingness and Radical Acceptance in Psychotherapy December 6 and 7, 2012  |                          |                            | \$399                     |                            | C                 |              |
|   | Los Angeles, CA  |                          |                            | \$169                     |                            | D                 |              |
|   | Cedar Koons, MSW, LISW and Jennifer Sayrs, Ph.D., ABPP   |                          |                            | \$960                     |                            | E                 |              |
|   | \$349 per person (2 days) @ 2 Therapist Plus Hotel   |                          |                            |                           | \$340                      |                   |              |
|   | Complete DBT Series Set: All 6 Sessions  |                          |                            |                           | \$950                      |                   |              |
|   | Josh Smith, MSW, LMSW and Cathy Moonshine, Ph.D., MAC, CADC III  |                          |                            |                           | \$399                      |                   |              |
|   | 12 DVD seminars, 15 hours  |                          |                            |                           |                            |                   |              |
|   | Price : \$399.00   |                          |                            |                           |                            |                   |              |
|   | Advanced DBT   |                          |                            |                           |                            |                   |              |
|   | Cathy Moonshine, Ph.D., MAC, CADC III  |                          |                            |                           | \$169                      |                   |              |
|   | 4 DVD seminars   |                          |                            |                           |                            |                   |              |
|   | Price : \$169.99   |                          |                            |                           |                            |                   |              |
|   | Online Training: 12 Month Access   |                          |                            |                           | \$960                      |                   |              |
|   | \$960 per user   |                          |                            |                           |                            |                   |              |
|   | Bundled Modules: DBT Skills, DBT Behavioral Chain Analysis & DBT Validation Strategies and Principles  |                          |                            |                           |                            |                   |              |
|   | S.A.F.E. (Self Abuse Finally Ends) Leaders Manual  |                          |                            |                           | A-E                        | \$2,818.00        | \$4,361.49   |
| S.A.F.E.                                  | 12 @ \$32 = \$384 plus shipping \$420  |                          |                            |                           |                            |                   |              |
| Leaders Manual                            |  | \$192                    |                            | \$192                     | \$384                      | F                 | \$398.32     |
| S.A.F.E. participant manual               | 50 @ \$22.95   | \$804.50                 |                            | \$229.50                  | \$1,148                    | G                 | \$1,329.04   |
| Various books on self abuse and treatment | Assorted books on website to be used as tools to integrate into program<br><a href="http://store.selfinjury.com/categories/All-Products">http://store.selfinjury.com/categories/All-Products</a>   |                          |                            | \$300                     | \$300                      | H                 | \$1,243.56   |
| Training                                  | Wendy Lader, Ph.D. training on site, assists clinical and program staff in being able to implement the S.A.F.E. approach-2 day training, full team   |                          |                            | \$3,000                   | \$3,000                    | I                 | \$3,910.98   |
| Travel                                    | Travel expenses for Dr. Lader (airfare, lodging)   | \$500                    |                            | \$300                     | \$800                      | J                 | \$3,000.00   |
| Testing                                   | CEU Test bodily harm online 14 @ \$75  | \$262.50                 |                            | \$787.50                  | \$1,050                    | K                 | \$1,329.04   |
| Art supplies                              | Art materials and supplies for DBT and S.A.F.E.  | \$1,000                  | \$1,200                    | \$1,200                   | \$3,400                    | L                 | \$3,430.07   |
| 1 Supplies- Personalized Comfort Kits     | Scented items, bubbles, stuffed toys, crayons, chocolates, stress balls, sensory balls of different texture, bells anything that would engage one of the five senses that would be fun, colorful, therapeutic**  | \$30                     | \$975                      | \$975                     | \$2,000                    | M                 | \$2,069.89   |
| Staffing                                  | 1. Tricia Higbee-DBT-S.A.F.E.Coordinator .25 FTE   | \$3,633.50               | \$2,990.50                 | \$2,000                   | \$8,624                    | N                 | \$11,213.40  |
|   | 2. DBT staff for Dorms A, B, and C   | \$6,596                  | \$7,432                    | \$2,000                   | \$16,028                   | O                 | \$21,921.07  |
|   | Enhanced DBT therapy for ind'l & group sessions (\$36,000)   | \$10,000                 | \$5,432                    | \$1,159                   | \$18,000                   | P                 | \$21,780.00  |
|   | Supplies, stipends for select guest speakers, culmination ceremony, journals, workbooks (\$6,000)  | \$1,500                  |                            | \$1,500                   | \$3,000                    | Q                 | \$8,116.31   |
| Visual Arts                               | Lessons, mural making, digital art, videography, canvas, paints, supplies (\$12,000)   | \$1,300                  | \$1,200                    | \$3,500                   | \$6,000                    | R                 | \$14,540.49  |
| Dance                                     | 10 weeks 2 semesters (\$7,000)   |                          | \$2,500                    | \$1,000                   | \$3,500                    | S                 | \$3,936.20   |
| Performing Arts Camp                      | 4 weeks summer and 2 two-week intensives (\$10,000)  | \$500                    | \$2,500                    | \$2,000                   | \$5,000                    | T                 | \$5,558.70   |
| Music-Mentor                              | Guitar, keyboard lessons, strings, music (\$10,000)  | \$1,000                  | \$2,000                    | \$2,000                   | \$5,000                    | U                 | \$7,782.78   |
| Inventory Supplies-Tools                  | Cooking<br>- 2 blenders ( regular) \$30 each<br>- 12 piece blender ( for smoothies etc) (\$30-40 each)<br>- Measuring Cups and Spoons ( \$20 for both )<br>- Hand Mixer ( \$25)<br>- mini food processors ( \$40)<br>- 16 piece pots and pan set ( \$50-\$150)<br>- Cooking Utensils ( \$50)<br>- 8 piece backing set ( \$50 )<br>- 10 Core balls ( \$12 each)<br>- Assistance ovens ( \$12 ) 12 | \$399                    |                            | \$399                     | \$798                      | V                 | \$838.35     |
| TOTALS:                                   |  | \$28,213                 | \$26,230                   | \$24,885                  | \$80,850                   |                   | \$116,759.70 |
|   | Totals from Grant budget page  | \$28,211                 | \$26,229.50                | \$25,000                  | \$80,850                   |                   |              |
|   | difference in totals   | (\$2)                    | \$0                        | \$115                     | \$0                        |                   |              |

requested amt from accting

## **DBT/Seeking Safety Success Stories**

**Kyreke H.** His unsafe and dangerous behavior resulted in a contract. Working with Kyreke took patience and consistency. What worked well with Kyreke was Distress Tolerance and Emotional Regulation. With him we worked on doing subtle exercises so he would not feel that we were doing “therapy.” A perfect example was when he had a major blow up and was threatening to hurt himself and others. He was sitting outside and I took the opportunity to use the grass, dandelion, and other sights around him to focus his senses on where he was. He was able to focus on the moment and after a couple of breathing exercises he was able to return to his room. Today he has done an exceptional turn around. He still has his days but he is quicker to come back to baseline than before. (From Yadi)

A lot of self-soothing, emotional regulation, and interpersonal effectiveness. Was on fast-track and a behavior contract due to a high frequency and intensity of physical aggression, tantrums, property destruction, and self-injury; now is on Invested (regular phase system), doing well in school and has not had any physical aggressions in over a month and has been attending regularly scheduled home visits for the first time since being placed.

**Ashton W.** – Presented with a high level of self-injury, quick emotional escalations, history of hospitalizations, and somatic complaints resulting in frequent school refusal. She was at risk for failing her placement at Oak Grove and being recommended for a higher level of care due to extreme unsafe behaviors and repeated psychiatric hospitalizations. After beginning DBT, Seeking Safety, and SAFE groups she remained free of physical aggressions, hospitalizations, and self-injury for over a year before discharging home. She got involved with credit recovery to make up some missing credits from school and had greatly improved attendance even when reporting somatic complaints.

**Sean A.** – Attended DBT groups and incorporated DBT skills training into individual sessions. He made it up to Invested, increased school attendance and participation, increased communication of needs, and self-reported using mindfulness and self-soothing skills in daily activities to manage behavioral responses. His parents went through a separation right before discharge and he was able to utilize the distress tolerance skills, emotional regulation, and interpersonal effectiveness skills to communicate with his family and maintain positive relationships rather than act out or engage in unsafe behaviors which had been his historical response.

**Trevor R.** – Participated in the Seeking Safety groups and was incorporated into his individual and family sessions. Decreased his physical aggression, increased asking for help, and successfully graduated the program and returned home.

**Jessica F.** – She also presented with a high degree of unsafe behaviors, demands, extreme difficulty with managing her emotions, extreme difficulties with distress tolerance. She engaged in self harm as well as drug abuse. She utilized DBT skills for distraction, emotional regulation, mindfulness and was involved in SAFE group. She successfully discharged home and maintained more than three months of safe behaviors.

**Isabella M.** – History of self-endangering behaviors, cutting, suicidal ideations, psychiatric hospitalizations. She became an active participant in the SAFE program, was a leader in the group and learned to embrace the philosophies and principals such that she maintained stability and safety for over three months and successfully returned home.



**Chloe B.** – Extreme history of self endangering behaviors, including cutting and burning self, hospitalizations, and other extreme behaviors. She was involved in SAFE, DBT groups and Seeking Safety. While she continued to struggle with some school performance problems, she did successfully maintain safety for over three months and was able to return home to live with her mother.

**Chris B.** – History of frequent psychiatric hospitalizations, very poor distress and frustration tolerance; he was unable to self soothe and there was an time when we were concerned that he might need a higher level of care. He was involved in DBT, Seeking Safety and learned how to regulate his emotions, self soothe and successfully also discharged home to live with his parents, and after seven months post discharge, he is currently doing well, functioning well in school and has obtained a job.