

**Dialectical Behaviour Therapy Programme, Bowling Ward,  
Cygnet Hospital Bierley, Bradford**

**Programme lead – Dr Kelly Elsegood (Head of Psychology)**

Cygnet Hospital Bierley launched a new DBT programme in 2015. Our DBT team has since made a demonstrable commitment to deliver all five functions and corresponding modes of DBT, and to do so consistently and to a high standard. We currently provide comprehensive DBT to 15 women in our specialist inpatient service – Bowling ward

This submission describes our systematic attempt to establish a robust and comprehensive DBT programme. We routinely engage in a number of quality enhancement initiatives, which include monitoring our programme's performance in a number of areas. Ultimately, we are striving to provide our service users with an excellent DBT programme, which assists them in overcoming barriers to living safe and well in the community.

*Context*

Bowling ward is located within Cygnet Hospital Bierley, a secure, independent hospital providing specialist mental health care to NHS patients. Bowling ward provides multi-disciplinary care to women presenting with complex needs associated with emotional dysregulation, self-harm and past trauma. Most of our service users have a diagnosis of EUPD / BPD and tend to be detained under the Mental Health Act. Their level of self-harm and suicidality is often deemed to be unmanageable in the community. On average, placements are for 12 months.

Our DBT team is led by a clinical psychologist and comprises multi-disciplinary professionals who have undertaken intensive and/or foundation DBT training. Our team size has fluctuated between 4 and 6 therapists, each contributing between 1 and 2.5 days to DBT, alongside their other professional roles.

*Our DBT programme (2016)*

The Society for DBT states that a comprehensive DBT programme must comprise five functions. The following provides an overview of our efforts and progress to deliver a good standard of comprehensive DBT during 2016. The modes we employ are summarised in Figure 1.

In 2016 our programme provided DBT to 18 service users. Of these, two dropped out (i.e. violated the 4-miss rule), but then both later successfully reengaged with the programme.

**Figure 1. Functions and modes of Bowling Ward's DBT programme**

<b>Functions</b>	<b>Mode(s)</b>
1. Structure the treatment environment to support progress in DBT	DBT care Pathway Reinforcing contingencies for engagement and progress
2. Enhance therapists' capability and motivation	Consultation meeting (1 hour, 45 minutes, weekly)
3. Enhance clients' capabilities by formally teaching them skills	Weekly skills training group (2 hours)
4. Improve client's motivation and reduce factors that impede progress	Individual weekly therapy (at least 50mins) Recovery / DBT inspiration group
5. Ensure service users have extra help to generalise skills to their natural environment	Ward-based skills coaches, who participate in DBT consultation

### **1. Structure the treatment environment to support progress in DBT**

#### *Progress*

- Our pathway (Figure 2.) ensures that service users are voluntarily participating in DBT even if detained under the Mental Health Act. To enhance motivation and reduce drop-out, two therapists meet with a service user if she misses two consecutive sessions. This helps identify and overcome obstacles to engagement and often serves as an arbitrary aversive contingency.
- Reinforcing contingencies are structured into the treatment, including:
  - Certificates following completion of skills modules
  - Small awards for 100% attendance (e.g. hand cream)
  - A group prize (e.g. trip to Starbucks) when *all* members complete home work on 5 occasions
  - Agreement with MDT not to reinforce non-attendance by facilitating pleasant activities during group time.
  - Weekly raffle for group attendees
- In 2016 our team delivered 18 days of training to the MDT in order to promote DBT awareness and principles within the care environment. An evaluation suggested this was useful, as shown in Figure 3.

#### *Challenges*

Cohesion between the MDT and DBT teams can be lacking at times. In 2017 DBT therapists and named nurses will co-create DBT-informed care plans, so that the ward environment further supports service users' progress in targeting problem behaviours.

Figure 2.

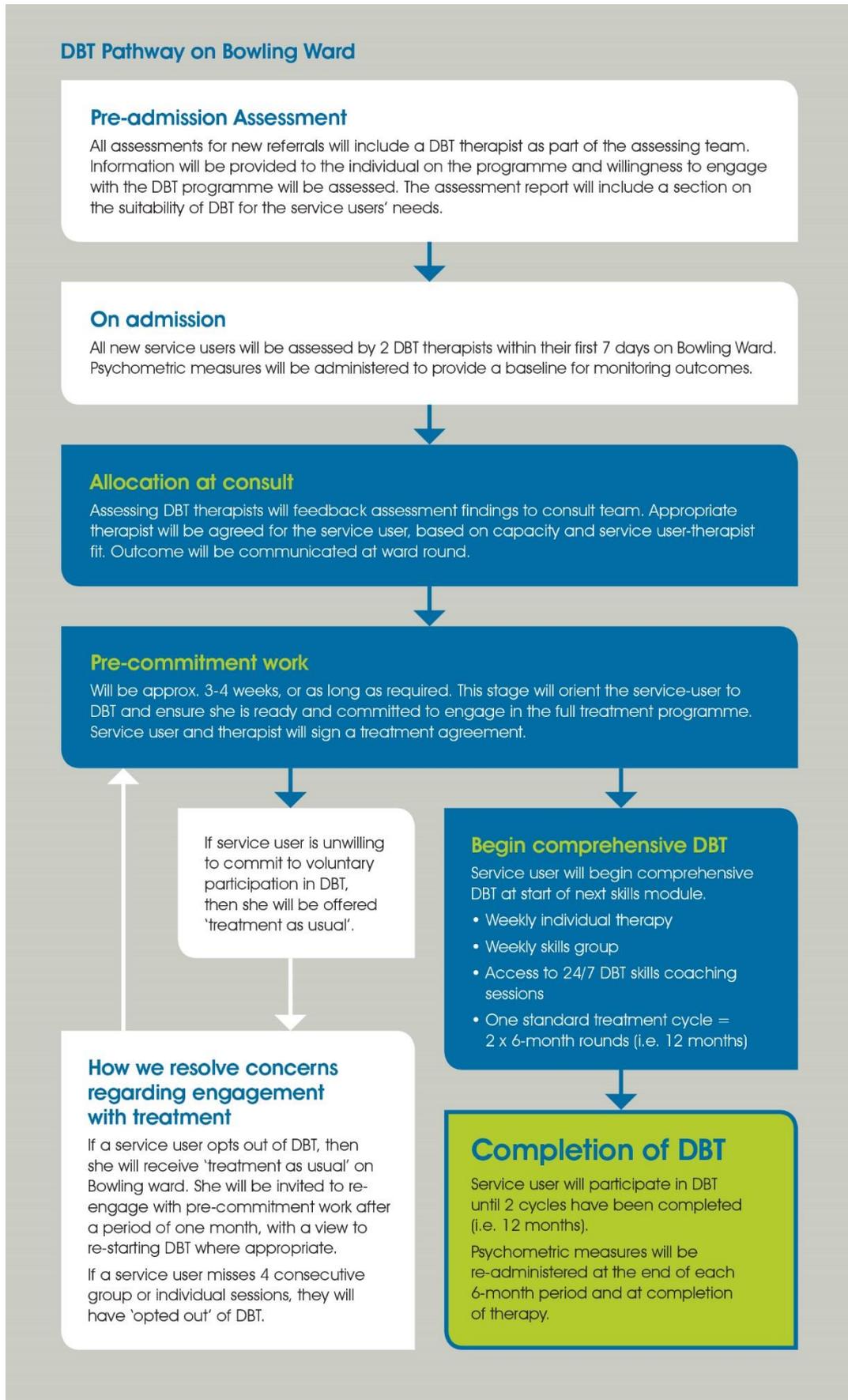
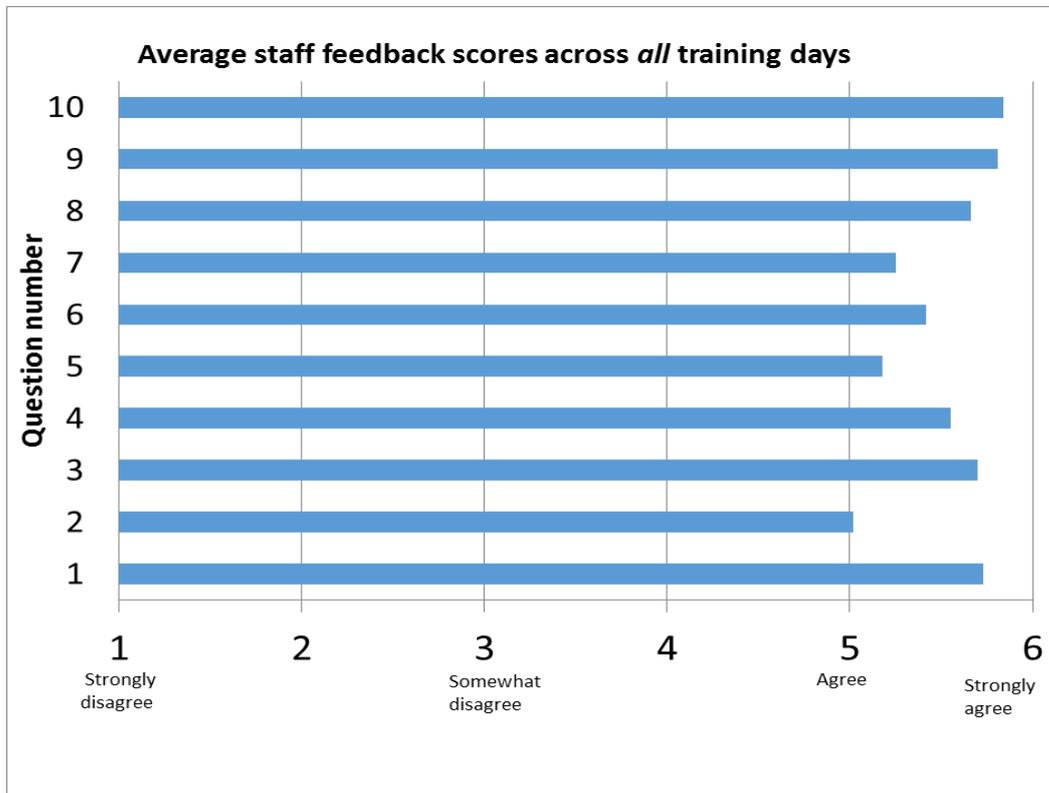


Figure 3.



Key: Question number	
10	I felt that the trainers were professional in their delivery
9	I had the opportunity to ask questions and to have these adequately answered
8	I felt that the trainers were engaging and informed me about the topic
7	The pace and content of the training was appropriate to facilitate my learning
6	I will use this training in my day to day work with SU's
5	I will use this training in my day to day work with my team
4	I feel my understanding of BPD and DBT will assist me to understand and work more effectively with SU's
3	I would recommend this training to other colleagues
2	I have an understanding of BPD and DBT
1	I have found the training worthwhile

## 2. Enhance therapists' capability and motivation

### Progress

Our DBT team is committed to participating in the consultation meeting each week. We arranged for Wednesday to be our 'DBT consult day' and all therapists are released from their usual roles so that they can attend consult and co-facilitate the

skills groups. In 2016, our therapists attended the consultation meeting 74% of the time i.e. 210 out of a possible 283 attendances.

### *Challenges*

100% attendance is not possible due to therapists' annual leave, sickness, and absences due mandatory training etc.

## **3. Enhance clients' capabilities by formally teaching them skills**

### *Progress*

With the exception of two weeks of planned breaks, we are committed to delivering a skills group every week. Group leaders have a weekly planning session which helps to keep the sessions interesting and interactive. We run two parallel groups to limit participants to a maximum of 8, increasing opportunities for active participation.

- In 2016 we delivered 100% of weekly skills groups (50 out of 50).
- Service users' attendance at group was very high - 81%
- Service user satisfaction with 'usefulness of group' was high at 82%
- Service user satisfaction with 'knowledge of group leaders' was high at 94%

### *Challenges*

More recently trained therapists have lacked confidence to undertake the group leader role and our capacity to run two groups is reduced whenever therapists are absent.

## **4. Improve client's motivation and reduce factors that impede progress**

### *Progress*

We work hard to ensure service users receive their individual weekly therapy, even if their usual therapist is on leave.

- 99% of all weekly individual therapy sessions were offered to service users in 2016 (587 out of 591 sessions)
- Service users attended 86% of sessions (507 out of 587).
- Service user satisfaction with 'usefulness of individual sessions' was 89%.
- Service user satisfaction with 'knowledge and skill of individual therapist' was 89%.

In addition to individual therapy, we aimed to increase motivation by delivering a DBT inspiration group (14 sessions). This involved watching videos / reading blogs by experts by experience.

- 12 service users participated in the group.
- In an evaluation, four out of six participants stated that the group had made them feel more motivated to participate in DBT.

### *Challenges*

At times it was difficult to cover therapists' leave, especially when our team size was smaller. Unfortunately we lack capacity to continue to deliver the DBT inspiration group throughout the year.

## **5. Ensure service users have extra help to generalise skills to their natural environment**

### *Progress*

Our way of providing this function has been to train-up ward staff as skills coaches. A skills coach is allocated per shift and wears a lanyard so that service users know who is available. We offer a consultation meeting on the ward for skills coaches. This enables communication between therapists and skills coaches so that coaching is relevant. The meeting also functions to enhance the coaches' competence and motivation.

A weekly home-work 'drop in' class supported service users with skills - practice.

- In 2016 we trained up 27 staff members as skills coaches (3 day trainings).
- The benefits of this training was reflected by an increase in service user satisfaction with 'Knowledge of DBT among ward staff generally' from 40% in 2015 up to 64% in 2016.
- Service user satisfaction with 'availability of skills coaching' was 73%.

### *Challenges*

Ward staff attrition and use of agency workers has reduced the availability of trained skills coaches. Skills coaches have been pulled into competing tasks (observations; escorts for leave), which have reduced attendance at the ward consult and availability of timely coaching.

Reduced capacity within the DBT and skills-coaching team has meant that we are unable to provide the skills drop-in group currently.

## Other initiatives to enhance the quality of our programme

- We are fortunate to consult with renowned DBT expert, Dr Heidi Heard on a monthly basis. This helps our team to improve treatment adherence and trouble-shoot difficulties.
- Therapists participated in additional DBT or mindfulness training.
- Therapists attended the Society for DBT Annual Conference, keeping abreast of latest research and practice developments.
- Quarterly DBT service user satisfaction surveys, administered by an impartial, non-DBT colleague, has enabled us to identify and solve emerging problems with the programme. Satisfaction with DBT is high and has improved on the previous year's outcomes, as shown in Figure 4.
- To evaluate treatment effectiveness, we routinely collect psychometric and behavioural outcome measures. An evaluation of these is underway.

“DBT has helped me to drastically reduce my self-harm, I have only done it once in the space of six months... I use skills when I feel like hurting myself or feel like my temper is getting the better of me... After my time spent on Bowling ward I now see a better and brighter future for myself”  
DBT participant on Bowling Ward (2016)

**Figure 4.** Service user satisfaction with DBT during 2015 and 2016

