

Submission for The APT Awards for Excellence in DBT

DBT Team,

Kemple View Psychiatric Service

July 2018

The origins of Dialectical Behaviour Therapy (DBT) are very much community based, however, at Kemple View Hospital we have implemented DBT to assist adult male patients manage the risks they pose. Assessing the need for, and providing DBT to, forensic patients in an inpatient setting can be seen as a unique adjunct to risk assessment and management. Our patients have a range of complex needs which, although could be met by other treatment options, these may not have the same intensity or offer the range of skills that our patients need in order to be able to safely manage their risky behaviour. Comprehensive risk assessment often highlights poor self-esteem, lack of self-identity, difficulty in understanding and regulating own emotions, engagement in self-harming activity when emotionally distressed, substance misuse, a relative lack of emotional resilience and sensitivity to perceived abandonment, along with the offending behaviour. Without addressing such issues and developing robust coping strategies, our patients may continue to prove a risk to themselves or others in the future.

At Kemple View, patients have access to the usual DBT individual therapy, which incorporates self-monitoring and patients complete diary cards between sessions to monitor their emotions, problem behaviour and use of skills, which are then discussed in the therapy sessions. The DBT therapists work to develop genuine therapeutic alliance with the patient, using communication styles and dialectical strategies to support change and also adapting to complex presentations, including patients with co-morbid mental illnesses, cognitive impairment and/ or differing personality disorders.

The skills training group is delivered in a 12 month programme, with each module delivered twice. This ensures that patients who have trouble regulating their emotions and who present as variable in mood and functionality still have the opportunity to learn. Presenting the material twice increases the probability of learning the material. Practicing the skills over several months can strengthen competence and the ability to generalise skills from therapy, into real life contexts and situations. To support this, every ward has '*Skill of the Week*' posters on display to promote skill strengthening and generalisation, nursing staff are then able to reinforce attempts to use skills, and prompt them on the ward.

Primary nurse consultation draws upon the aims of phone consultation, but utilising the 24 hour primary nurse team. The consultation includes supporting patients to use their DBT skills at all times, using "En Vivo coaching" and to increase the generalisation of their skills from therapy to everyday life. Nurses also highlight when patients use skilful behaviour which compliments Kemple View's RAID® approach. As nursing staff make up a large proportion of the patient's environment, this provides potentially 24 hour reinforcement for change.

We also offer DBT Maintenance sessions for support in the ongoing use of DBT skills, building mastery, as a stepped progression from therapy towards life after discharge.

The influence of the environment on mental health and risk is well known, and therefore the “first Client” of DBT is the hospital itself. At Kemple View, the team has worked hard to create a whole hospital approach to provide a DBT informed environment, where the emphasis has been on adopting the fundamental skills of DBT into the therapeutic milieu by creating a mindful and validating environment that will enhance the effectiveness of therapy.

As validation is one of the key components of DBT; nursing and other clinical staff have been trained in validation techniques as an integral part of maintaining therapeutic relationships, facilitating emotional regulation, keeping patients positively engaged in therapy and working toward their long-term goals.

Mindfulness is a core skill of DBT, but is for everyone, and the benefits of being mindful are well documented. Kemple View has become a “Mindful Site”, where mindfulness has become a shared practice throughout the organisation, with leadership from senior managers, regular delivery of mindfulness sessions across all the wards and mindfulness champions who act as internal advocates. Hospital meetings start with mindfulness exercises, and the Senior Management Team have even undertaken a mindfulness assessment to provide a comparison group for patients!

Additionally, DBT awareness training is rolled out for all staff, this covers the theoretical underpinnings of DBT, the aims of treatment and how to achieve these goals; further contributing to a DBT informed environment. DBT elements are also been incorporated into regular reflective practice sessions on each ward. This whole hospital approach has ensured an environment that supports the therapy, the patients and the therapists.

A number of forensic patients have successfully completed the full DBT Programme at Kemple View and have been able to demonstrate an ability to manage their own risks to professionals; supporting discharge to community based settings. The feedback from patients having completed the programme has been extremely positive. Below are some example comments from patients describing how the skills learned in DBT assisted them in having a life worth living;

*“The beauty about DBT is it never stops, you’re always learning. It’s a bonus for me that I have the full course under my belt and I know quite a lot about DBT. It’s going to be a different challenge for me using the skills in the community than it has been for here. The real tests will come...I will never stop using the skills until in the future I have mastered everything I need to master...It’ll be a waste if I got out and f*cked everything off, at the end of the day I know I put a lot of bloody effort into this. This is what has got me out of hospital.”* **Patient F**

“When I’m discharged from hospital, I think the skills I have learnt will be extremely useful and prevent me from ever returning to hospital as I will be much more skilfully equipped to deal with stressful situations such as bereavements, relationship breakdown, or bills. Skills such as radical acceptance, problem-solving, STOP, and Wise Mind will all help me to deal with these kind of situations more effectively than I have in the past. I’m so much more confident now in my ability to deal with stress and new challenges in my life, and really optimistic about my life outside of hospital”. **Patient L**

“I feel that I have gained a lot from D.B.T and will continue to use what I see as life changing skills which will hopefully give me a better chance in my future I’m not actually sure what that is but I feel less lost and more positive about it.” **Patient H**

Taking the whole hospital approach, and combining risk assessment and management into the DBT profile has been a relentless, time consuming and at times daunting task. The success of the patients however, we feel demonstrates that this is the way to achieve excellence within DBT collaboratively with patients who have complex psychiatric needs and forensic risks within a secure hospital preparing together for successful discharge.