

Context

Our Dialectical Behaviour Therapy (DBT) team is a large multi-site team offering a standard DBT programme to patients who present with complex, severe, and enduring mental illness, personality disorder and serious risk behaviour. The standard programme is well established and has been a continuously rolling programme since it was first introduced 13 years ago. Since 2005, the team which comprises of psychologists, nurses, and occupational therapists, has continued to grow both in numbers and in its range of clinical skill and expertise. There has been ongoing organisational support and investment in growing the team.

The Consultation Team

Currently 9 DBT Therapists working within the Female Secure Services with a range of experience

- 2 Trained in 2008/2009
- 2 Trained in 2016
- 2 Trained in 2016/2017
- 1 Trained in 2017
- 2 currently attending APT training

Group skills delivered on a rota basis and all fully trained members have individual DBT patients.

Referral & Pre-treatment

Once a referral has been made to the DBT programme, an individual therapist is allocated. A patient will then enter a minimum period of commitment and orientation of at least 6 weeks. The aim of this is to reduce the number of drop outs and increase motivation for the programme.

Pre-treatment sessions focus on:

- Building a therapeutic relationship
- Orienting patients to the programme
- Enhancing commitment to treatment
- Pre-treatment assessments
- Developing and understanding the patients' sense of their 'life worth living'
- Collaboratively developing a treatment hierarchy

Skills Training & Individual Sessions

Once pre-treatment sessions have been completed patients join the skills training group at the next scheduled Orientation and Mindfulness module. The skills training sessions are rolling with new intakes joining the Orientation and Mindfulness modules. Skills training sessions last 2 hours and take place on a weekly basis for around 55 weeks. Patients also meet with their individual DBT therapist once a week for 1 hour to work on their treatment hierarchy.



Case Study

To demonstrate DBT in the service, a DBT patient agreed to share her experiences of the programme.

Background information

- 25 year old white female who has a history of self harming behaviours and suicide attempts
- Complex presentation; history of trauma, physical and emotional abuse
- Well known to the local Community Mental Health Team with frequent short stay hospital admissions
- History of planned and impulsive self harming behaviour, suicide attempts, violence, substance misuse
- Admitted to medium secure services following threats to others and increased levels of self harm

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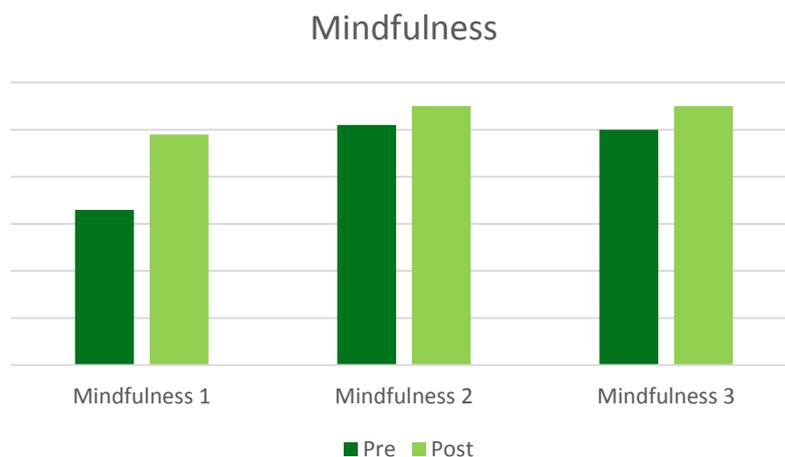
- Engaged in psychological assessment upon admission, referred to the DBT group by Multi-Disciplinary Team
- Allocated individual therapist and commenced individual sessions
- Joined group skills training

DBT Sessions

Attended **52/55** group sessions

- Orientation & Mindfulness Module

Pre and Post Measure: The Freiburg Mindfulness Questionnaire was used to assess self-reported use of mindfulness. Results indicate an **increase in participant's ability to be mindful** over three modules.



Patient feedback:

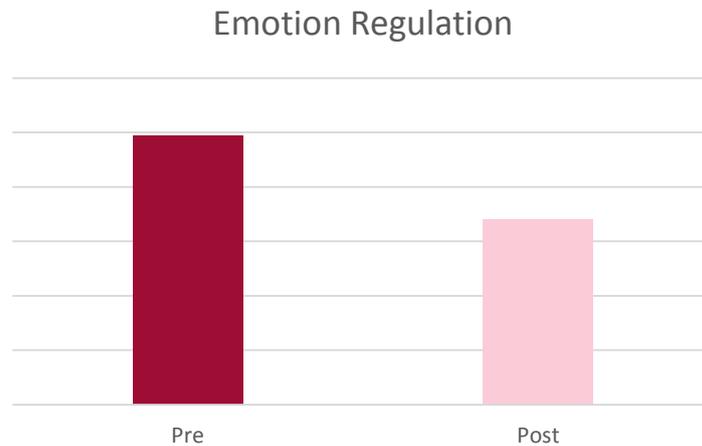
“The orientation sessions were really powerful, I had never understood my diagnosis before and hearing other people’s experiences that were similar to mine was really validating”

“Mindfulness has helped me to find a way to stay focused and be in the here and now, something I have found difficult for a long time now”

- Emotion Regulation Module

Pre and Post Measure: The Difficulties in Emotion Regulation Scale (DERS) is a 36-item self-report assessing multiple aspects of emotional dysregulation. This measure was

used to assess emotion regulation skills. The reduction in scores suggests **improved emotion regulation** over the course of the module.

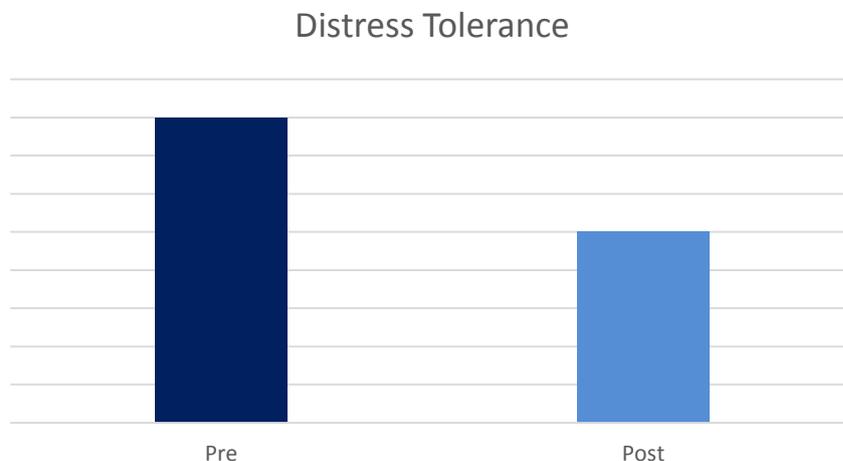


Patient feedback:

“The emotion regulation module helped me to think before I act. There were times that I could have self harmed but the skills helped me to make rational choices. The more of the module I completed, the more I gained a really personal connection”

- Distress Tolerance Module

Pre and Post Measure: The Distress Tolerance Scale (DTS) was used to measure current level of distress tolerance. The DTS is a 15-item self-report measure assessing perceived ability to tolerate negative emotional states. Results indicated an **improvement in self-reported abilities to tolerate distress**.



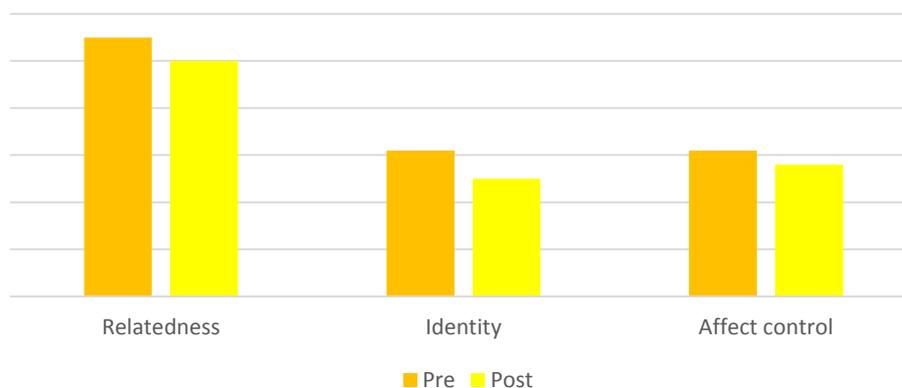
Patient feedback:

“The distress tolerance module helped me to open up and talk about my problems, it has helped me to accept things for how they are”

- Interpersonal Effectiveness Module

Pre and Post Measure: The Inventory of Altered Self-Capacities (IASC) is a 63-item test of Self-capacities (i.e., relatedness, identity, affect regulation). The assessment was used to measure: the formation and maintenance of meaningful relationships (Relatedness); stable personal identity & self-awareness; and control and tolerance of strong affect (Affect Control). Results indicated a **reduction on all scales suggesting an improvement across all areas** measured on the interpersonal effectiveness module.

Interpersonal Effectiveness



Patient feedback:

“The interpersonal effectiveness module helped me to learn about how I come across to other people. It has made me more aware of myself. Self validation has been really hard but I am learning to give myself credit for the things I have achieved”

Attended **59/64** individual sessions

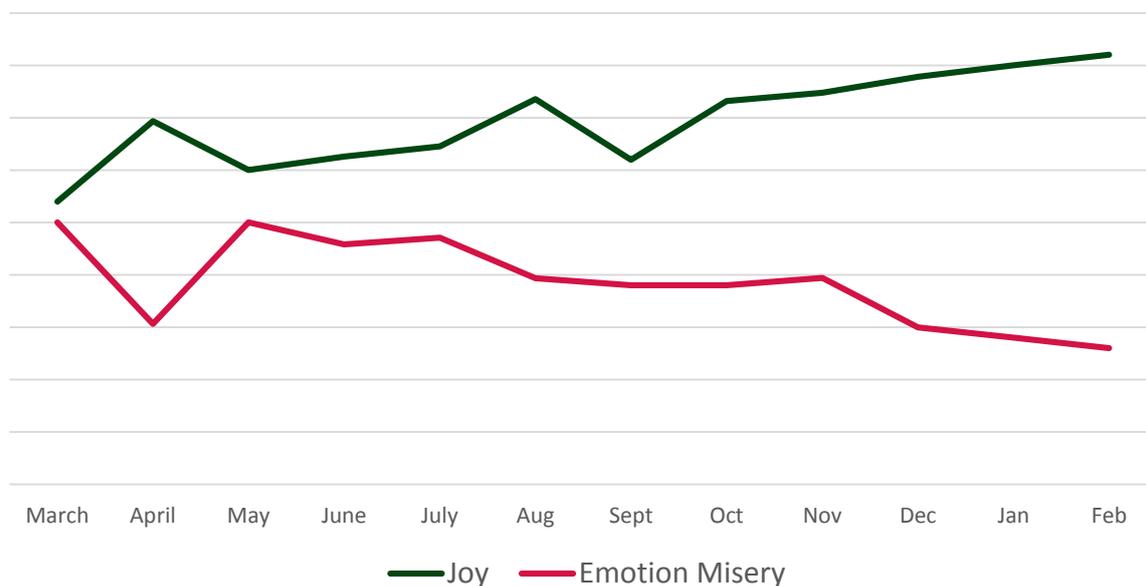
“The individual sessions have helped me to work on my reducing my self harming behaviour and addressing my thoughts to harm others. The support I have got from my individual therapist has been great. I am now waiting to move to low secure. DBT has changed my life”

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Diary Cards

The DBT diary cards were reviewed over the completion of the programme. The result indicate that the patient was much more able to experience joy by the end of the programme and that there was a reduction in emotional misery. This was also mirrored by the reduction in self harming incidents recorded.

Patient 12 Month Diary Cards



Conclusion

Delivering a specialist therapy to challenging patient populations can evoke a range of different emotional responses for therapists: happiness, frustration, hope, sadness, accomplishment, doubt, inspiration. A great deal of time, effort, learning, reflection, skill (and sometimes tears!) is put into the work undertaken by the DBT consultation team. The longevity and commitment of the team continues to be a considerable feat, particularly as the team regularly welcomes new therapists and adapts working practices. One way in which the team maintains its enthusiasm for DBT and hope for our patients is through patients sharing their thoughts on their DBT journey, the case study really demonstrates the positive outcomes that the programme can deliver.

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