Implementing Dialectical Behaviour Therapy (DBT) Skills training on a male low secure ward

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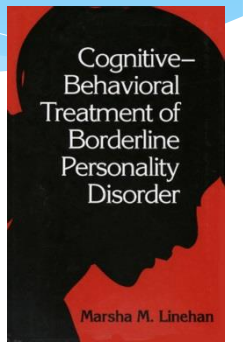
What is DBT?



* Dialectical Behaviour Therapy (DBT) is a cognitive behavioural treatment initially developed for individuals with a diagnosis of borderline personality disorder (Linehan, 1993). Traditional Cognitive behavioural approaches can be met with resistance from individuals with trauma histories and interpersonal difficulties, which can present as therapy-interfering behaviours (Swales, 2009). DBT uses cognitive behavioural strategies whilst also incorporating validation and acceptance-based strategies in order to reduce attrition and improve intervention effectiveness with this population (Ritschel, Lim & Stewart, 2015) .

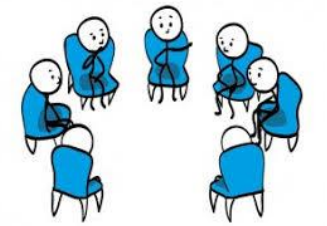
* Since its development, DBT has been adapted for use with clients with a variety of presenting problems and treatment settings, including binge eating disorder, PTSD, treatment-resistant depression, comorbid depression and personality disorder, and individuals across the life span with a range of diagnosed personality disorders (Telch, Agras & Linehan, 2001; Steil et al., 2011; Bohus et al., 2013; Harley et al., 2008; Lynch et al., 2007; Sakdalan et al., 2010; Ritschel, Lim & Stewart, 2015).

* A full DBT service incorporates DBT Skills groups, individual DBT sessions, DBT consultations and access to skills coaching at times of crises (Federici, Wisniewski & Ben-Porath, 2012). In contrast, DBT Skills training can be delivered as a standalone intervention, enabling adaptive coping strategies to be taught via a group intervention to individuals who do not require a complete DBT programme (Valentine et al, 2014).

Why use DBT Skills in a low secure service?

* DBT is highly compatible with best-practice principles for effective treatment in forensic settings (McCann et al, 2007). The application of DBT is associated with significant reductions in substance abuse, anger and aggression and treatment dropout (Linehan et al., 1993; Frazier & Vela, 2014; Linehan et al., 1991; Verheul et al, 2003). DBT Skills training has been demonstrated to be effective in the reduction of aggression and impulsive behaviour in prisons and Young Offenders Institutions (Shelton et al., 2009; Shelton et al., 2011).

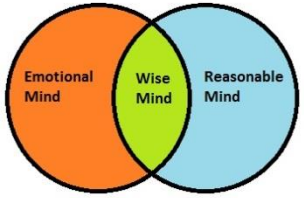
* Aim: Through implementing DBT Skills in a low secure setting, service-users will be enabled to develop their adaptive coping strategies, thereby decreasing interpersonal difficulties, problems with anger, in addition to reducing low mood and feelings of depression.



What does the DBT Skills group cover?

The DBT Skills group is facilitated by a Clinical Psychologist and Assistant Psychologist on a male low secure ward. The programme consists of 16 sessions which follow the DBT Skills Manual (Rathus & Miller, 2015) and is currently in it's fourth cycle. The skills group is delivered for one hour weekly and an additional homework group is also delivered once weekly. The programme covered four modules, teaching a different skill each week;

* **Mindfulness:** Developing skills in staying in the present moment, reducing ruminations about the past and worries about the future, acting in a way that's better for long-term goals rather than being driven by strong emotions



* **Distress Tolerance:** Managing distressing and painful feelings, tolerating short-term crises situations without responding with aggression or self-destructive behaviours

* **Emotion Regulation:** Developing strategies to keep emotions more stable over the long-term, reduce emotional responsivity to stressful situations, learn to challenge or adapt emotional responses to situations

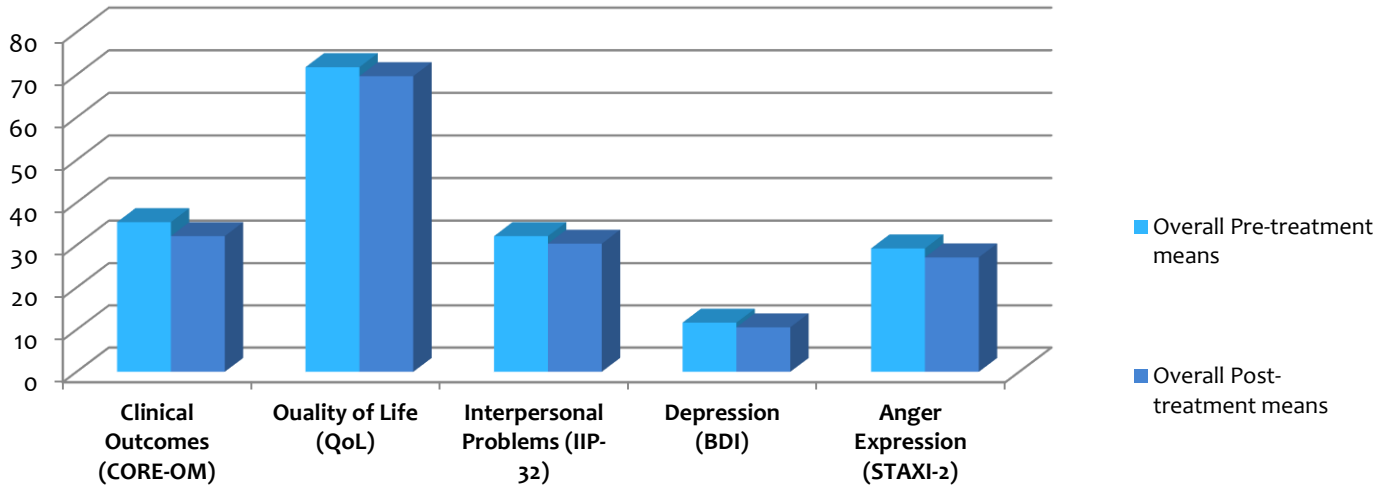
* **Interpersonal Effectiveness:** Build closer relationships to others based on personal values, learn how to negotiate and get things from others without conflict, develop skills in supporting and caring for others, increase self-respect and assertiveness

How was progress measured?

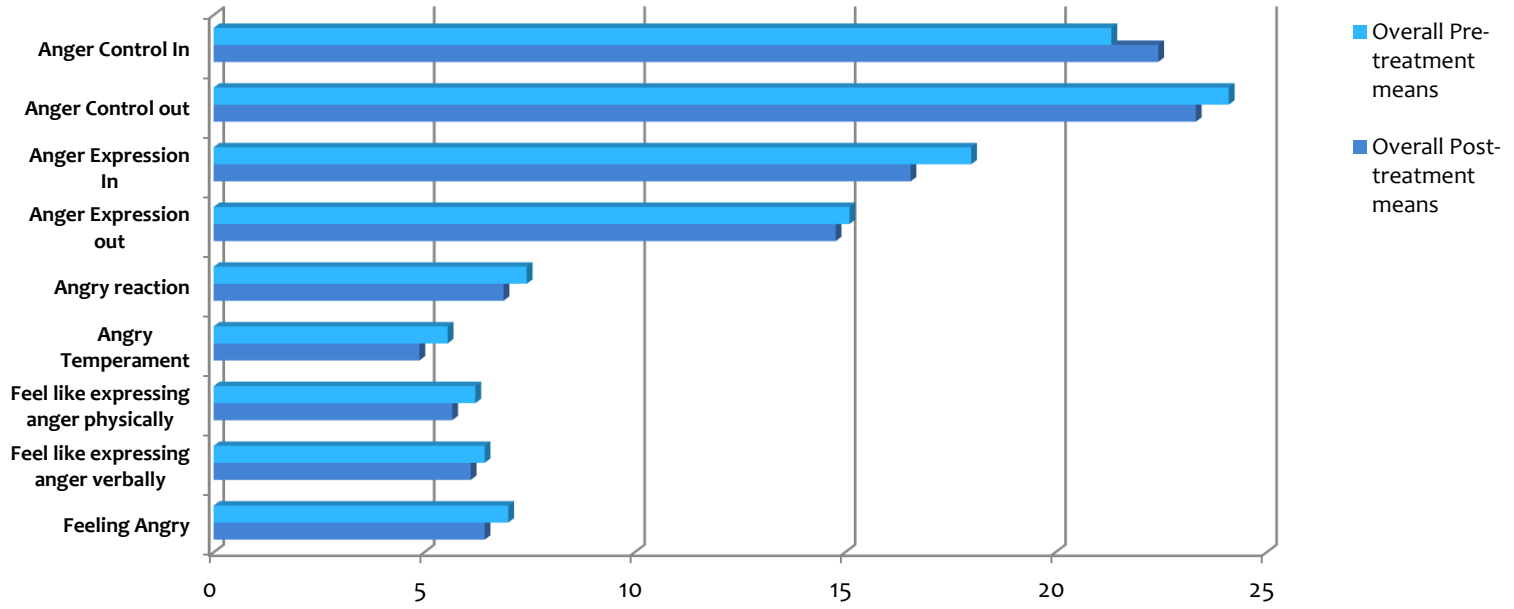
Standardised measures were collected pre and post intervention. The following domains were assessed;

* Anger - State Trait Anger Expression Inventory -2 (**STAXI-2**)
* Depression - Beck Depression Inventory (**BDI**)
* Interpersonal difficulties - Inventory of Interpersonal Problems (**IIP-32**)
* Quality of life – Quality of Life Scale (**QOLS**)
* General wellbeing – Clinical Outcomes in Routine Evaluation Outcome Measure (**CORE-OM**)

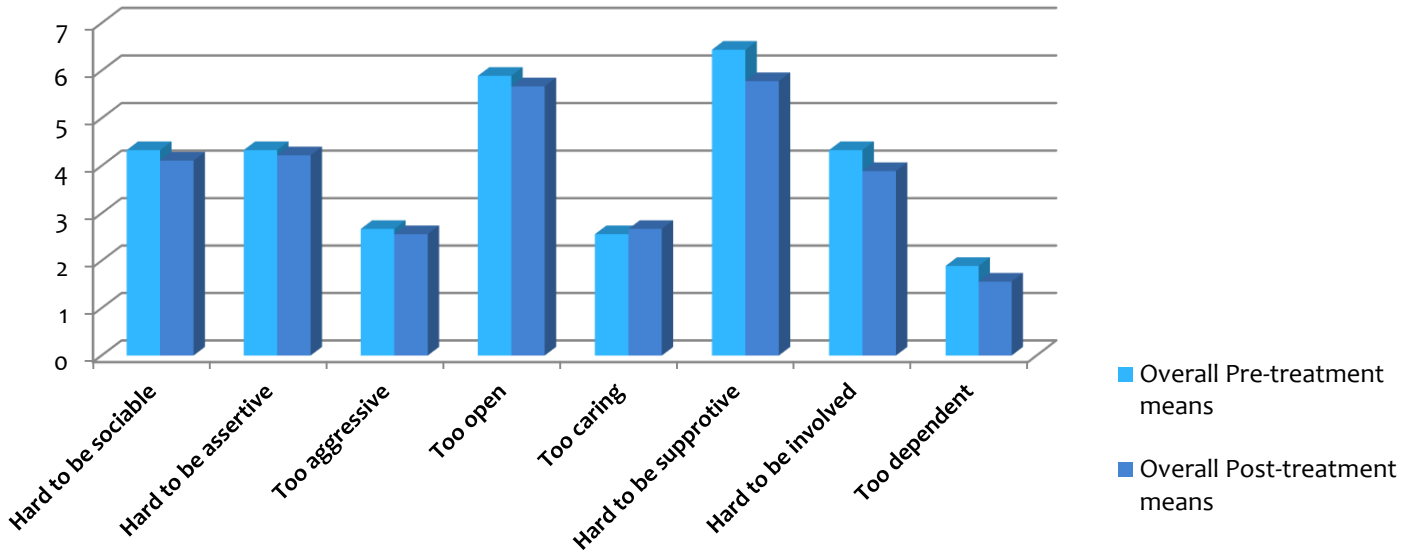
Summary of data collected



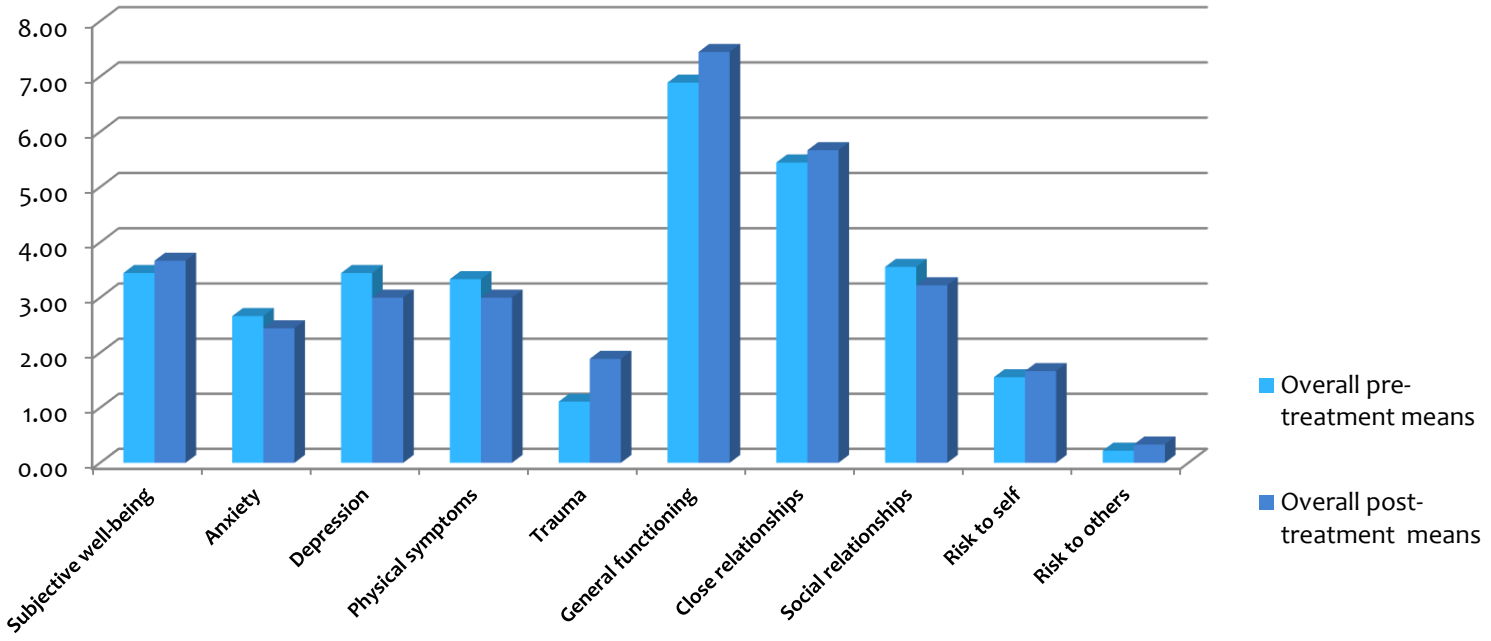
STAXI-2


Anger Control In
Anger Control out
Anger Expression In
Anger Expression out
Angry reaction
Angry Temperament
Feel like expressing anger physically
Feel like expressing anger verbally
Feeling Angry
0
5
10
15
20
25
Overall Pre-treatment means
Overall Post-treatment means

IIP-32


7
6
5
4
3
2
1
0
Hard to be sociable
Hard to be assertive
Too aggressive
Too open
Too caring
Hard to be supprotive
Hard to be involved
Too dependent
Overall Pre-treatment means
Overall Post-treatment means

CORE-OM


8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Subjective well-being
Anxiety
Depression
Physical symptoms
Trauma
General functioning
Close relationships
Social relationships
Risk to self
Risk to others
Overall pre-treatment means
Overall post-treatment means

Key findings and conclusions

* Participants who completed the DBT Skills group demonstrated a reduction in interpersonal difficulties; following the intervention, service-users found it easier to behave less aggressively, to behave pro-socially in supporting others, to develop their independence and to be more sociable and assertive.

* Participants also reported reduced levels of anger expression, including physical and verbal anger expression, experiencing less anger overall, as well as reporting the ability to have greater control over their anger.

* Service-users additionally reported lower levels of depression following treatment.

* Interestingly, scores decreased for general wellbeing as indicated by the Quality of Life scale and the CORE – indication of greater motivation and increases readiness for discharge?

* Findings are consistent with previous research (McCann et al, 2007; Sakdalan, Shaw & Collier, 2010; Ritschel, Lim & Stewart, 2015) and suggest that stand-alone DBT Skills training can be an effective treatment programme for individuals with forensic and mental health needs. Results support the implementation of DBT Skills groups on a male low secure ward with forensic patients.

What did patients say about the group?

"I learnt in the group that I'm not the only one that's misunderstood"

"I find it useful as it has made me determined to tackle my anxiety"

"I find it very good and helpful. It tells you how to cope yourself and not hang around with the wrong company"

"I learnt how to do something different if you think about drugs. To distract yourself"

"It keeps my mind off things. It helps me progress"

"I learnt not to be so embarrassed and how to show appreciation to each other"

"I found the group easy going, I didn't find it difficult. I found it engaging, it was practical – it made me think about my own life, my decisions and choices. It has changed the way I make decisions now. I see both sides of the story now. It made me be wiser with my decisions"

"It was good learning about yourself. I learnt how to control myself"

What advice did patients have for others considering the group?

"I would like them to join us as well and not come back to hospital again"

"Focus. Be curious, you will get stuck in and find it useful for it purposes"

"Be honest"

"To keep an open mind and follow what the facilitators are saying and be alert"

Future Directions

* Larger sample size – analyse statistical significance
* Measure objective measures of behaviour change
  * Datix/incident reports
  * Drug screens
* Staff training

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