

Creating Therapeutic Models of Care: The development of DBT service in Cwm Taf

How we measure what we do/ Methodology

We have developed a number of outcome measures which aim to capture improvements in mood and emotional wellbeing, decreases in problems and risky behaviours (CORE34) and improvements in emotional regulation (DERS). These are administered before therapy starts and then every three months. Preliminary six-month data for one group of three clients are available, and additional three-month data for a further four clients.

DERS: Difficulties in Emotional Regulation Scale (Gratz and Kramer, 2004) The DERS is a brief, 36-item, self-report questionnaire designed to assess multiple aspects of emotion dysregulation.

CORE-OM (Evans et al, 2002) is a 34 item self-report questionnaire designed to measure change in mental health of adults, particularly change brought about by psychological therapies.

	Mean DERS scores	Mean CORE scores
Pre-treatment	138	51
3 months	107	
6 months	86	36

What is DBT?

Dialectical Behaviour Therapy, or DBT (Linehan, 1993) is a powerful and intensive psychological therapy designed to help people who experience overwhelmingly painful emotions and are at high risk of serious self-harm and suicide. DBT is a year-long therapy in which clients attend for weekly individual therapy sessions and skills acquisition groups. Clients are also able to contact their individual therapist outside of sessions for skills coaching. Therapists also meet weekly for a consultation group to help them manage the process of working with a difficult client group (Chapman, 2006).

I like coming to DBT, it's helping me learn new ways of coping. I've been working hard at it and am using the skills I have been taught. The therapists are lovely and I've started using the telephone coaching. I'm optimistic about my future as I can feel a difference already.

I'm coming to DBT because I'm hoping it will improve my life, the individual sessions are good and the fact I can use the phone to contact my therapist is helpful.

I'm finding DBT very useful in helping me discover new techniques to deal with things in a more positive way. My individual therapist is very supportive and tries to adapt things to make them more achievable for me. She always responds to my messages/skills coaching as soon as she's able.

The skills group has been very supportive. The facilitators have been supportive, understanding and informative. Without the support of my individual therapist I wouldn't be where I am today. Without DBT and my therapist I would never have achieved what I have in the 5 months and for that I'm eternally grateful.

Client comments

Discussion

Preliminary data indicate clinically significant improvements in psychological wellbeing and emotional regulation for clients who are engaged in DBT. Qualitative feedback suggests that clients and staff find engaging in DBT helpful. Further assessment is required to establish:

If treatment gains are sustained at 12 months and post-discharge

Monitoring therapist adherence to the DBT model

Does DBT provide value for money? Does other service user reduce as clients are in DBT?

Evaluation of how DBT fits within the broader mental health system. Is it meeting teams' and clients' needs?

Who do we work with?

People who have severe difficulties with emotional regulation. This is evidenced by frequent self-harming and/or suicide attempts. We target individuals who are high users of NHS services, including inpatient beds (MH and medical), crisis team time and CMHT/ORT input. Clients must have a Care Coordinator within either CMHT or ORTs. Often non-DBT staff report high levels of burnout with this client group due to the seriousness and frequency of their self-destructive behaviours.

32 referrals have been received to date. 28 of these are for female clients. 18 are currently active clients of the service.

Who is trained?

12 members of staff from the Mental Health directorate completed ten days on intensive training in December 2014 and July 2015. Two DBT teams were formed: Taff Ely and Rhondda ('South'); Merthyr and Cynon ('North').

Staff comments

In the past I've felt very overwhelmed with this client group, even that I have little to offer and there is little hope of recovery for them. Being part of the DBT service has helped me to become helpful and appreciate the struggles and improvements these vulnerable clients have made.

I find the support of my colleagues in the DBT team really helpful in staying "on model" and also in troubleshooting difficulties I might be having with my client.

DBT training has helped me feel more confident in helping clients I have felt overwhelmed with in the past.

I love how the DBT model provides a straightforward framework for understanding how to improve emotional regulation, get what you want from relationships and manage distress more effectively.

Reference List

Chapman AL. Dialectical Behavior Therapy: Current Indications and Unique Elements. *Psychiatry* (Edgmont). 2006;3(9):62-68.

Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J., Audin, K. (2002). Towards a standardised brief outcome measure: Psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry*, 180, 51-60.

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology & Behavioral Assessment*, 26(1), 41-54.

Linehan MM. *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York, NY: Guilford Press; 1993.

