Challenges of our Setting

The DBT programme at Cygnet Hospital Stevenage is delivered within a forensic low and medium secure private hospital setting. There are a number of challenges within such a setting, in terms of delivering 'on model' DBT in an effective way.

1. The first challenge is fulfilling the principle of DBT as an 'opt in' therapy.
2. Secondly, there is tendency of service users within our setting to become institutionalized and de-skilled.
3. Thirdly, there are two main issues with skills generalization:
    a. Our service users have also often completed minimal schooling and struggle at times with making sense of concepts and completing written tasks.
    b. Our hospital does not have a specialised DBT or personality disorder ward, and as such, our service users have difficulty with generalisation of skills.
4. Finally, the phone consultation mode of DBT was challenging to achieve due to issues of confidentiality and restrictions within our setting.

Overcoming the Challenges

The dialectics of acceptance and change have been essential in order to deliver full programme DBT with all modes (group, consult, individual therapy and telephone coaching), and maintain the essential principles of DBT. We deserve the excellence award due to the inspired ways we have overcome the challenges of providing this specific therapy within our setting. We would like to inspire others by sharing our creativity and commitment to this approach, in applying for this award.

1. Ensuring DBT remains an opt-in therapy

Significant thought has been put into ensuring that people are given the choice to enter into DBT, without simply agreeing to 'tick the box' in order to fulfill requirements set out by the MDT, home team, Ministry of Justice, etcetera. This process has involved alongside stopping problem behaviours an increased focus on creating clear 'life worth living' goals. Service users in our setting often feel safer in hospital than in the community. The progress they make within DBT becomes part of the challenge with regard to behavioural reinforcement. As they progress, they become aware of the challenges they will face upon re-entering society. As they improve with DBT and progress to home leave, they are often re-exposed to difficult relationships and dysfunctional environments. Without clear 'life worth living' goals, the urge to maintain the status quo can be highly appealing, and a return of problem behaviours then ensures a basic human need – safety and security – within the confines of the hospital environment. External supervision of our programme with a DBT supervisor and adherence monitoring allowed us to work hard at delivering DBT not as a suicide prevention program only, but a life improving one. This has included many novel individualised treatment targets, from increasing honesty and patience, to teaching parenting skills.

2. ***Treating service users as capable, not fragile***

Within DBT there is a focus on not treating the service user as 'fragile'. In our DBT programme, we work on validating the inherent ability of the service user to overcome their difficulties and to build a life worth living. The challenge here is to encourage the service user to perform to their optimum level of ability, and then assist them to develop hope that their abilities can be expanded. A solution which has worked particularly well within our setting has been to give greater responsibility for the running of DBT group to the service users. This behavioural action sends the clear message that we believe they are capable human beings, and the feedback from group participants who have taken a lead role in delivering mindfulness exercises and sections of group content has been positive:

"It's really good…not only to do it but gets others' encouraged as well"

"I was nervous before, worried about the bell and timing, but afterwards I felt accomplished"

"It's good cos it doesn't feel like its teacher-run thing"

3. Enhancing skill generalisation

a. The identification of a lack of understanding of concepts or difficulty completing pen and paper homework tasks as a common link in chain analyses on therapy-interfering behaviours (i.e. homework non-completion, missing sessions) was integral in our thinking to develop a homework club. Rather than attributing therapy-interfering behaviours of this kind to motivation, our team looked at balancing acceptance with change strategies. We accepted that some service users require extra assistance. We also balanced this with the expectation for change – if service users were not utilising homework club but struggling with homework, this was considered an additional therapy-interfering behaviour.

"If you go every week its helpful cos if you get stuck with the homework you get help with it and that's what homework club is all about"

b. The DBT team provide regular training to the MDT and ward staff, to ensure generalisation of the approach occurs within the ward environment. DBT therapists ensure that DBT principles are incorporated into care-planning around essential areas such as management of self-harm. Leave and discharge planning are also influenced by the DBT ethos – DBT therapists attend CPA meetings and assist the hospital MDT and home team to work with DBT principles. This is all done transparently with the service user, as per the 'consultation to the patient' agreement of DBT.

4. Telephone coaching mode

There are two ways that our programme fulfils the telephone coaching mode of DBT. We train ward-based skills coaches whom are identifiable with a badge. We also provide mobile telephone coaching

within working hours, via a 'DBT phone', which service users can call independently. Both of these avenues are used by service users, who report finding it helpful:

"I think it's helpful when you're in times of distress & it helps you think straight"

Conclusions

DBT in secure services requires creativity and thoughtfulness to be delivered 'on model' and efectively. We strive to continue to embody DBT principles and have a flexible and dialectical approach to the implemnation of our programme, and as such we hope to win this award and inspire others to continue to think DBT, outside the box.

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