APT's award for excellence in DBT 2017

The Revival of DBT in a CAMHS setting

Background

North East Lincolnshire CAMHS underwent a significant restructure in December 2013, leading to the development of pathways, following NICE guidelines.

The self-harm pathway evolved from offering CBT as the only treatment option, to including DBT following a small group of DBT-trained clinicians, considering that DBT could be adapted as an alternative effective therapy for young people who present with self-harm.

Initially, a 16 week intensive DBT skills group was developed called the 'Building Skills' group. Young people were assessed and referred to this group when they displayed intense emotion dysregulation, lack of interpersonal skills and harmful coping strategies.

The Building Skills group had a maximum of 8 young people; typically for those aged between 13 and 18.

The group structure was developed after researching how to implement a group whilst retaining the validity of DBT and its effectiveness for adolescents.

Since 2014, three intensive groups have been run, utilising qualitative and quantitative outcome measures to assess the success of the groups:

- Participants included 13 young people (12 female, 1 male).
- There was a completion rate of 76.5%.
- The mean attendance of those who completed the group was 12.92 sessions out of 16, this equates to an average attendance of 81%.

The following measures were used:

Beck's Youth Inventories – Second Edition (*BYI-II;* Beck et al., 2005)
Outcomes Rating Scale (ORS) (Scott D. Miller and Barry L. Duncan, 2000)
Qualitative Data comprised of routinely collected feedback from the young people on their experience of the group. An impartial assistant psychologist asked the young people to complete a questionnaire with three open-ended questions: 1. What have you liked about the group? 2. What would make the group better? and 3. Did the group help you with your difficulties, if yes in what way?

Results

There were no significant differences identified from beginning to conclusion of the group, as assessed by the ORS and BYI, rather changes were identified in qualitative data. The experiences of the young people in the group were analysed thematically, following the five stage process described by Braun & Clarke (2006).

The key themes that emerged from this feedback were as follows: 1) relationships were important in the group; 2) the therapeutic atmosphere was positive; 3) the group helped

young people to reduce self-harm and increase emotion regulation; 4) the group helped young people learn skills; 5) suggested future Improvements.

Figure 1: Themes Identified from the Young People.

There are mixed findings in terms of the clinical effectiveness of this pilot DBT group. According to the written feedback, the young people who participated reported some positive outcomes of the group. In addition to the positive qualitative feedback, a high attendance and retention rate was recorded suggesting that the group was feasible and acceptable to the young people. This finding is in line with results from other reported studies to date, indicating that DBT has a strong treatment feasibility, acceptability, and reasonably strong treatment retention rates (Rathus & Miller, 2014).

The positive qualitative data supports the rationale behind delivering skills training in a group setting. This is reflective of some of the advantages Linehan (2015) reports including: clients having the opportunity to interact with others similar to themselves; the development of a therapeutic support group; and service users having the opportunity to learn from one another.

The quantitative data suggests, however, that although the young people rated their overall measure of life functioning as higher at the end of the group, as well as a decrease in depressive symptoms, these were not at a significant level.

Despite being in the early stages of delivering the group and evaluating its success, NEL CAMHS had the opportunity to present at the national DBT conference. Whilst it was recognised that the format was not in its finalised status, the feedback from the conference, alongside qualitative and quantitative data has encouraged ongoing and future development.

What are our future plans?

The quantitative data suggest that skills training alone might be insufficient in reducing symptoms of anxiety and depression or making significant improvements in life functioning. It may be that more adherence to a full DBT package would result in greater outcomes, for example Rathus and Miller point out in their DBT Skills Manual for Adolescents (2014; p. 4), that '*severely dysregulated teens are typically not able to fully benefit from skills training without a more comprehensive DBT program*.' Resulting from this, each group member has been provided with a named practitioner for individual support, which adheres more closely to the traditional DBT package of care. Group sessions therefore offer learning opportunities, whilst individual sessions promote the practical application of the skills. Young people are requested to self-monitor their behaviour urges and actions alongside their use of skills, sharing these in the form of a diary card (Rathus & Miller, 2014). The outcomes of this new planned approach will be continually monitored.

Further developments include the creation of a measure to quantify any improvements in self-harming behaviour through the frequency/intensity of thoughts and behaviours. A parent/carer group is being established to teach DBT skills and encourage additional support for the young person in managing difficult or emotional situations at home. Finally, young people who have previously completed the group are assisting with improving the group's accessibility by amending the language of the skills sessions.

At North-East Lincolnshire CAMHS we are extremely passionate in ensuring that the young people have access to high-quality, evidence-based therapy. The 'Building Skills' group seeks to continually improve the outcomes for young people through innovative practice and maintaining the individual as central in their care. The inclusion of support from an individual therapist is not accessible to all CAMHS settings. It is our intention to continue to measure the effectiveness of the programme to promote development and to share our findings in order to contribute to the evidence base around interventions for young people.