Submission for APT's 2018 Award for Excellence in DBT:

Bowling Ward's Dialectical Behaviour Therapy Programme, Cygnet Hospital Bierley

Strategies to increase hope and motivation among DBT programme participants

Context

Bowling Ward is an inpatient mental health service, providing DBT to 15 women presenting with complex needs associated with emotional dysregulation, self-harm and trauma.

Background

Hopelessness and low motivation

One of DBT's five therapeutic functions is to enhance the service user's motivation. This is in response to high treatment drop-out rates among people with a diagnosis of EUPD / BPD (Landes et al., 2016). Furthermore, this function is highly relevant to fluctuating motivation and high levels of hopelessness in this patient group (e.g. Koons et al, 2001).

Indeed, while conducting behavioural chain analyses our DBT therapists have commonly found that hopeless cognitions (e.g. "I'll be stuck in hospital forever", "I'll always feel this way") precipitate and maintain life-threatening and therapy interfering behaviours.

Strategies to increase hope and motivation

Our DBT team has worked hard to develop and implement a number of strategies that aim to enhance motivation and instil hope for recovery among our programme participants. Four of these strategies are summarised:

1. DBT Recovery Inspiration Group:

While our DBT therapists attempt to motivate and give hope to our service users, sometimes peers just have more credibility and influence (e.g. Davidson, 2005). Therefore, we developed an optional DBT Recovery Inspiration Group to run alongside the standard DBT programme. The group makes use of internet videos and blogs that feature inspirational recovery stories from 'peers' or people with lived experience of mental health problems and / or significant life adversity. Some stories feature people who have completed a DBT programme and speak positively about

the benefits of DBT. Other recovery stories are not linked to DBT at all, but make reference to and / or are highly compatible with DBT principles and skills such as mindfulness, acceptance, wise mind and distress tolerance. After collectively watching a video or reading a blog, service users are encouraged to reflect on the recovery story and make a note of any ideas that might be relevant or helpful to their own recovery journeys.

Our first cohort of group participants co-created a video to show-case these reflections, in the hope that they in turn, might offer some hope and inspiration to others. This 3 minute video was shortlisted for the National Service User Awards (2017) and can be viewed here:

https://vimeo.com/219483335

Does it work?

Six out of a total of 12 participants completed an evaluation survey of the DBT Recovery Inspiration Group. Four out of six respondents endorsed feeling more motivated to participate in DBT, having participated in the group. Four out of six respondents endorsed feeling inspired to overcome personal adversity after hearing expert recovery stories. Three out of six respondents stated that the group made them feel optimistic and hopeful about their own recovery. All six respondents endorsed the group as a 'validating' and 'worthwhile'. All stated they would recommend the group to other service users.

Here are some service user comments recorded during the group discussions:

> *"It's really inspirational to hear of people achieving against the odds"*
>
> *"There might be light at the end of the tunnel"*
>
> "[It] *gives me hope that I can get better and get out of here* [inpatient service]
>
> *"You won't have PD* [personality disorder] *for the rest of your life. She talks about how and why she got out of it"*
>
> *"…things can get better over time if we work at them"*
>
> *"No matter what you go through you can get through it and what's happened to you"*
>
> *"… I'm gonna come back from this"*

2. **Use of prizes and rewards to reinforce effective participation in DBT**

- A raffle ticket is given to service users who attend and participate effectively in the skills group. This is drawn at the end of group and the winner receives a small prize such as stationery items or hand lotion.
- Rewards are given for 'whole group homework completion'. If all group members attend and have completed their homework, the group receives a sticker. As soon as five group stickers are achieved, the group receives a reward of their choosing, within reason. Prizes have included tea parties, movie afternoons, and trips to Starbucks. This strategy results is peer to peer encouragement to complete homework.
- Individual therapists motivate and reward service users with the promise of going on a short walk together or going out for a coffee together. This builds and makes use of the therapeutic relationship and draws on contingency management to motivate service users to reduce life-threatening behaviours and increase skilful behaviours.

3. **Module completion certificates**

Service users need 75% attendance in order to receive module completion certificates. Additional certificates are awarded for 100% attendance.

4. **Contingencies for missed sessions**

As per DBT protocol, we uphold the 4-miss rule. To reduce risk of dropping out, we have a contingency whereby service users meet with two DBT therapists if they miss two consecutive group or individual sessions. These 2:1 meetings have been affectionately referred to as the "DBT police"! These meetings aim to understand and address barriers to engagement and for some, serve as an aversive contingency.

Are the strategies effective?

A study to test the effectiveness of each strategy is not practical, however we can infer from our programme data that the strategies (combined) appear to contribute to high levels of engagement in DBT. For instance in 2017, service user attendance at skills group and individual therapy was high at 76% and 90% respectively. Additionally our programme dropout rate was 11%, which compares positively to the 22% drop-out rate reported in other specialist inpatient settings (e.g. Bohus et al., 2004).

While these simple and easily-replicable strategies seem to enhance participants' motivation and engagement with DBT, we acknowledge that some incur financial costs and entail additional therapist time. When programme capacity is stretched, these extra strategies can be difficult to sustain. Nonetheless, as far as possible we

strive to find creative and diverse ways to enhance motivation and instil hope among our programme participants.

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References

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