Broadmoor Hospital DBT Team

15 Years and still going strong!

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The DBT service in Broadmoor Hospital has been running in its current form continuously since 2002.

Prior to this a group of three went to the U.S. to complete their training and began to deliver the DBT service with the female patients at Broadmoor Hospital.

Following that team's departure a new service was born, a blend of Nurse Therapy and Psychology and then developed to include Occupational therapists trained in DBT. The service has always been multidisciplinary and has provided a service to initially both males and females in the hospital, until the females moved out of high security.

The team has expanded over the years, and we are the longest running Forensic inpatient DBT service in the UK. The longevity we believe is due to the commitment of the team and the fact that we have been able to sustain a core team who have remained committed to providing a DBT service to the male patients in the hospital. Through consultation with the British Isles DBT trainers, we have adapted the service so that we provide outreach skills coaching where required, rather than telephone consultation.

We have maintained some external consultation and links with other DBT services to ensure our adherence to the DBT model.

Due to the long-term nature of the patients that we have in the hospital and their commitment to the DBT service, we decided to offer a graduate skills group for patients who have completed the skills training and individual therapy and wanted to continue to meet as a support and to maintain their use of DBT skills. This was a predominantly patient led group, and valued by those attending.

Graduates of the service have actively been involved in providing feedback for the service and one graduate is interested in researching the efficacy of DBT and those for whom the treatment is most effective.

The team has kept up to date with developments and have attended training in using DBT with substance misuse and DBT and prolonged exposure for trauma.

The team work with very complex individuals who have severe difficulties as a result of emotional dysregulation, some with challenging interpersonal needs including aggression. The team actively try to engage patients who might struggle to get to our service. The work is, as you would expect, emotionally challenging and the consultation team and support derived from colleagues enables us to continue the work. The consultation team has met consistently since the start and is a reflection of the commitment of the team.

The service has kept a watchful eye on referrals and the has undertaken audits of need for the service in the hospital.

Some qualitative research hearing the 'The therapist's voice'

Qualitative research exploring therapist views on DBT have allowed us to explore our own thoughts in relation to the service.

"I think personally that humour is a really big thing in therapy. I think the more validating you can be of the patient's emotions and the feelings that have led them to where they are; the more compassionate you can be then the more effective it will be."

On the importance of validation for therapists:

"There are also internal pressures from us as therapists to feel that we're doing well enough [...] there is internal pressure because of the responsibility you feel and wanting to help them progress."

The service provides teaching and outreach to the wards as well as encouraging patients to share their knowledge with their clinical teams.

The changing population in the hospital and the referrals to the service has meant that the hospital itself has admitted some patients from prisons who have demonstrated severe challenges in terms of their self-harm behaviour in the prison establishment. The complexities of working alongside patients and teams where there are very real concerns about risk and our capacity to care for people in a hospital environment can lead to complex discussions about treatment engagement.

We have adapted to the challenges of working in this environment, working with individuals whilst they are in seclusion, helping to sustain hope and engagement with the patients in difficult times. As DBT therapists in the service we help to sustain each other in our commitment. We have maintained links with services where patients have moved on, linking with their new clinical teams to provide outreach and continuity of care.

Initially some of those patients referred to the service may view the referral with negativity, but the experience and skills of the members of the team and the validation shown by them to the patients, encourages the development of what can become a very strong therapeutic alliance, evident in some of the testimonies that follow.

Every member of the team shows a commitment to the service, to the patients with whom we work and to each other.

The patient's voice D.B.T. SKILLS + GROUP. PRINTED TO SECRET TO SECRET. D.B.T. SCILLS SUCKIDE. PRINTED TO SECRET. D.B.T. SKILLS + GROUP. PRINTED TO SECRET. PRINTED



D.B.T. also taught me you have to be honest. Iying only fixes things in the short term (F.A.S.T.)
Being Honest is a number one in D.B.T. Otherwise it will not work fully. I've to yourself if you want but it will only hurt you more which nobody wants.

D.B.T. will continue to help me to forward. It was and Still is

During the beginning of my D.B.T.

I was introduced to the core skills

Via a skills group then a one to

one. Initially the skills were

hard to apply because of the

type of environment I am in. But I

found more and more that I was

recishing the use of skills in a

way that I never thought I could.

I started taking notice of how I

truly fect rather than how I wanted

to feel.

radical acceptance is hard because you have to accept that you cannot change a situation so walk away let it go. It may be that i am right but a aaktik away there's nothing i can do walk away to describe all the skills would be a year long project and result in a book but I will tell you this D.BT. Has changed my life I am Honest carring and grumpy and

to use the skills it can be stressful in itself. The skills are now how i try to live my life. The two hardest skills i find are being non judgemental minofulness) and radical acceptance. (DISTRESS TOLERANCE). But i have found catching myself myself being judgemental then going No! No! No!

I walked into a dimly lit room,

I felt relaxed but even more so by the tutors who sat in a small circle welcoming us service users to D.B.T.

Dimmley lights

Closed Curtains

This was a big chance to improve my life and more to the point learn what I say are special skill's which give you compassion, empathy

Plus what will get you on that R.S.U. or M.S.U. bus...

So have a wise mind

Be mindfull -

Radically accept not in the order to lower yourself but improve the moment which is a soothing thing

Don't you think?

D.B.T. is one of the finest if not the BEST groups you'll really ever find here.

What I'll finish off is start in Newbury again,

Train my brain.

· O.P.