
British Isles
DBT TRAINING
“Supporting your steps towards effective DBT”

Good morning!

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Our themes

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1. Some unique features of Dialectical Behaviour Therapy...
   - ..and of training in DBT

2. Improving access to DBT
   - Implementation challenges and
   - DBT dissemination – future planning

The line on DBT

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- "Its credibility as an intervention .. has grown as an increasing number of research trials have shown it to be effective." *A Vision for Change* (Government of Ireland, 2006)

- "For women with borderline personality disorder for whom reducing recurrent self-harm is a priority, consider a comprehensive DBT programme." *Borderline Personality Disorder : Treatment and management* (NICE, 2009)

- In practice DBT has also been implemented in CAMHS, inpatient, Learning Disabilities, complex PD settings etc..

Research perspectives

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- "The mixture of results .. do not support the cost-effectiveness of DBT, although they suggest that it could have the potential to be cost-effective."
  Health Technology Assessment (Brazier et al. 2006)

- "Data are sparse .. and allow meta-analytic pooling only for DBT. There are moderate to large statistically significant effects for anger .. parasuicidality .. and mental health."
  Psychological therapies for people with BPD (Cochrane Review, Stoffers et al. 2012)

What DBT is

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- Based on cognitive and behavioural principles

  Cognitive-Behavioral Treatment of Borderline Personality Disorder (Dr Marsha Linehan, 1993)

- Balances acceptance-based strategies (e.g. *validation*) with change
  - a dialectical synthesis

- First of the mainstream 'Third Wave' therapies to introduce Core Mindfulness skills

- Multi-disciplinary, multi-modal, team-based treatment

Comprehensive DBT

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- Enhances client capabilities
  - E.g. Skills training groups
- Improves client motivation
  - E.g. individual DBT Psychotherapy sessions
- Generalises skills to the natural environment
  - E.g. out-of-hours telephone consultation
- Structures the environment
  - E.g. meetings with family members
- *Enhances therapist capability and motivation to treat*
  - *E.g. DBT consultation team*

The stages of DBT

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- Pre-Treatment
- Stage 1: Achieving behavioural stability
  - *DBT **focuses** on Pre-treatment and Stage 1*
- Stage 2: *Fully* experiencing emotions
- Stage 3: Building an ordinary life
- Stage 4: Achieving *sustained* joy

Stage 1 Tx hierarchy

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Targeted behaviours:

1. Suicidal/homicidal/life-threatening
2. Therapy-interfering
3. Destabilising/Quality of Life
4. Acquiring new skills

Marsha Linehan on CBT for BPD

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DBT in the British Isles

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- First UK DBT programme started in Abergele in 1995
- biDBT established 1997 by Heidi Heard & Michaela Swales

- 4 Senior Trainers, 3 Trainers
  - 4 UK / Irish Trainers-in-training

- 362 **intensively** trained DBT teams in UK and Ireland
- Over 2,000 care professionals working with complex PD trained **intensively** in UK and Ireland since 1997

Our Key Partners

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BEHAVIORAL TECH, LLC

PRIFYSGOL BANGOR UNIVERSITY

- Licensed Training materials
  - Extensive supervision
  - Adherence training
  - CPD of trainers
- Knowledge Transfer Programme (2006-9)
  - Postgraduate Certificate in DBT (PG Cert)
  - DBT Implementation Toolkit
- KESS (2010-11)
  - EQ-5D benchmarking at www.dbt.uk.net

DBT Intensive® Training

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- Pre-Part I:
  - Reading (with reading groups)
- Part I:
  - 'Intensive': 5 full days, didactic & experiential learning
- Between Parts I & II (6-9 months):
  - Homework for individuals & teams (including an exam)
  - Consultation between Part I and II
- Part II:
  - 5 full days consultation & supervision
  - Presentation of DBT programme and a DBT case

Team eligibility criteria

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- 4 to 10 team members, who each hold a core professional qualification (nursing, psychiatry, psychology, OT, social work, etc..)
  - are clinically responsible for their own practice
  - come together to form a DBT programme
  - at least 3 sessions per person (1.5 days per week)
- At least 1 person with an advanced degree in psychology (clinical, counselling, forensic)
  - ideally a second person with background in psychotherapy

Optimising resources

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- Maximum capacity of a team of 4, each with 3 sessions is **8 clients** (1 DBT Skills group)

- Maximum capacity of team of 10, each with 4 sessions is **40 clients** (5 DBT Skills groups)
- Maximum capacity of a team of 4, each with 10 sessions is **48 clients** (6 DBT Skills groups)

Always consider running more DBT skills groups

*DBT Capacity Planning Manager (CPMan®)

Programme Accreditation

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- Through Society for Dialectical Behaviour Therapy — The Leading Dialectical Behaviour Therapy Society in the UK and Ireland — formed 2012
- Certification of therapists – starting March 2014
  - Attending DBT consultation team
  - Training*
  - Supervision
  - Personal development*
  - Assessed knowledge and competence*
- **Accreditation of DBT programmes** – late 2014

* PG Cert in DBT

PRIFYSGOL BANGOR UNIVERSITY

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- Two 30-credit modules map onto two weeks of Intensive training (78 contact hours)
  - Theory and Principles of DBT
    - Written chain analysis
    - Theoretical foundations of treatment assignment
  - Clinical Applications of DBT
    - Final submission of DBT implementation log
    - Practical/clinical exercise on your own therapy-interfering behaviour
    - Written case presentation including critical appraisal

Dissemination of DBT in the North West

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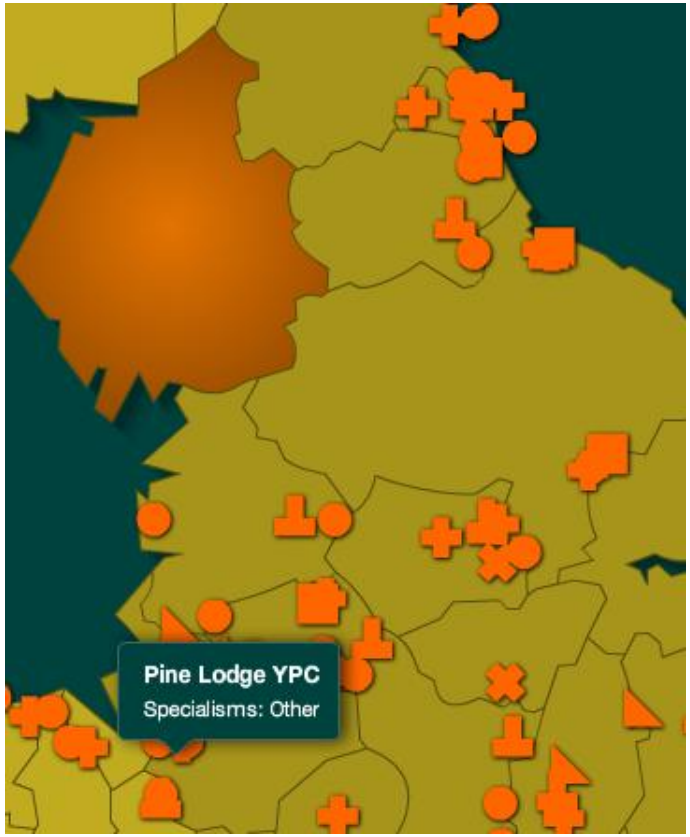
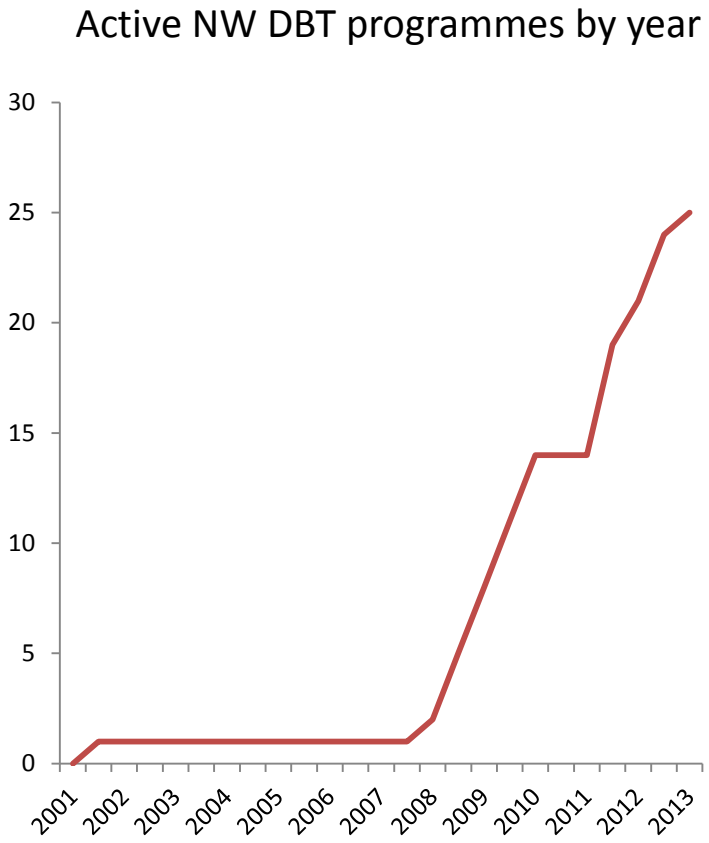
- 25 active teams in the North West





Specialisms of NW Teams

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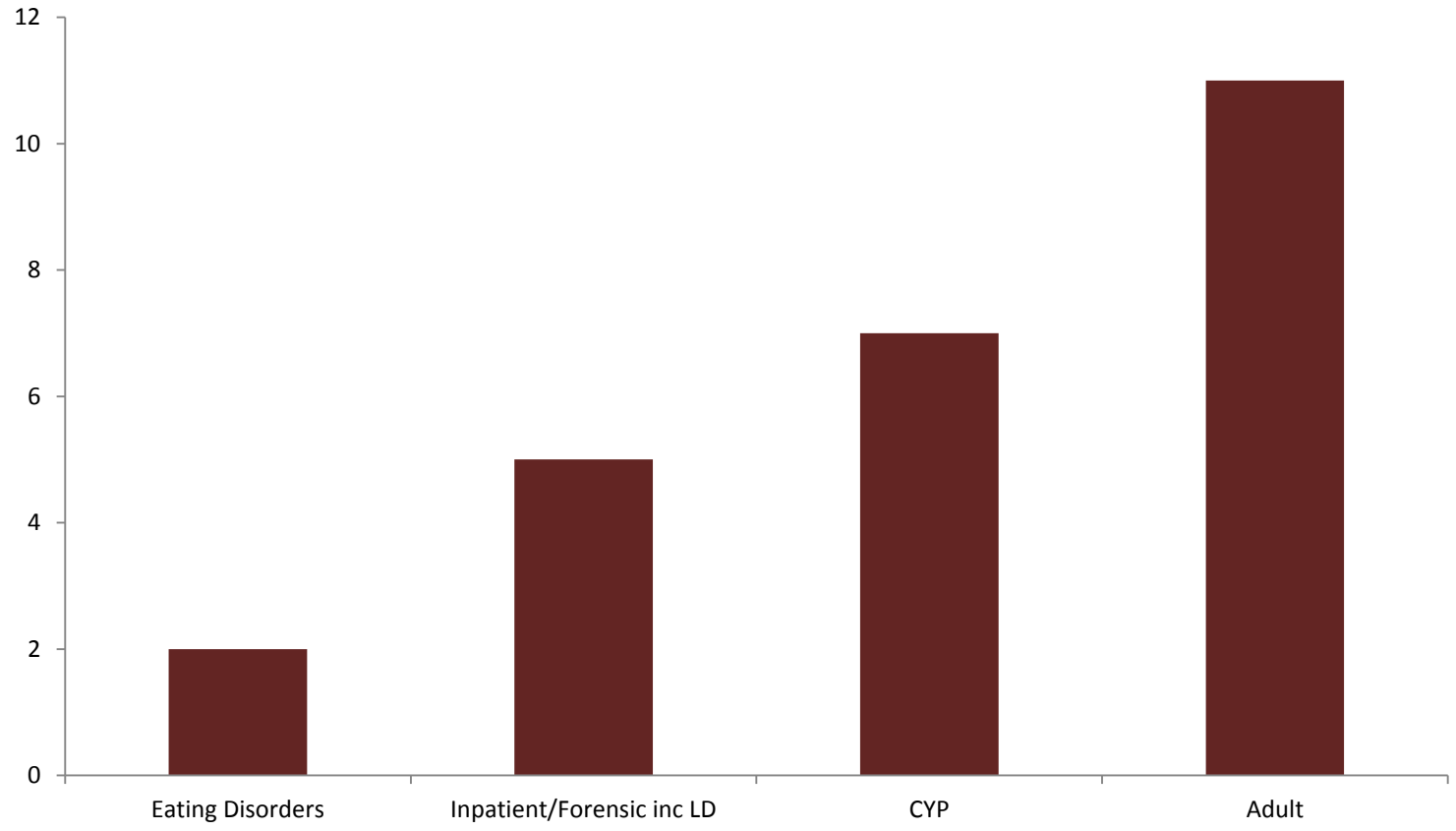

Why do teams not thrive?*

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1. Lack of organisational support (68%)
2. High staff turnover (63%)
3. Insufficient time dedicated to model (53%)

* Swales, M.A.; Taylor, B.H.; & Hibbs, R.A.B. (2010). Dissemination and Implementation of Dialectical Behaviour Therapy in the UK. *1st International Congress on Borderline Personality Disorder.*

What makes a successful DBT programme?

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- The business case for DBT is often based on:
  - reducing hospitalisation
  - treating complex out-of-area referrals more locally

- A DBT programme needs to have:
  - Clients
  - DBT benefits matched to organisational goals
  - Senior managerial support
  - Committed practitioners

Desired commissioning outcomes from LETBs

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- Improving access to DBT programmes based on
  - Need (identified to/by LWEGs? CCGs?)
  - More local DBT champions
  - Measuring health outcomes e.g. at www.dbt.uk.net

- Action to maintain existing DBT programmes beyond Year 4
  - Forward plan for 5-day Foundational training
  - Training of wider staff (2-day workshop formats where appropriate)

- Upskilling DBT teams in preparation for Programme Accreditation
  - At least two team members to study PG Cert
  - Supervision to adherence
  - External consultation – annual? – as part of accreditation

Rationale for scaled-up local commissioning

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- Improved organisational buy-in and readiness to implement
  - By association, improved capacity to deliver efficient services
    - May require a change of training model
- Development of clinical and organisational champions
  - Through practitioner certification and programme accreditation
  - Including outcome monitoring to demonstrate clinical benefit of investment in training
- Economies of scale
  - Lower unit cost per delegate day (volume discount up to 32%)
  - Sharing the premium on reducing uncertainty in demand for training over medium-term e.g. 3-5 years

DBT Themes – Reprise

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1. What DBT is – effective, multi-modal evidence-based treatment in accordance with NICE guidelines

   Training in DBT – With your DBT team, openly, experientially

2. Dimensions of DBT training – HEE-wide

   Future DBT dissemination – Longer-term strategy, not “train and hope”

Thank You!

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