

Instilling hope: the development and co-facilitation of a pre- treatment group in a DBT programme

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INTRODUCTION

- Dialectical Behaviour Therapy (DBT): balancing acceptance and change strategies
- Developed by Dr Marsha Linehan with a strong evidence base
- Found to be effective in reducing life threatening behaviours and hospital admissions
- Helpful to service users that struggle with regulating emotions and managing impulses
- Service context: one treatment option in an inner city personality disorder service (also offering MBT, ST, SCM)

PRE-TREATMENT TASKS

- Engagement: with the treatment model and with the therapist/programme
- Psycho-education: bio-psychosocial model used to reframe the diagnosis of borderline personality disorder
- Enhancing commitment: motivational interviewing
- Orientation to the treatment model
 - Stages and modes of treatment
 - Behavioural strategies including 'therapy rules'
 - Session structure and tasks (group and individual)
- Contracting

WHY IN A GROUP?

- Pre-treatment normally delivered by allocated individual therapist
- Rationale for delivering it as a group:
 - Help manage waiting list and resource
 - To enhance engagement with the programme
 - Taking service user consultant input to a new level
 - General benefits of group working
 - Evidence base for DBT group skills as a standalone
- Marsha Linehan: “that’s great as long as you get the data”, Rome Conference 2014

GROUP PRE-TREATMENT

- Co-delivery model: instilling hope
- 12-week programme
- Weekly sessions lasting 1.5 hours
- Assignments given between sessions: goal setting, crisis planning, monitoring etc.
- Up to 12 service users invited to participate
- Most tasks of pre-treatment completed
- Creative delivery of pre-treatment tasks

EVALUATION

- Pre- and Post-group self-report questionnaires
- Measures: locally developed DBT questionnaire, Warwick-Edinburgh Mental Well-being Scale (WEMWBS, Tennant et al., 2007) and the mental health confidence scale (Carpinello, Knight, Markowitz & Pease, 2000) to measure SU self-efficacy to tackle difficult situations
- Research questions:
 - Does a pre-commitment group increase commitment to reducing life-threatening behaviours?
 - Does a pre-commitment group increase SU knowledge of DBT?
 - Does a pre-commitment group provide a positive experience of the service?
 - Does a pre-commitment DBT group have any impact on hope, well-being or self-efficacy to tackle difficult situations?

RESULTS

- N = 6
- DBT knowledge increased significantly
- Service satisfaction, well-being and hopefulness scores all increased
- However, the change in well-being scores and the mental health confidence scale scores were not significant, in fact confidence scores decreased slightly
- Commitment to work on life-threatening behaviours were high pre- and post-group
- Qualitative themes: attitudes to the group (length, content, adaptations, pre-group thoughts) and attitudes to the service (waiting time for therapy, staff)
- All group participants signed DBT contracts

Figures

- To date four groups have been run
- 40 service users have been invited
- 2 service users failed to attend a group and were each offered the group twice
- 1 service user attended group but dropped out and was offered the group twice
- 1 service user went on to be offered an individual pre-treatment
- 2 service users did not proceed with DBT having completed the group
- Majority of service users went on to sign a DBT contract

THOUGHTS ON CO-DELIVERY IN THE DBT PRE-TREATMENT GROUP

QUOTES

- *It was sometimes more like a teaching course but that might be good for those who had not done DBT previously*
- *Useful to know what typical DBT sessions would be like*
- *Perhaps a group only running for 6-8 weeks might be more manageable*
- *The people running the group were really helpful and knowledgeable*
- *It made the process I will have to face in the next year very clear and made me feel hopeful*

CHALLENGES

- Frank discussion of individual needs in a group context
- Managing pre-treatment function of engaging with allocated therapist
- Evaluating individual level of commitment
 - N.B. there can be issues with this in an individual pre-treatment model too
- Handover to allocated therapists

BENEFITS

- Instilling hope
- Some tasks of pre-treatment seemed more amenable to a group format
- Ensures pre-treatment tasks as described in the manual are followed
- High commitment pre- and post-group, thus far group was able to maintain motivation to work on life-threatening behaviours



FUTURE DIRECTIONS

- Development of a standardised measurement of commitment
- Comparison studies between service users that received individual pre-treatment and those that attended a pre-treatment group
- Analysis of staff attitudes towards commitment and engagement with therapy post pre-treatment group
- Fine tuning handover process between group facilitators and subsequent allocated therapist
- Adapting group delivery in relation to feedback from service users e.g. group length, content etc.

CONCLUSIONS

- It is possible to take a standardised model and adapt to a local situation
- The use of the service user consultant can be extended to service delivery