



To DBT or not DBT?!

Charlotte May, Hospital Director
Karen Howell, Head of Psychology

&

Marilyn MacQueen, Trainee Psychotherapist

Chadwick Lodge & Eaglestone View



Overview of women's services

Secure pathway

- Eden (Medium secure). 8 beds
- Jordan (low secure, acute)
- Kenly (low secure, rehab)
- Total of 29 beds.

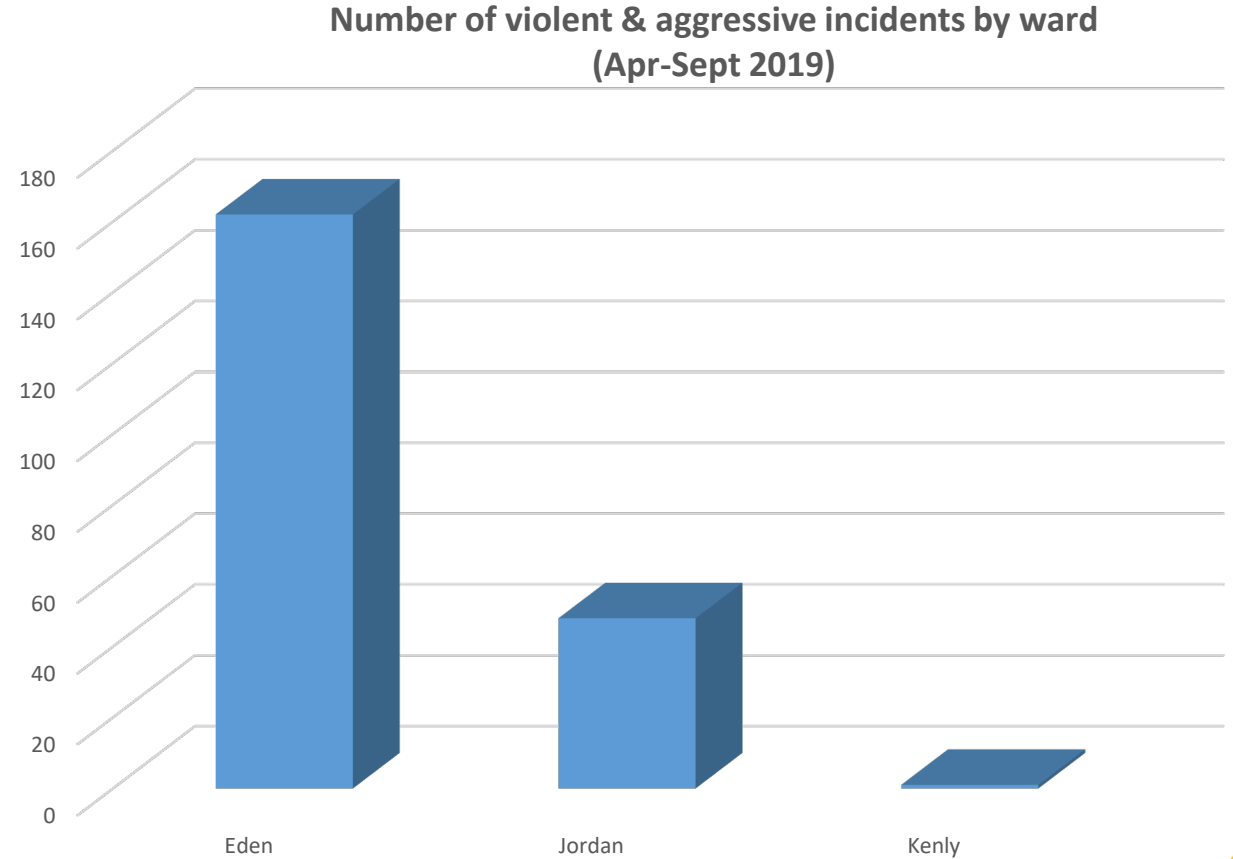
DBT personality disorder pathway

- Isla ward (pre-treatment)
- Hope ward (DBT full immersion treatment)
- Hope flats (moving on)



Increasing acuity – 29 secure service patients

- **MSU ward**
 - 38% on enhanced observations
 - 25% in LTS/seclusion
- **Acute LSU ward**
 - 60% on enhanced obs.
- **Self harm rates**
 - 10 self harm incidents in last week, including
 - 6 ligatures



Other clinical factors

Multiple diagnoses

Trauma

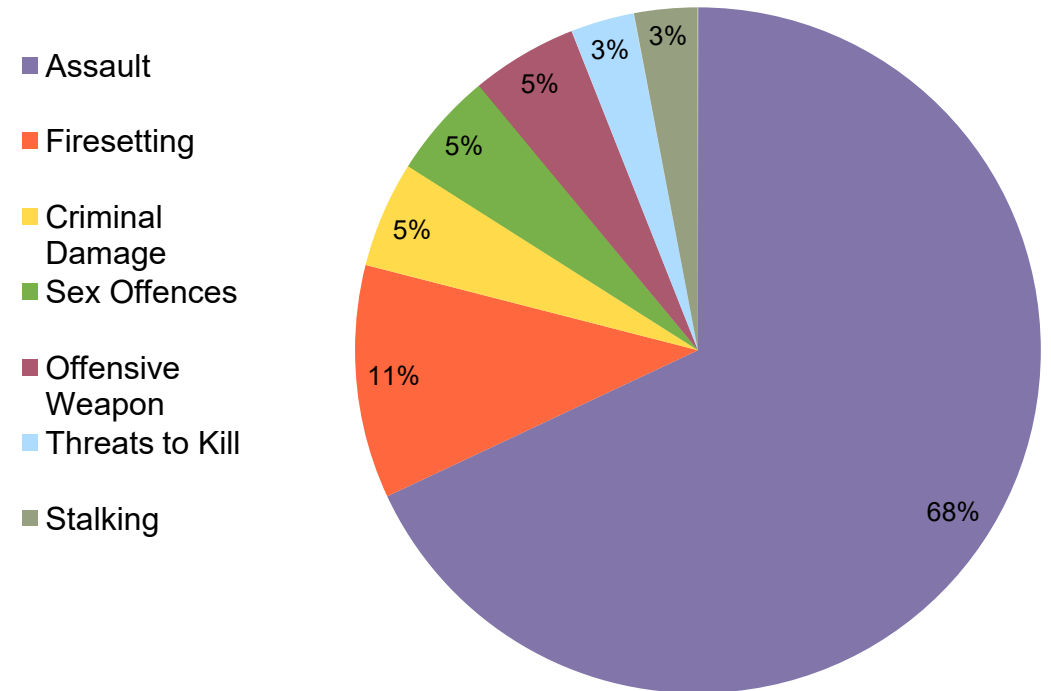
Substance misuse

Relationship and interpersonal difficulties

Complex forensic histories

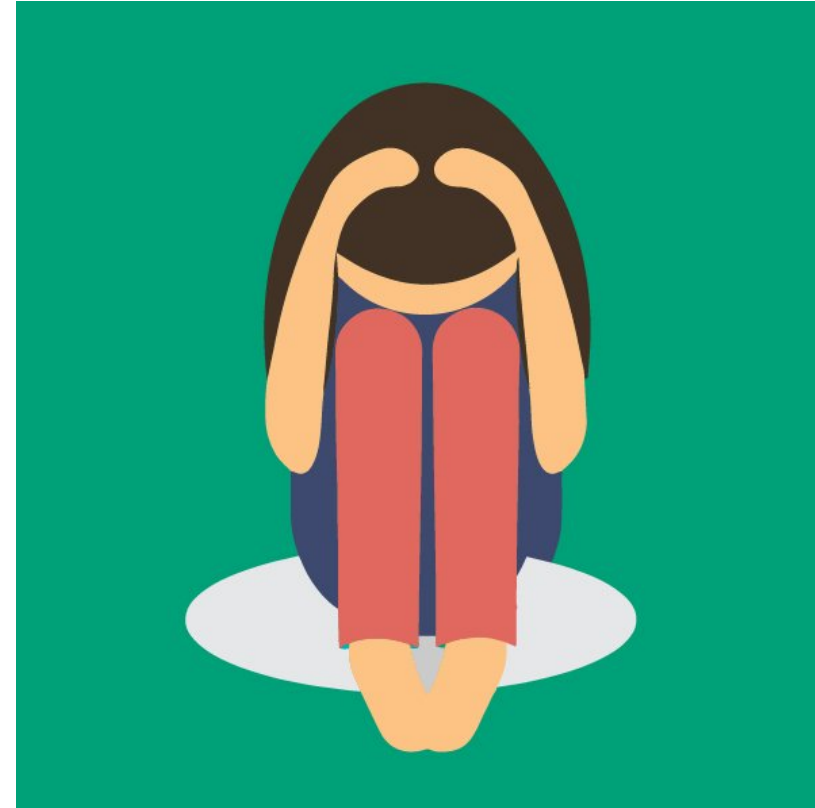
Challenging behaviour – aggression, self harm & suicidality, relational

Forensic needs of secure service women



Therapy Interfering Factors

- Internal & interpersonal
 - Unrelenting crises
 - Therapy-anxiety
 - Shame
 - Avoidance as coping
 - Under-developed skills to problem solve, cope & hold uncertainty
- External
 - 1.1
 - Seclusion
 - PRN/medication
 - Ward environment
 - Leave

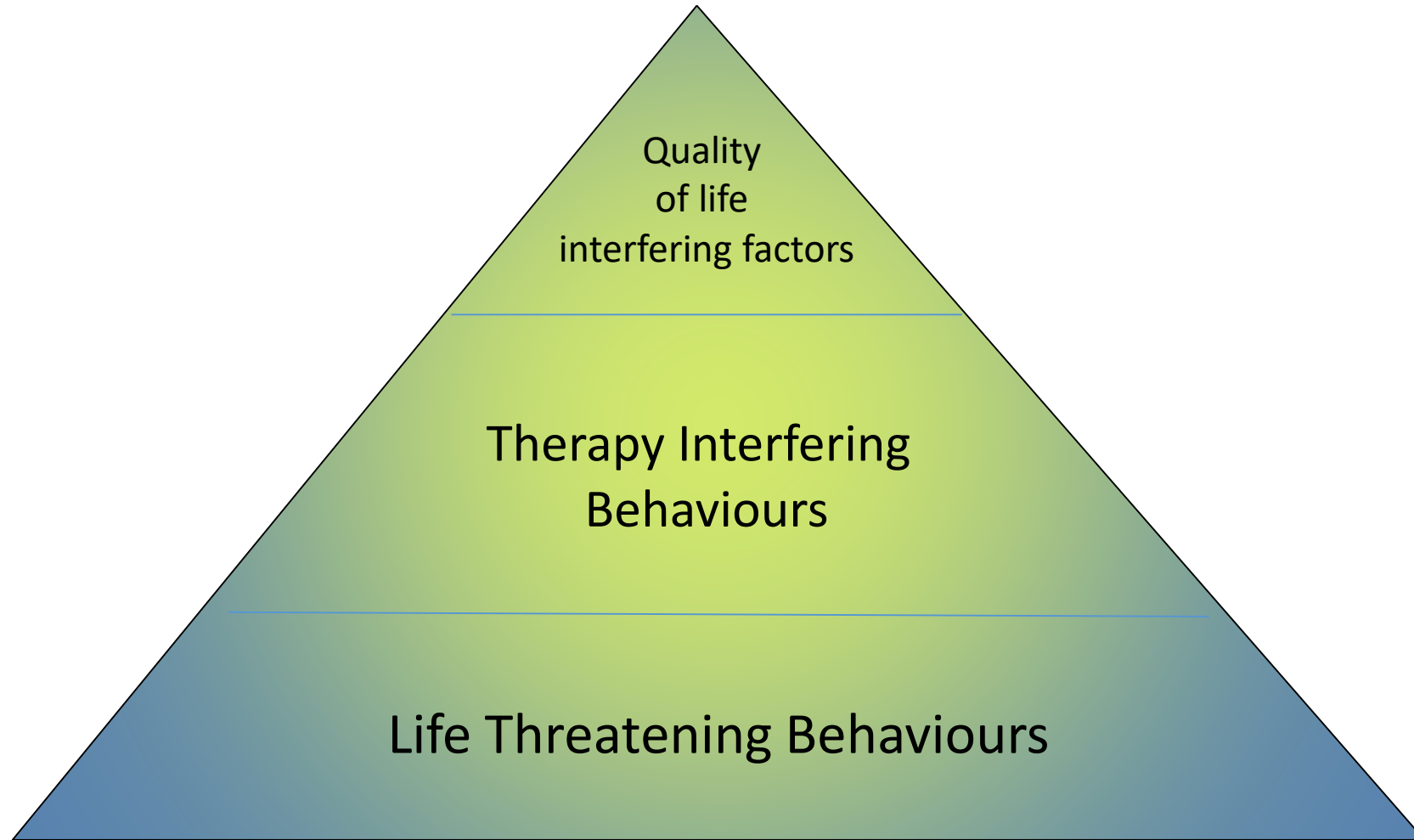


Changing minds, changing lives ...

'There is nothing good or bad,
but thinking makes it so'.
(Hamlet,, act 2, scene 2).



DBT model



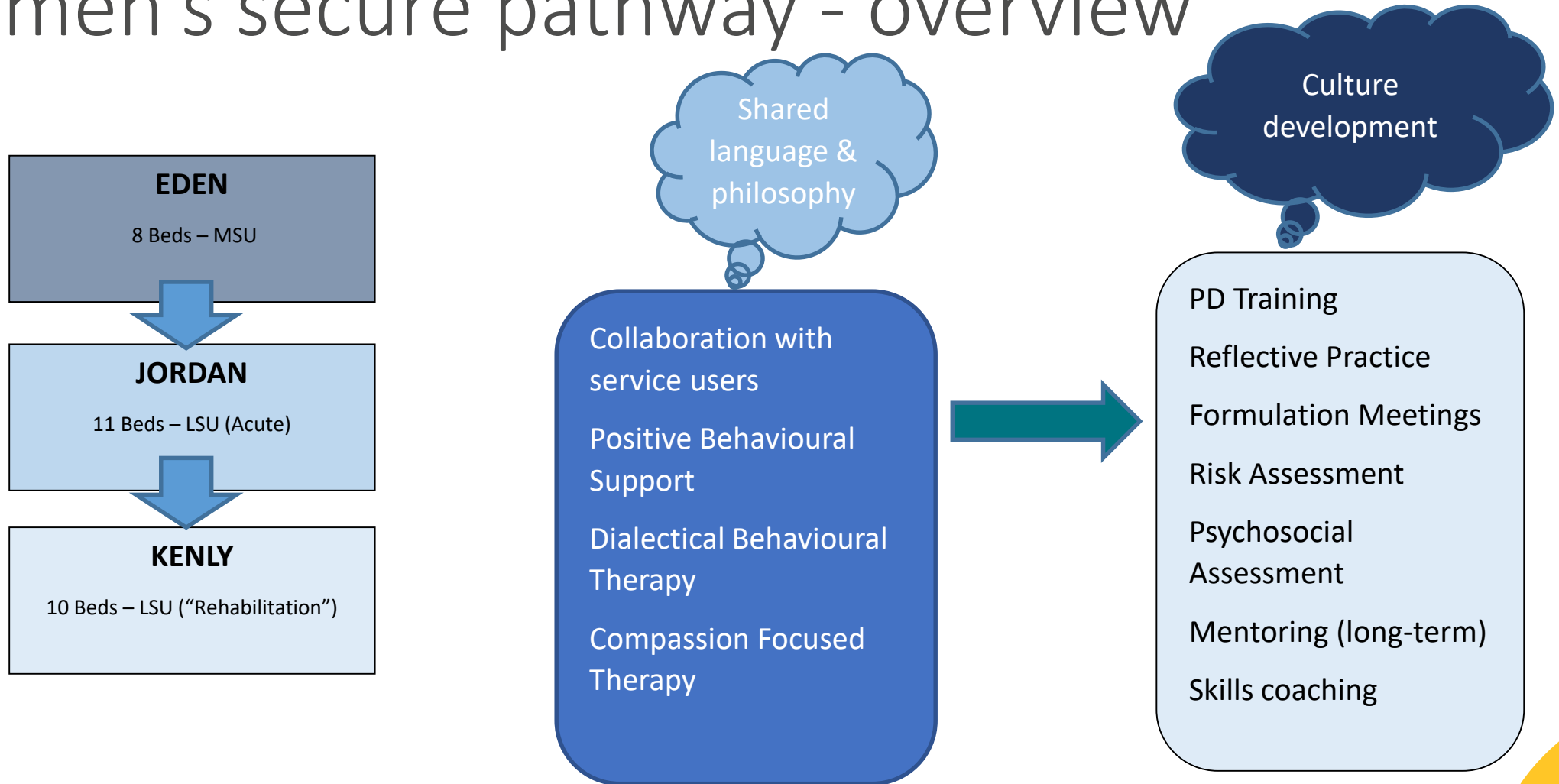
Taking the mountain to Mohammed

How do we overcome therapy interfering factors?

- Phase 1 & 2 sessions in ward communal area. Stoking curiosity.
- Unrelentingly positive; non-judgemental stance
- RAID philosophy in action - reinforcements
- Staff attend & take part
- Clinics – relationship building, information giving
- Increased presence of therapy staff on ward.
- Focus on collaboration and equal access.
- PBS underpinning.
- Seamless therapy team.



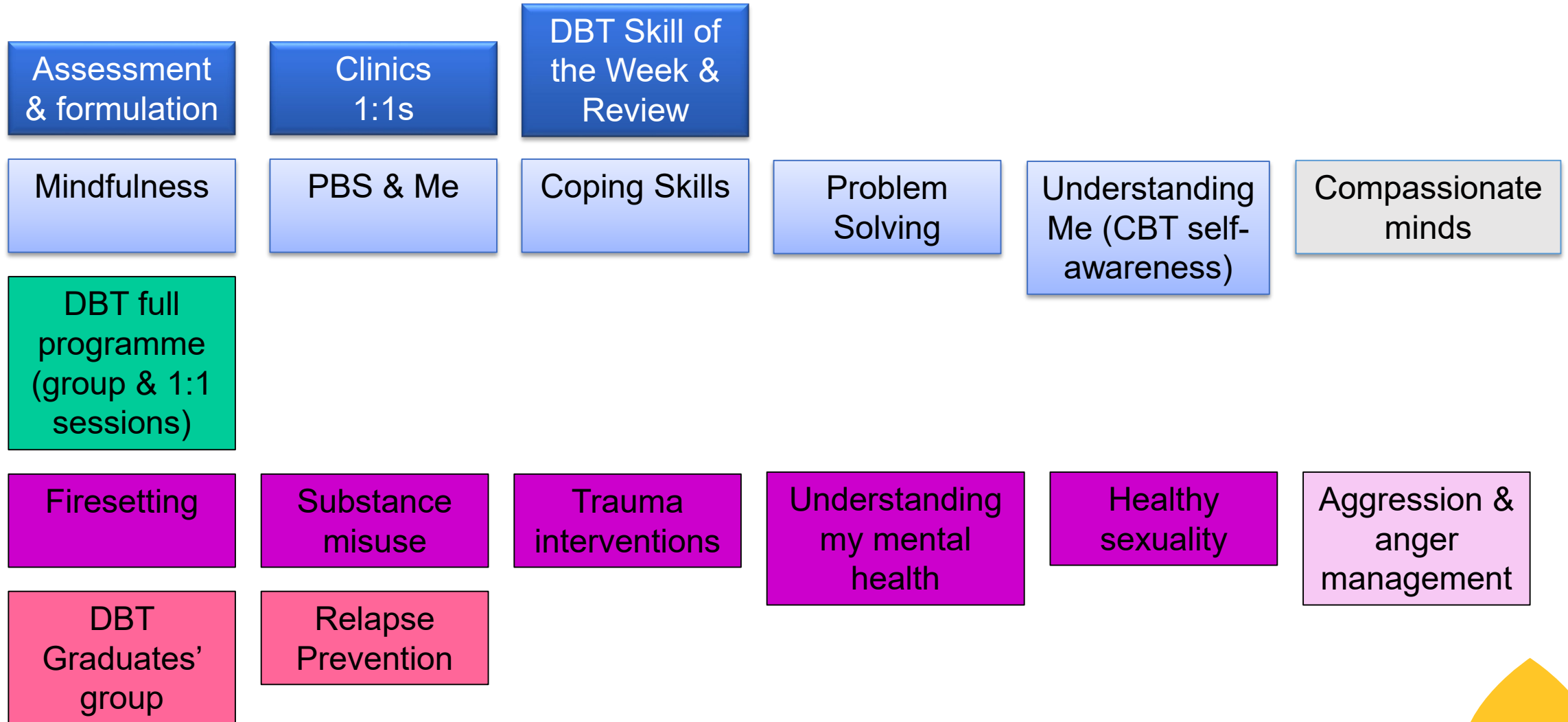
Women's secure pathway - overview



Pathway



Specific therapies



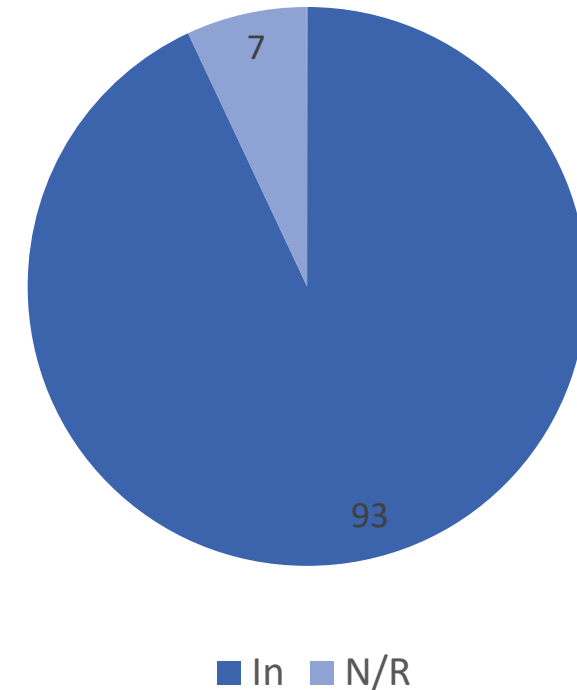
Therapy engagement

'We know what we are....but not what we may be' (Hamlet, Act 4, scene 5).

- Increase in attendees (93%) of service users attend group therapy
- 54% also in individual therapy
- Clinic access for all acute patients
- Graduates group & completers



Percentage of women in engaged group therapy



DBT service – Isla and Hope House

Inviting Mohammed to the mountain

Philosophy of Care

- Enhancing safety, independence and empowerment
- Increasing adaptive living
- Taking control
- Enhancing self-worth

Aims of the Service

- To help create a life worth living
- Rehabilitation to a less secure environment or more independent living



Content of DBT therapy



Distress tolerance



Emotion Regulation

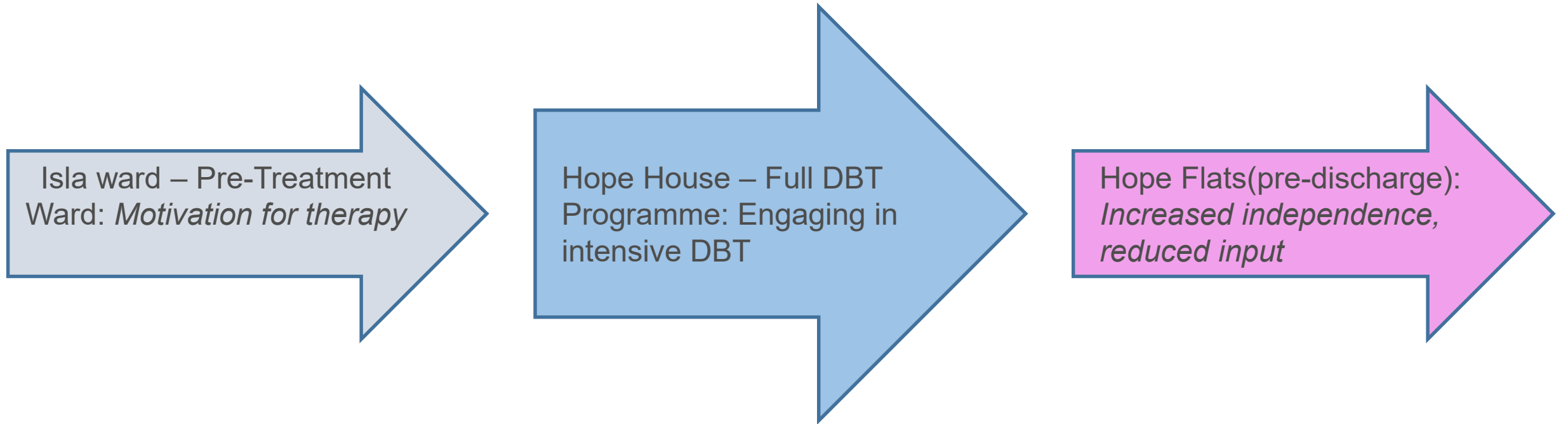
Mindfulness



Interpersonal effectiveness



DBT Service Pathway



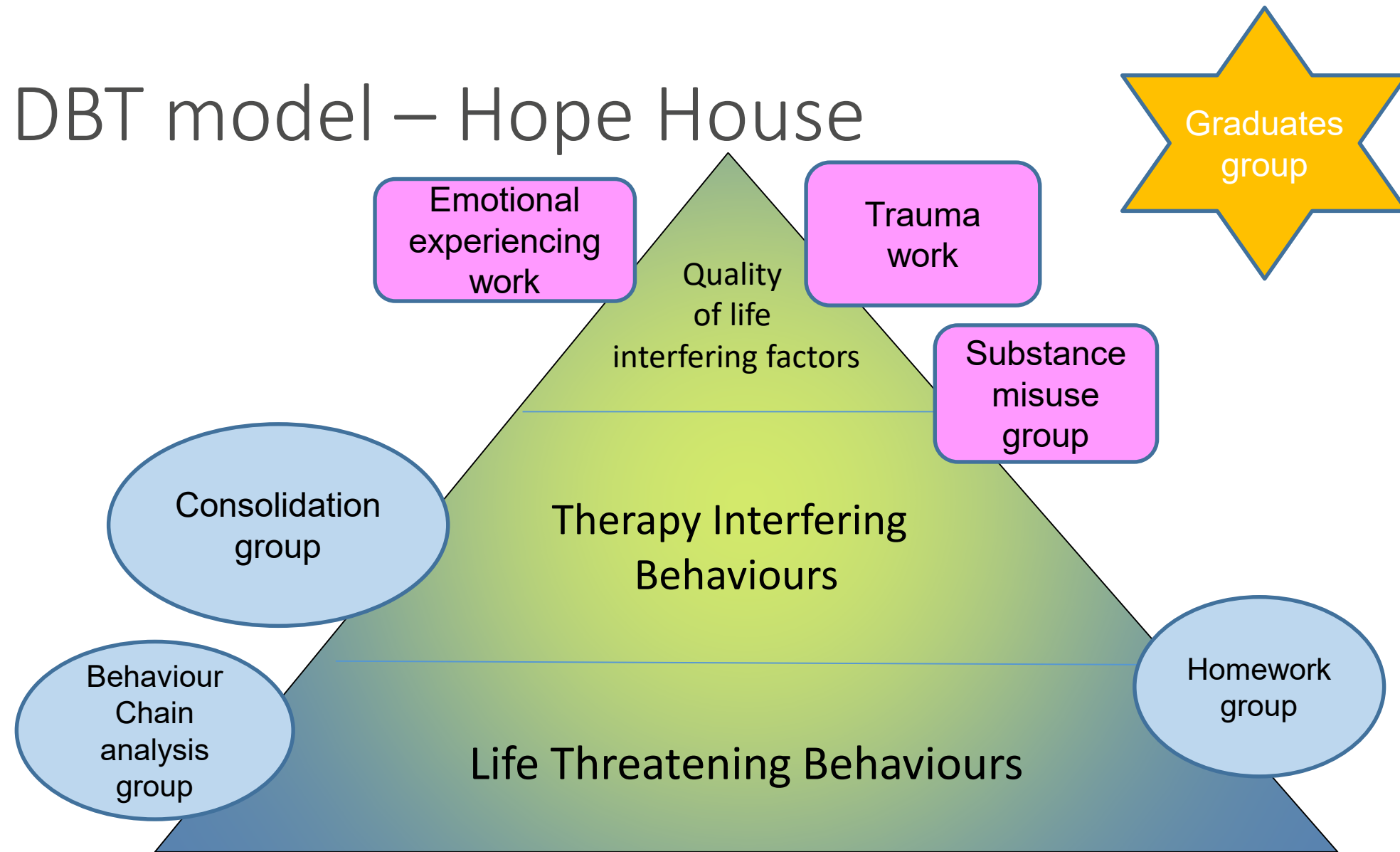
Isla ward



Psychoeducation about
EUPD
Understanding DBT
Motivation work



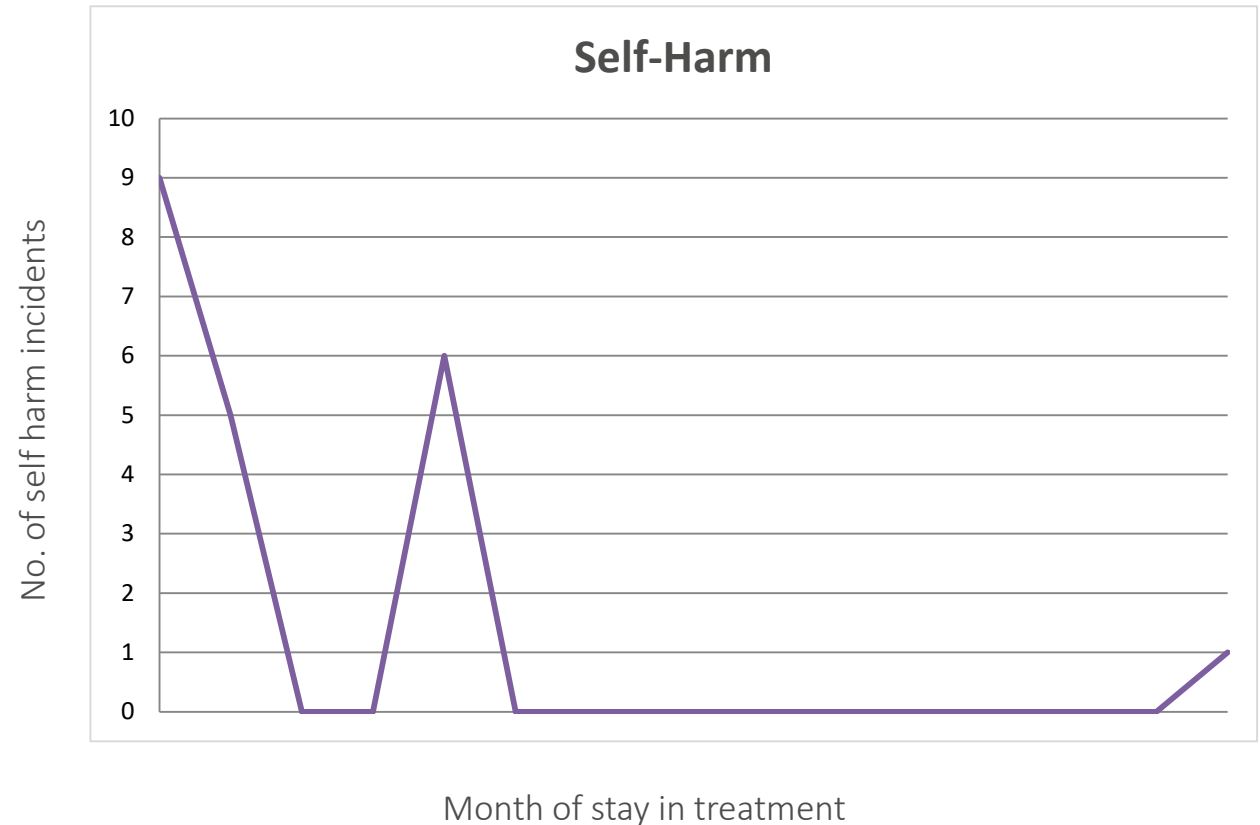
DBT model – Hope House



CASE EXAMPLE – Trajectory of Self-harm behaviours

Service user **A** was admitted to Hope House in June 2018. **A** engaged in a full year of DBT treatment and graduated from the course in June 2019. Since, she has moved on to the Hope House Flats, and is currently in search of a community placement.

- As seen in the graph, the no. of self-harm behaviours exhibited by **A**, *significantly decreased* over the course of her treatment in the pathway
- In the initial two months of her treatment **A** engaged in a total of 13 self-harm behaviours, 5 of which required restraint
- Following 6 self-harm incidents in Oct-18, **A** did not engage in any self-harm behaviour for the remaining 7 months of treatment
- The severity of **A**'s self-harm reduced over the course of treatment
- Since transitioning to the Hope Flats 2.5 months ago, **A** self-harmed just *once*, and was able to manage herself effectively



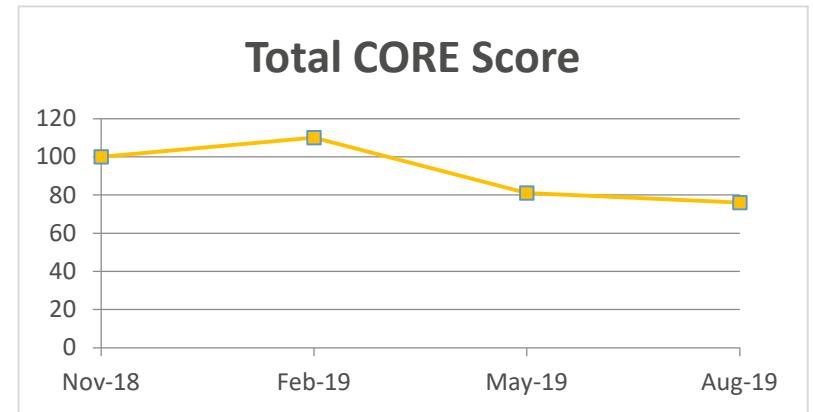
Outcomes – Pre-DBT to DBT

A summary of CORE* outcomes for service users transferred from Isla to Hope

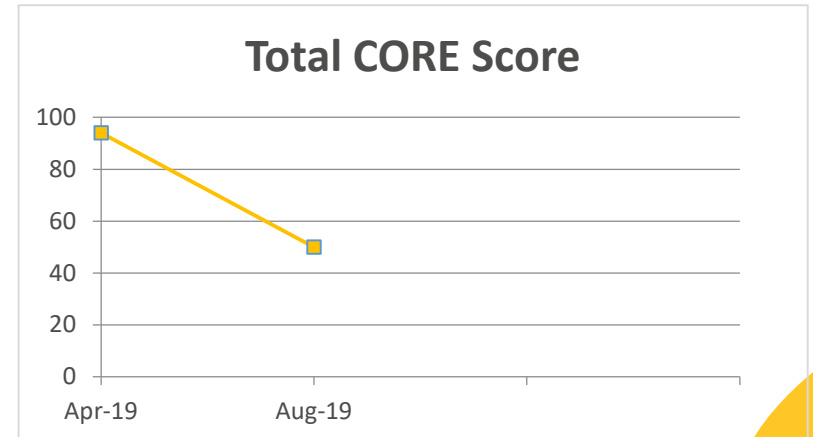
*CORE – Clinical Outcomes in Routine Evaluation – A self report questionnaire administered at various points in therapy, measuring difficulty with functioning, well-being, **risk** and problems.

- Average stay on Isla Ward = 69 days* (*based on the entire cohort of patients transferred from Isla to Hope)
- Graph 1:
 - Service user **B** started her DBT journey from Isla ward, graduated from Hope House and has now transitioned to the Hope flats
 - As seen in the graph, **B**'s difficulties in the four CORE domains decreased throughout her treatment journey
- Graph 2:
 - Service user **C** started her DBT journey from Isla ward and is currently undergoing therapy on Hope House
 - A significant decrease in her difficulties in the four CORE domains can be seen in the graph

Graph1



Graph 2



Thank you for
listening!

Chadwick Lodge & Eaglestone View

Thanks to Clare Peatson, Rebecca Doyle, Rebecca Parmar, Trusha Parikh,
Wale Akintola and Martin Northcott.

