

APT Award for Excellence in DBT

Cygnets Beckton has a long established and successful Adherent DBT programme, with our clinical outcomes being commended at the most recent Society for DBT Annual Conference (2017).

However the Psychology service at Cygnets Beckton noted an increase in the number of individuals diagnosed with EUPD being admitted to our Learning Disability service. While DBT is a NICE recommended treatment for those with EUPD there is a requirement for a certain level of intellectual and cognitive ability (IQ>70) in order for the material to be accessible and beneficial. As such the standard DBT program was not suitable for this growing population within our Learning Disability service.

Thus in order to enable this client group to access the benefits of DBT we set out to develop an **Adapted DBT programme**, and we faced challenges along the way!

Challenge: Balancing the dialectic of Adherence and Adaptation

When setting out on this journey we were mindful that we had to ensure a balance between adaptation and adherence; adapting the material to enable access to this new population while also maintaining enough adherence to ensure the programme remained true to DBT and the underlying principles.

In order to do this we consulted with a wide range of individuals, bringing together specific DBT knowledge from our DBT Clinical Specialist and DBT therapists and specific Learning Disability knowledge from our Registered Learning Disability Nurses and our Speech and Language Therapist. This ensured we were able to draw together all the skills and knowledge to develop a synthesis of the two dialectics.

Challenge: Adaptation of Group material

The biologically predisposed limitations in cognitive functioning associated with Learning disability such as; executive functioning, working memory, processing speed and the retention and retrieval of information impacts on the ability to acquire and execute new skills. Thus we had to think carefully about how to present new skills in the skills group and the most effective format of the skills group.

Structural changes were made as follows:

- Shorter sessions are offered in greater frequency over the week - *twice weekly for 30 minutes.*
- Focus on one element of a skill per session (i.e. self-soothe through taste) so as not to overwhelm individuals with having to move attention across information.
- Focus on behavioural skills rather than those that are cognitively based or draw on an abstract concept.

The team selected the skills that would be most beneficial and accessible to the client group and modifications were made to ensure skills are delivered in a manner that increases processing, retention and implementation of new learning.

Existing DBT skills were adapted to reflect the essence of the original skill, using non-complex language and concrete examples. This was reflected in the acronyms used to support the retention of new information. Practical exercises were utilised in session to increase engagement and experiential learning.

Examples of adapted skills:

The 'IMPROVE the Moment' skill were adapted to
'**CHILL**' - **C**heerleading, **H**ere & Now, **I**magery, **L**ets relax, **L**eave for time out.

The 'PLEASE Master' skills were adapted to
'**Stay STRONG**' - **S**leep, **T**ake exercise, **R**esist drugs and alcohol, **O**ur diet, **N**otice illness, and **G**ain Confidence.

The 'WISE MIND ACCEPTS' skills were adapted to
'**STOP**' - **S**ensations, **T**hings to do, **O**ffering help to others, **P**aying attention

Challenge: Generalisation and Initiation of Skills

As mentioned above those with a Learning disability are likely to have difficulties not only acquiring new skills but also initiating and executing new skills. There is therefore an increased reliance by the individual on the environment and external cues to aid initiation.

In order to support this within the ward environment a dedicated Adapted DBT team was set up, having all attended British Isles DBT training, ensuring that individuals had an in-depth working knowledge of the skills and the ability to coach service users in their implementation.

Furthermore in order to maintain the programme we have invested highly in developing the workforce and all staff on the ward have engaged in some form of DBT training either from British Isles DBT Training, APT or our own specially developed in house training programme. Staff have commented that training has not only developed their knowledge but has given them a new found sense of confidence when working with this client group, reducing restrictive practices.

To aid service user initiation each skill taught in the group was supported by a visual cue card that service users had with them day to day on the ward. This supported recall of the skill and prompted them with how the skill could be implemented. Examples are shown below:



Service users are also supported to build their own Crisis Calm Down box, or have access to the ward box, which contains a range of aids to assist implementation of the Distress Tolerance skills.



Additionally service users had access to a weekly Peer Assisted Learning Session (PALS), a concept integrated from the R&R programme, which aimed to support them to recap the information taught in the group session, aid them to complete their homework and coach them in behavioural practice of newly acquired skills.

Challenge: Individual session and Behavioural Chain Analysis

Recognising the challenges faced by individuals from a learning disability population, in conjunction with our Speech and Language Therapist, we adapted our DBT Contracts, Diary cards, and developed visual aids to assist Behavioural Chain Analysis and Solution Analysis.

Diary cards were adapted with pictorial aids to encourage an understanding and recognition of the problem behaviour(s), the emotions and skills they used. Behavioural chain analyses were made interactive with each link of the chain being cut out so that individual could move the pieces around to complete a chain of events.



Behaviour Chain Analysis



Diary card

Outcome:

The programme has shown positive results in relation to observable changes in service users behaviours and their ability to implement more effective ways in which to manage their emotional experiences. Service user feedback has been positive throughout! (see below)

"I like mindfulness it helps me bring myself in to the present moment"

"I have learned to talk about my emotions, and it's helpful"

"I sometimes struggle to put the skills in place, but the staff help me with that"

"I like the interactive materials, its helps me understand better"

The Next Big Challenge: Outcome measures!

Now we have developed the programme to increase accessibility for a growing client population we want to find out if it actually works over and above the observations we have made!

Feedback has been positive and our current service specific outcome measures, for the LD population, demonstrate positive change.

However we want to want develop a robust battery of psychometric assessments to specifically explore the areas targeted by the Adapted DBT programme in order to measure its efficacy.

We have successfully achieved this with our Adherent programme and our goal is to be able to report on the Adapted programme in the same manner with LD specific measures.