

Dialectical Behaviour Therapy (DBT) Skills Groups

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- ▶ Background
- ▶ Evaluation of groups
- ▶ Conclusions and implications
- ▶ Questions

What is DBT?

- ▶ DBT stands for Dialectical Behavioural Therapy.
- ▶ DBT is the gold standard treatment for clients with personality disorder traits (NICE, 2012).
- ▶ Modification of the standard CBT model.
- ▶ A model of therapy that uses skills training to manage strong emotions and develop helpful behaviours in the place of high risk behaviours (such as suicidality, self-harm)
- ▶ Originally created for treatment of Borderline Personality Disorder, DBT is now used in a variety of settings and has also found to be effective with service users with PTSD, anxiety disorders and depression (Harley et al., 2008; Whiteside, 2011)
- ▶ Uses group work (skills training), individual therapy and self monitoring.















Skills-Only Peer-Reviewed & Published Randomized Controlled/Comparative Trials

MF = mindfulness | ER = emotion regulation | DT = distress tolerance | IE = interpersonal effectiveness | WL = waitlist | BPD = borderline personality disorder
 NSSI = non-suicidal self-injury | SA = suicide attempt | ADHD = attention deficit hyperactivity disorder

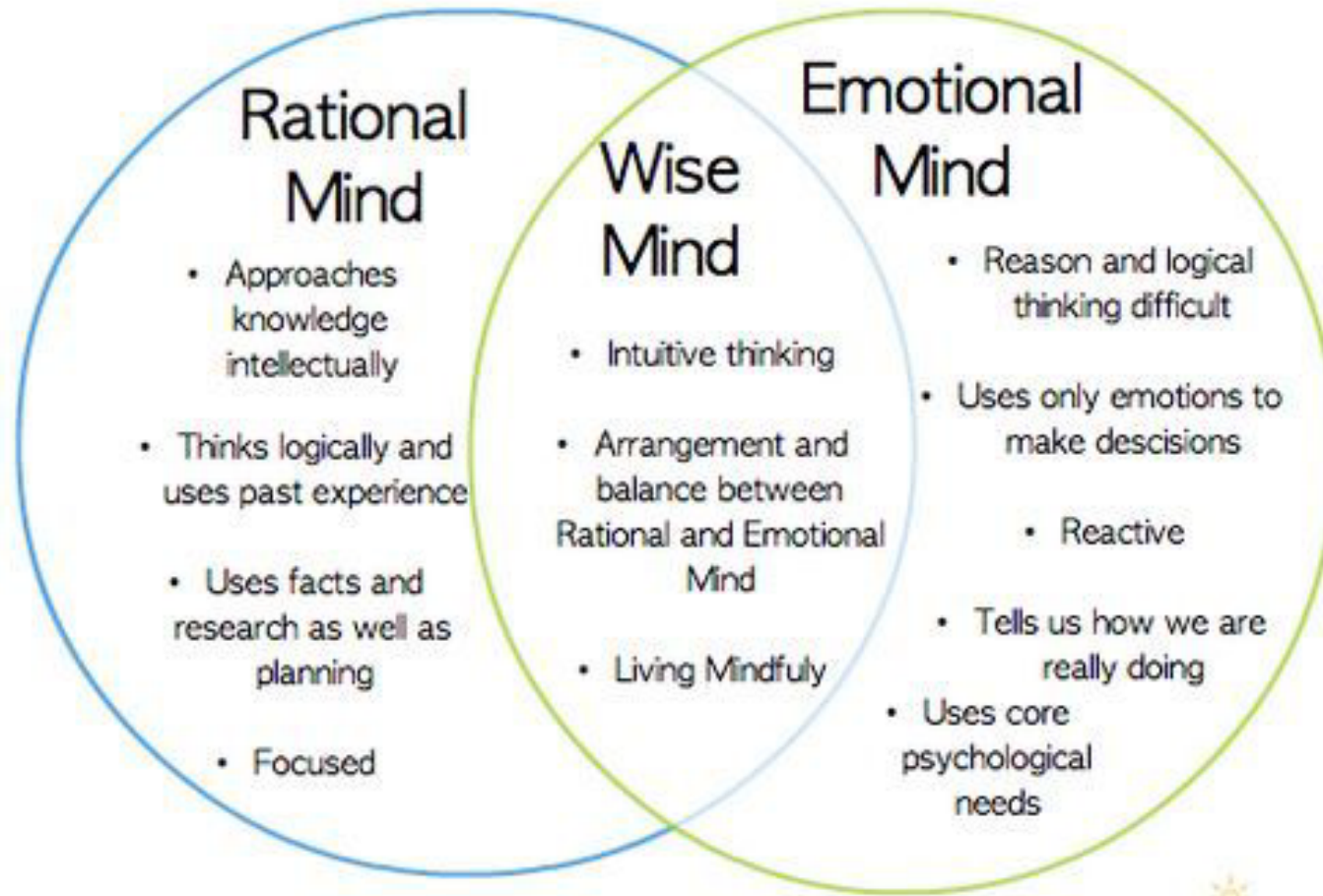
Authors	Participants	Treatments	Skills Modules/DBT Modes	Outcomes and Comments
1. Telch, Agras, & Linehan, 2001	  Binge eating disorder Age: 18-65	DBT (n = 22) & WL (n = 22)	- MF, ER, DT - 20-week skills group	DBT > WL in reducing binge eating days and episodes, weight related concerns, and urge to eat when angry. DBT = WL dietary restraint.
2. Safer, Telch, & Agras, 2001	  At least one binge/purge episode per week (81% bulimia nervosa) Age: 18-65	DBT (n = 14) & WL (n = 15)	- MF, ER, DT - 20-week skills group	DBT > WL in reducing bingeing/purging behaviors
3. Bradley & Follingstad, 2003	  Incarcerated Childhood abuse with significant trauma and depression Age: adults	DBT (n = 24) & No Treatment Control (n = 25)	- ER, DT - 18-session psychoeducation group	DBT > Control in reducing depression, interpersonal problems, and trauma symptoms.
4. Lynch et al., 2003	  Current major depressive disorder Age: 60 or older	DBT + Medication (n = 17) & Medication (n = 17)	- MF, ER, DT, IE - 28-week skills group - 30-minute scheduled phone contact - as needed phone coaching - consultation team	At follow-up, DBT + Medication > Medication in clinician rated remission rates.
5. Harley et al., 2008	  Major depressive disorder, on stable medication Age: 18-65	DBT (n = 13) & WL (n = 11)	- MF, ER, DT, IE - 16-week skills group - consultation team	DBT > WL at improving treatment-resistant depression.
6. Soler et al., 2009	  BPD Age: 18-45	DBT (n = 29) & Standard Group Therapy (SGT; n = 30)	- MF, ER, DT, IE - 13-week Skills Group	DBT > SGT in treatment retention (65% vs. 37%); DBT > SGT in reducing depression, anxiety, and general psychiatric symptoms; DBT > SGT in reducing anger, emptiness, and emotional instability.

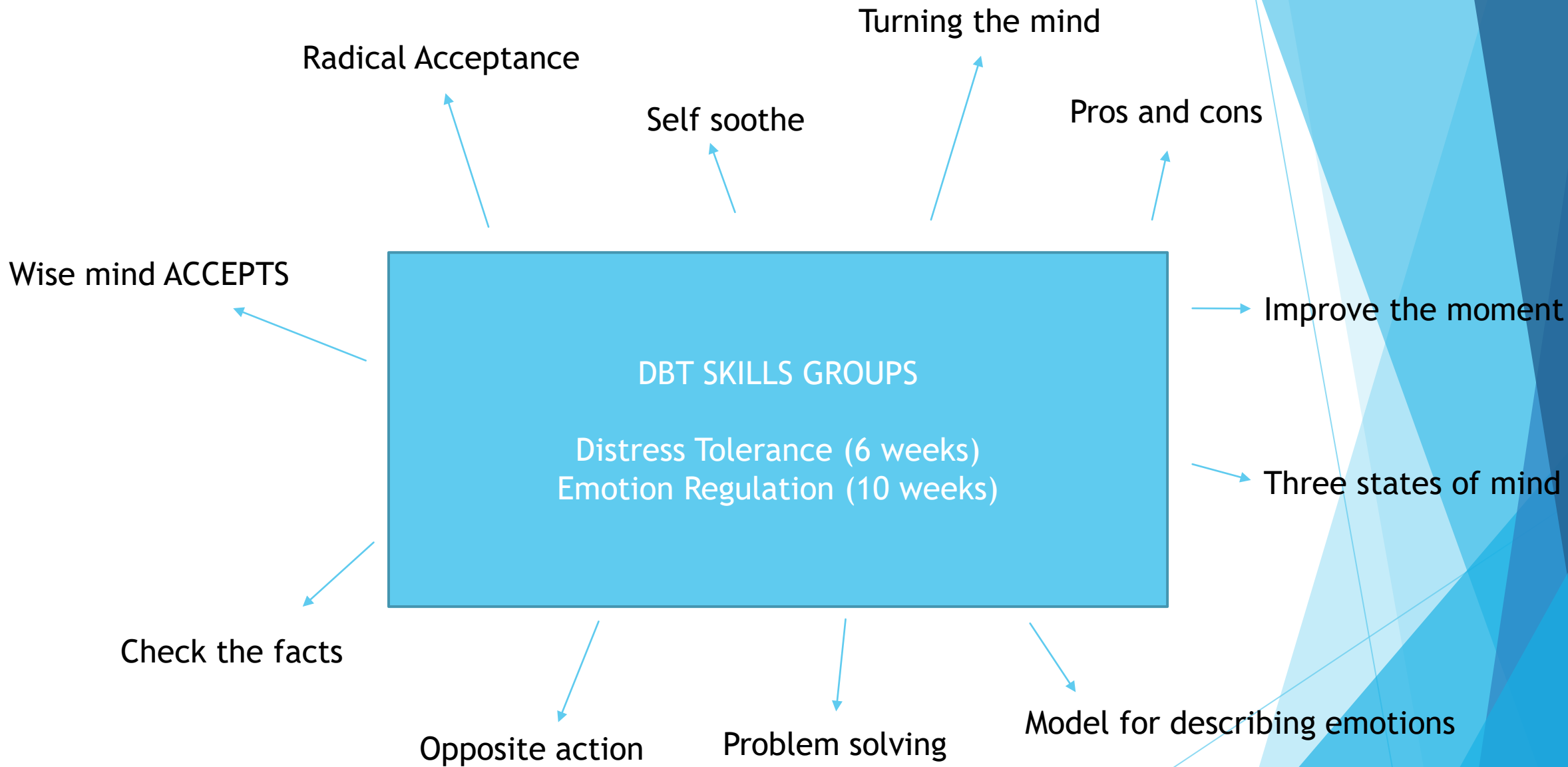
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7. Safer, Robinson, & Jo, 2010	  Binge eating disorder Age: 18 or older	DBT (n = 50) & Active Comparison Group Therapy (ACGT; n = 51)	- MF, ER, DT - 20-week individual skills	DBT < ACGT in treatment dropout (4% vs. 33%); DBT = ACGT in abstinence and reducing binge eating (64% in DBT & 36% in ACGT); DBT > ACGT in increasing eating restraint and reducing eating concerns.
8. Hill, Craighead, & Safer, 2011	  Subthreshold bulimia nervosa Age: 18 or older	DBT (n = 18) & 6-week WL (n = 14)	- ER - 12-week individual skills - consultation team	Comparisons at 6 weeks: DBT > WL in decreasing binge eating; DBT > WL in decreasing global pathology related to eating, appetite awareness, and preoccupation with food; DBT > WL in decreasing depression and increasing positive affect.
9. Hirvikoski et al., 2011	  ADHD Age: 18 or older	DBT (n = 26) & Semi-Structured Discussion Group (DG; n = 25)	- MF, ER - 14-week skills group	DBT > DG in reducing ADHD symptoms. DBT > DG on treatment credibility.
10. Van Dijk, Jeffrey, & Katz, 2013	  Bipolar I or II Age: 18 or older	DBT (n = 13) & WL (n = 13)	- MF, ER, DT, IE - 12-week skills group	Twelve of 13 study participants completed the full intervention and 86% of group sessions were attended. A trend in improvement was seen in the DBT group but did not reach the level of statistical significance.
11. Klein, Skinner, & Hawley, 2013	  Full- or sub-threshold variants of either binge eating disorder or bulimia nervosa Age: 18 or older	DBT (n = 12) & Self-Guided DBT Diary Cards (n = 13)	- MF, ER, DT - 15 individual sessions	DBT > Diary Cards in reducing binge eating. DBT > Diary Cards in moving from full- to sub-threshold binge eating levels and abstinence from binge eating in final 4 weeks of treatment in treatment completers.
12. Neacsiu et al., 2014	  High emotion dysregulation with anxiety and/or depressive disorder Age: 18 or older	DBT (n = 24) & Activity-based support group (ASG; n = 24)	- MF, ER, DT, IE - 16-week skills group - consultation team	DBT > ASG in reducing emotional dysregulation and quicker treatment response; DBT > ASG in faster reductions of anxiety; DBT = ASG in reducing depression.
13. Fleming et al., 2015	  ADHD Age: 18-24	DBT (n = 17) & Self-study with handouts (n = 16)	- MF, ER - 8-week skills group	DBT > self-study treatment response rates (59-65% vs. 19-25%) and clinical recovery rates (53-59% vs. 6-13%) on ADHD symptoms and executive functioning, and greater improvements in quality of life.

Three States of Mind





Rationale for skills groups within the Belfast Trust

Psychological interventions for all service users

Appropriate for range of diagnoses including complex and comorbid presentations

In line with NICE guidelines, gold standard treatment

Service users can access DBT Skills Groups within their own community

Reduction in self-injurious behaviours, risk taking behaviours and hospital admissions

Equips service users with coping skills and increased emotion regulation

Timely and cost effective

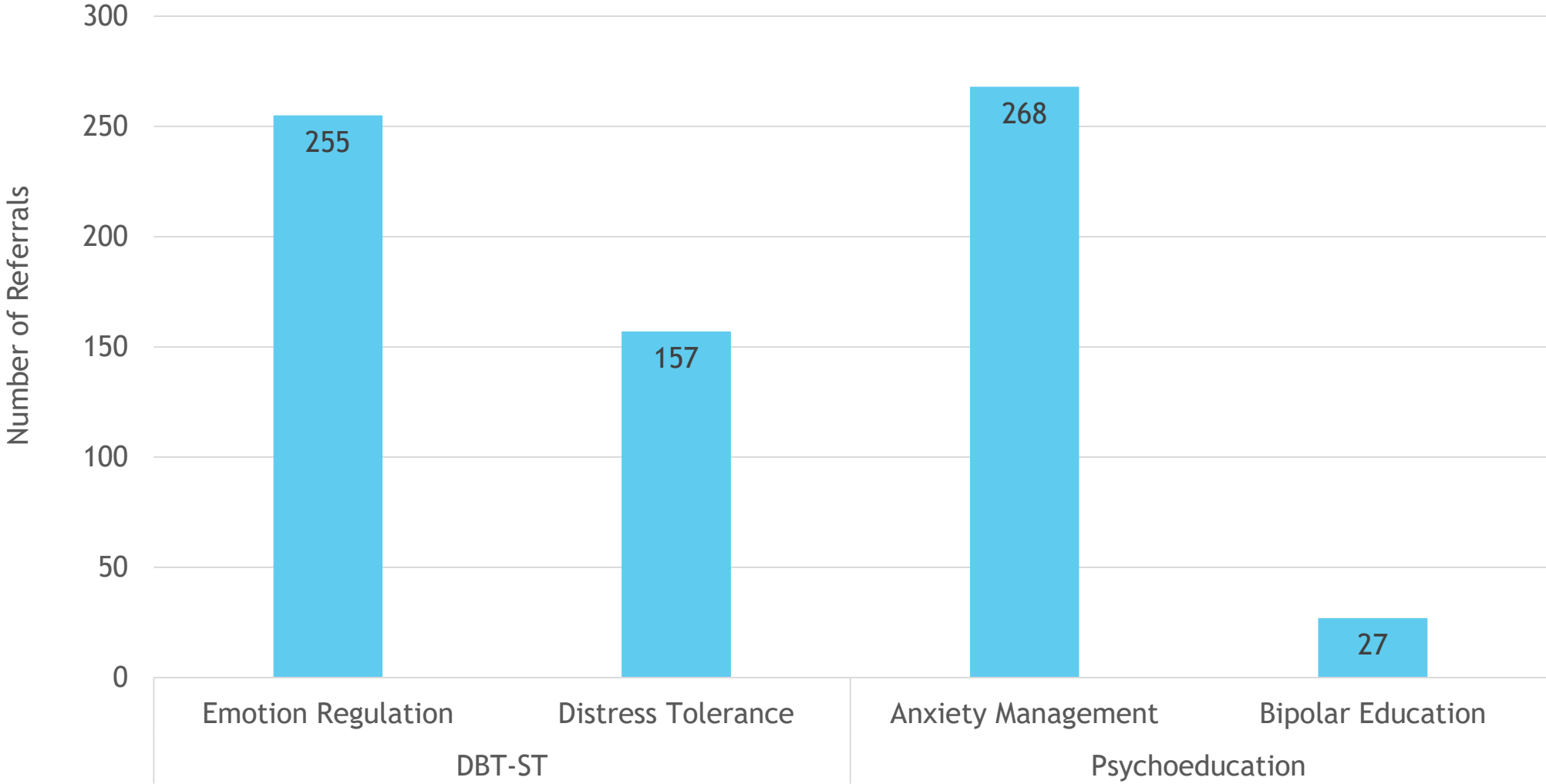
Accessible for all service users and those with complex needs

Empowering service users with knowledge and skills to manage crisis situations

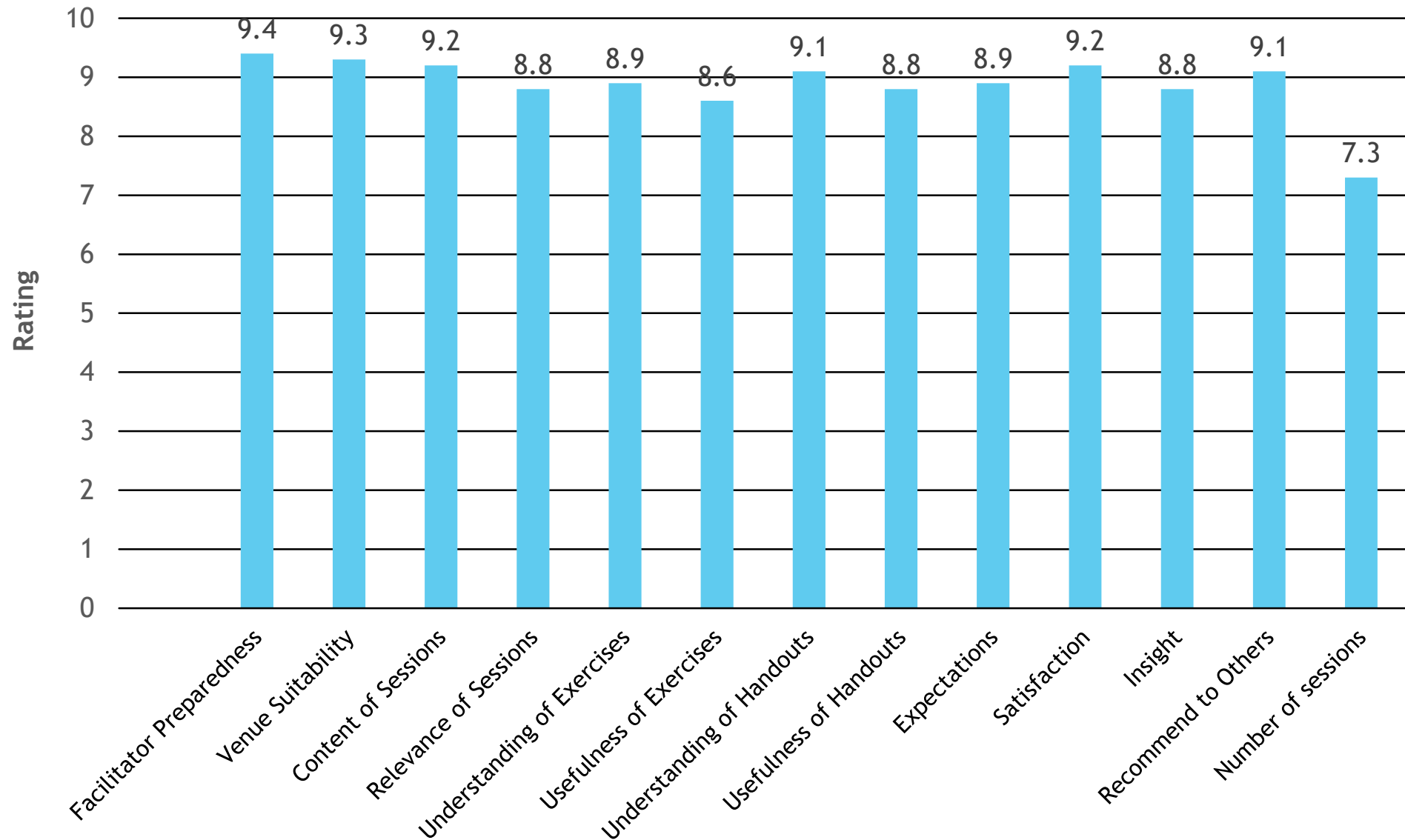
*Note:

- ▶ We are not providing the full mode of DBT, however research shows DBT skills is effective in isolation, and assists service users with coping skills.

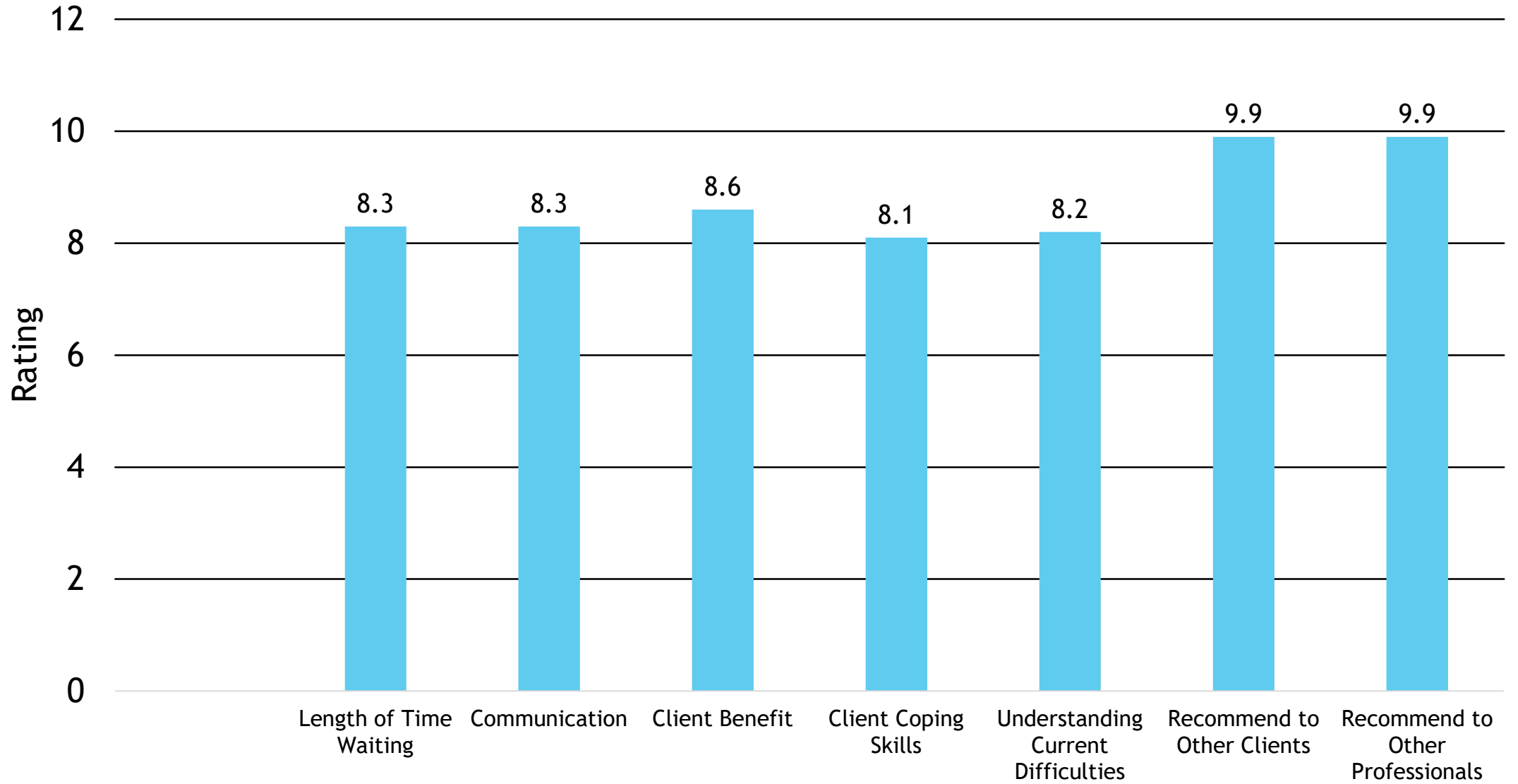
Total Number of Referrals Accepted Across Groups Between February 2019 and February 2020



Participant Feedback



Referrer Feedback

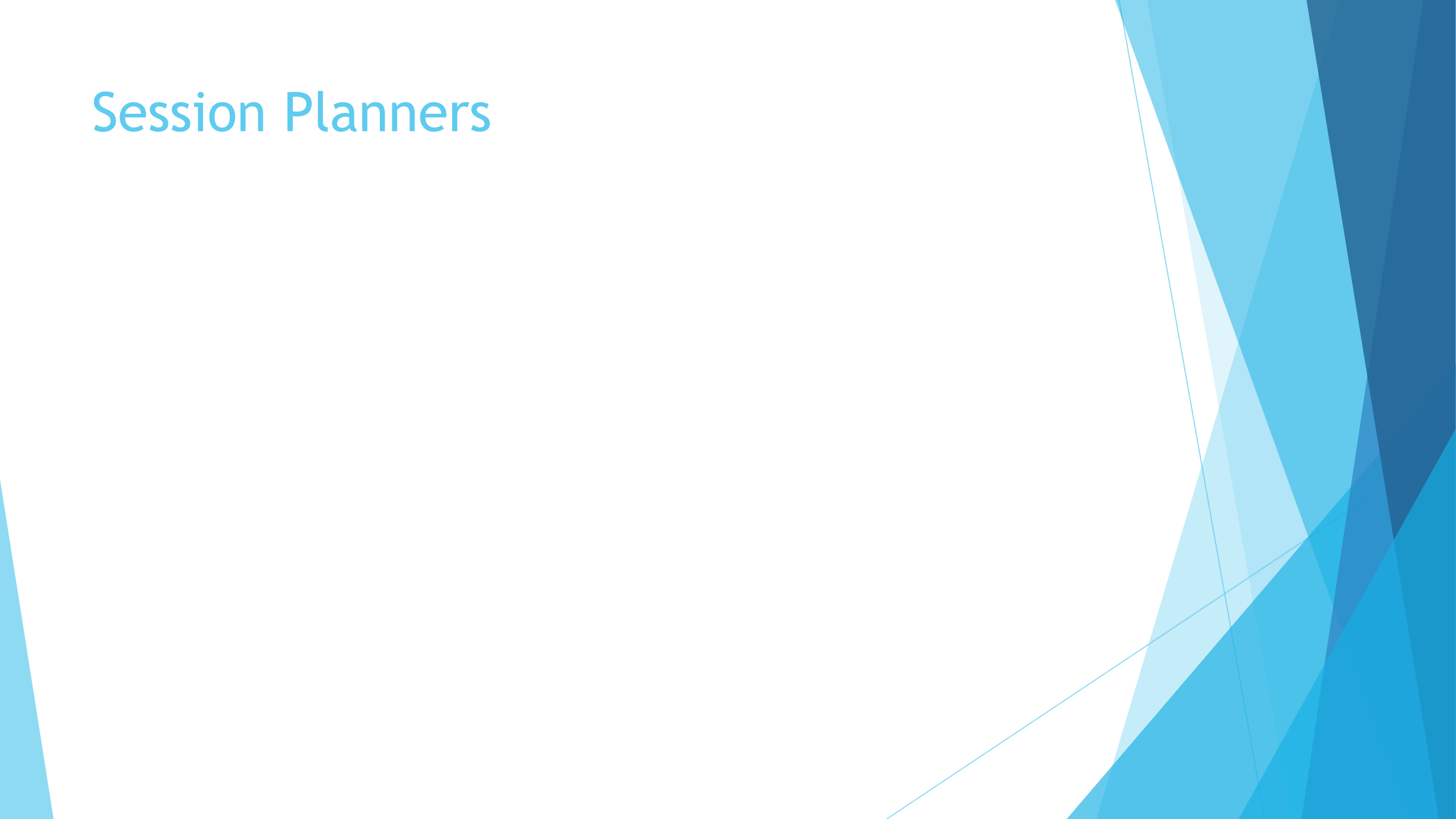


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Thank you!

Any questions....

Session Planners



Emotion Regulation Group

Session	Outcomes
Introduction to Emotion Regulation	<p>Participants will:</p> <ul style="list-style-type: none">• Understand the goals of group DBT Skills for Emotion Regulation.• Be aware of the rules for taking part in group sessions.• Know how the sessions will be conducted.• Complete Psychometrics.
Mindfulness	<p>Participants will:</p> <ul style="list-style-type: none">• Gain an understanding of the emotion mind, rational mind and reasonable mind.
Mindfulness	<p>Participants will:</p> <ul style="list-style-type: none">• Continue to explore emotion mind, rational mind and reasonable mind.• Look at what actions keep us in each state of mind, and what actions keep us out of each state of mind.
Understanding and Labelling Emotions	<p>Participants will:</p> <ul style="list-style-type: none">• Explore what emotions do for you.• Look at factors that makes emotion regulation difficult.• Understanding a model for describing emotions.• Discuss ways to describe emotions.

What do emotions do for you?

Participants will:

- Understand that emotions have a function.
- Know that emotions motivate us.
- Understand that emotions communicate to others and communicate to ourselves

What makes it difficult to regulate emotions?

Participants will:

- Understand what interferes with emotional regulation (biology, lack of skill, reinforcement of emotional behaviours, moodiness, emotional overload, myths about emotions)

Model of emotion

Participants will:

- Explore the characteristics of emotions
- Look at the components of emotions
- Discuss primary and secondary emotions

Emotion Regulation Group
Continued...

Observing, describing and naming emotions

- Participants will:
- Explore how we can observe and describe emotions.
 - Discuss steps in observing and describing emotions
 - Look at factors that interfere with observing and describing emotions

Changing emotional responses (opposite action)

- Participants will:
- Look at new skills such as checking the facts, using opposite action and problem solving.
 - Discuss barriers to the above.

Reducing vulnerability, building mastery, psychometrics and questionnaires

- Participants will:
- Explore problem solving in more depth
 - Discuss building mastery
 - Explore coping ahead
 - Complete psychometrics and questionnaires

Emotion Regulation Group Continued...

Distress Tolerance Group

Session	Outcomes
Introduction	<p>Participants will:</p> <ul style="list-style-type: none">• Understand the goals of the group.• Be aware of the rules for taking part in group sessions.• Know how the sessions will be conducted.• Complete Psychometrics.
TIPP Skills	<p>Participants will:</p> <ul style="list-style-type: none">• Understand what the TIPP Skills are (Temperature, Intense Exercise, Paced Breathing and Progressive Relaxation) and when to use them.
Distracting, Self Soothe and Improving the Moment Skills	<p>Participants will:</p> <ul style="list-style-type: none">• Explore healthy coping skills for reducing extreme emotions, including distraction, self-soothe and improving the moment.

Radical Acceptance and Turning the Mind Skills

Participants will:

- Understand what radical acceptance is and when we might need to use it.
- Explore the concept of turning the mind when experiencing distress.

Willingness and Half Smile Skills

Participants will:

- Explore the idea of willingness and half smile, and how these skills can be of benefit when experiencing distress or extreme emotions.

Review Content and Complete Psychometrics

Participants will:

- Review what skills have been discussed during the group and how they have been put into practice.
- Completion of questionnaires and psychometrics.

Distress Tolerance Group Continued...

Outcome Measures Used



Theory of DBT

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Biosocial Theory of DBT

- ▶ Emotional sensitivity + Invalidating environment = Chronic Emotional Dysregulation
- ▶ Dialectics: Accepting yourself as you are.
- ▶ Change: making positive changes in your life.



Psychoeducation Groups

- ▶ Empowering service users with information regarding their symptomatology, allowing them to make health lifestyle choices and take ownership of their difficulties.
- ▶ Activates and reinforces both formal and informal support systems.
- ▶ Teaches individuals and communities how to anticipate and manage periods of transition and crisis.
- ▶ Interventions are inexpensive, easily implemented, require little resource and can be implemented immediately.
- ▶ Allows for better relapse prevention.
- ▶ Empowers and eases the pressures felt by care-givers.
- ▶ Evidence based (see NICE guidelines for “Anxiety” and “Bipolar Disorder”)

Radical Acceptance

Turning the mind

Relapse prevention

Stress vulnerability

Medications

Self soothe

Pros and cons

Self care

DBT SKILLS GROUPS

Distress Tolerance (6 weeks)
Emotion Regulation (10 weeks)

PSYCHOEDUCATION GROUPS

Bipolar Education (8 weeks)
Anxiety Management (6 weeks)

Problem solving

Exercise

Diet

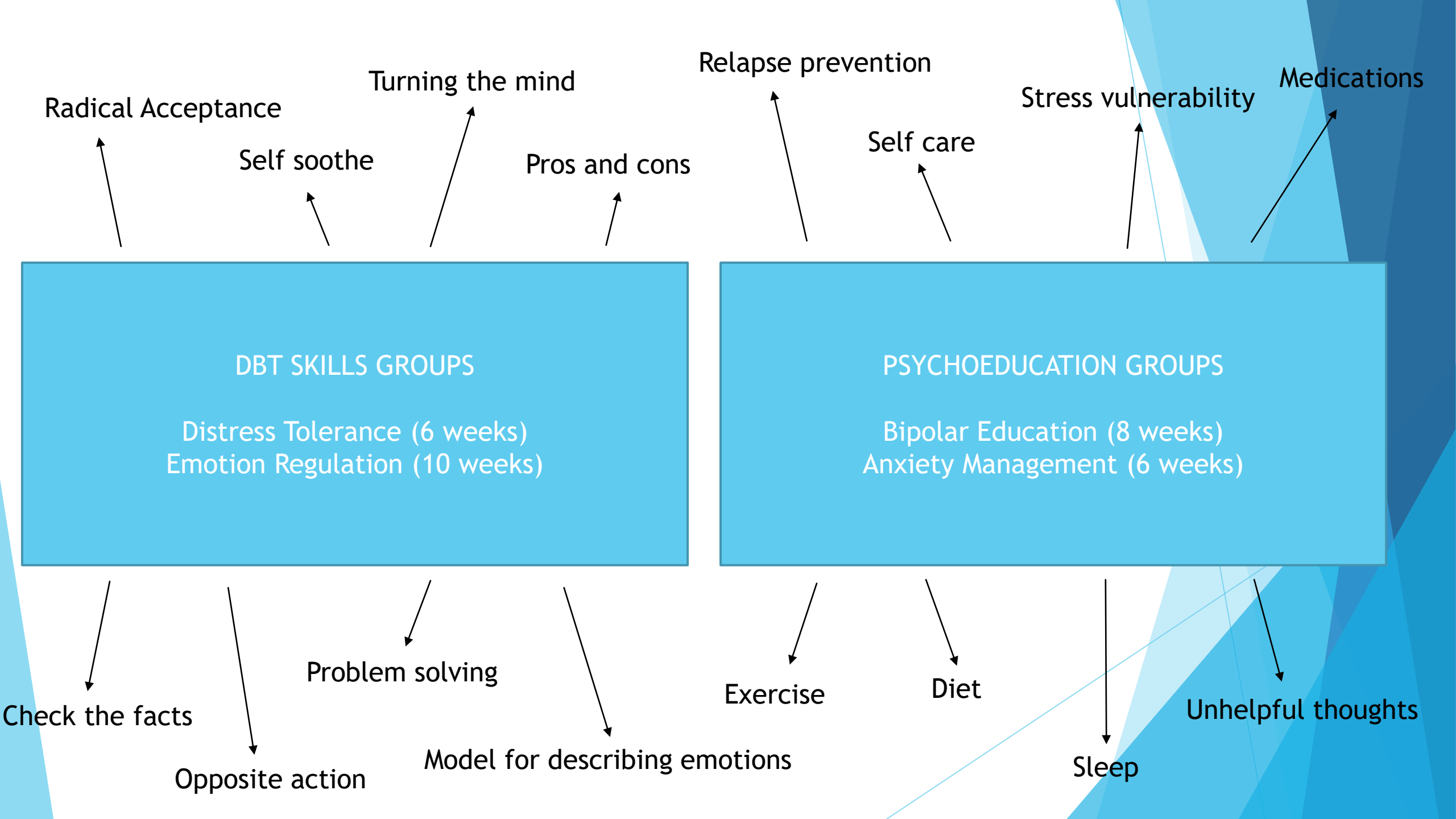
Unhelpful thoughts

Check the facts

Opposite action

Model for describing emotions

Sleep



Emotion Regulation Outcomes Data

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