D.B.T. at H.D.C.

AGM OF SASHBEAR

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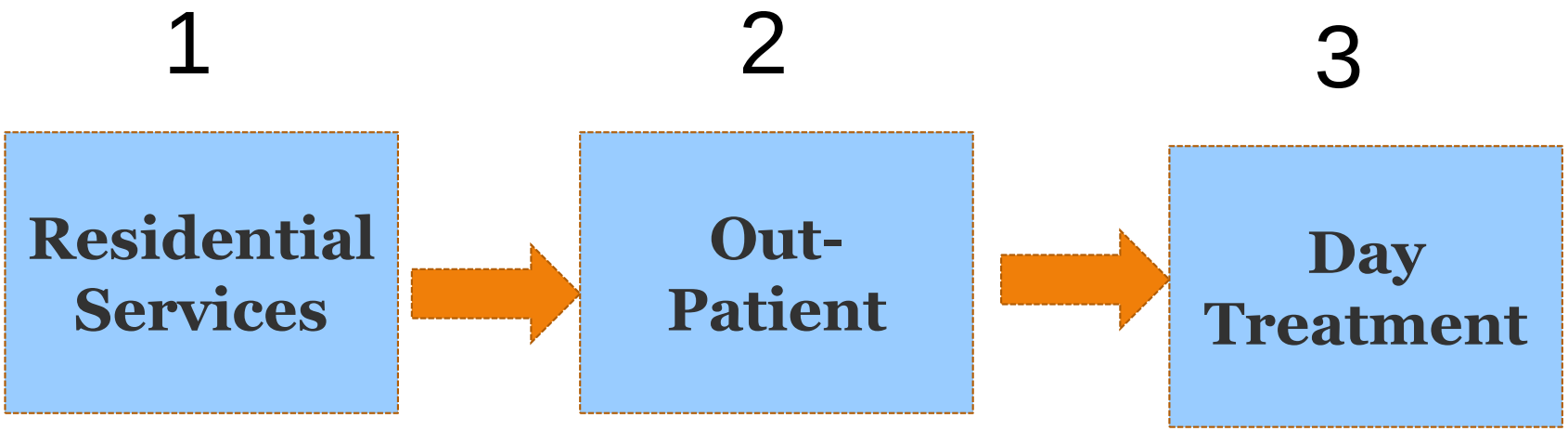
Why DBT at HDC?

- Increasing numbers of children with emotion dysregulation seen at our Centre
- Frustration with not being able to provide services locally (in-house), accessibly, and in a timely manner.
- Existence of an effective, evidence-based treatment for emotion dysregulation (D.B.T.)

Response of Agency

- Sent a multi-disciplinary team (psychiatry), psychology, social work) to Behavior Tech. Intensive (10-day) training in DBT. (2014)
- Upon completion, agency decided to embed D.B.T.-informed services in a Clinical Transformation process

Adolescent Services



(Future)

4 **Latency-Age Services**

PROJECT GOAL	MILESTONES	STATUS
PHASE 1: Parent training; Skills Training; Skills coaching		
Train staff in DBT informed approaches across Clinical Services	Train staff from Outpatient, Residential and Day Treatment services in DBT	Completed
	Conduct Study groups in residential services	Completed
Implement DBT informed approaches in Intensive Services	Develop and offer DBT informed parent group for residential program clients	Completed
	Pilot DBT informed Training Group for teens of the City residential program	Completed
Develop partnerships with DBT Leaders	McLean site visit	Completed
Evaluate DBT implementation impact	Conduct pre & post training/study group evaluations	Completed
	Evaluate client satisfaction & outcomes measures	**Completed**

PHASE 2: Consultation Team; Individual Therapy		
Implement DBT informed approaches across Clinical Services	Define Staff Training needs	In progress
	Conduct Staff Training	In progress
Implement DBT informed approaches in Intensive Services	Develop DBT informed Training Group for teens	In Progress
	Offer DBT informed Training Group for youth	
	Formalize a consultation Team	In progress

	PHASE 2: (Continued) Consultation Team; Individual Therapy	
	Formalize a consultation Team	In progress
Implement DBT informed approaches in Outpatient Services	Offer DBT informed Training Group for clients in Outpatient Services	
	Develop staff capacity in individual DBT work	In progress
Implement Research Project	Implement Neuro-imaging research project for youth	In progress
Evaluate DBT implementation impact	Conduct pre & post training/study group evaluations	
	Evaluate client satisfaction & outcomes measures	
Develop partnerships	Partner with CAMH DBT Leaders for training	In Progress

PHASE 3:
Evaluation & Sustaining Gains

Evaluate DBT implementation impact	Conduct post-training/implementation surveys	
	Conduct client surveys	
Formalize partnerships	Establish formal step down program from McLean?	
Identify sustainability plan	Establish plan to maintain gains of implementation	

PHASE 3: Evaluation & Sustaining Gains		
Evaluate DBT implementation impact	Conduct post-training/implementation surveys	
	Conduct client surveys	
Formalize partnerships	Establish formal step down program from McLean?	
Identify sustainability plan	Establish plan to maintain gains of implementation	

DBT Modes Implemented

Standard model of DBT: individual treatment, skills training, phone coaching, and consultation team

Individual therapy	
Skills coaching	✓
Parent training	✓
Skills training	✓
Consultation team	

Project Reach	RS	OPS	DTS
Training group	1 staff	5 Staff (Shep 2; Jar 3)	1 staff
Study group	4 CYW, 2 Teachers, 1 Nurse (7, City staff only)		
Full day studies	1 teacher, 14 CYW, 2 Nurses, 3 administrators (20)		
Parent Group	✓		
Teen Group	✓		
Latency Age Group			
Family Therapy			
Individual Therapy			

HDC Emotional Regulation Study

PROGRAM EVALUATION SERVICES
FEBRUARY 1, 2016

IRENE BEVC
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Background

- During the past few years the HDC Centre has been studying the use of the Dialectical Behaviour Therapy (DBT) to better serve clients.
- With the purpose of knowing more about DBT, the HDC Centre carried out three complementary initiatives during 2015:

1) Delivery of a DBT group to a set of HDC residential clients (Youth Group). The objective was to improve the emotional and regulation skills in these clients.

2) DBTI (DBT Informed) emotional regulation study groups (HDC residential staff – two groups). These groups participated in a DBT skills development training.

3) DBT training behind-the-mirror observation group (HDC residential staff). This group participated in on-line DBT training in addition to *behind-the-mirror observations* of the DBT Youth Group sessions.

- The goal of the emotional regulation study groups and the behind-the-mirror group was to support HDC residential staff to learn more about the philosophy, theory and practice of DBT.
- The results of these three initiatives are presented next.

HDC DBT Youth Group
Participants, group delivery and assessment tool

Group delivery

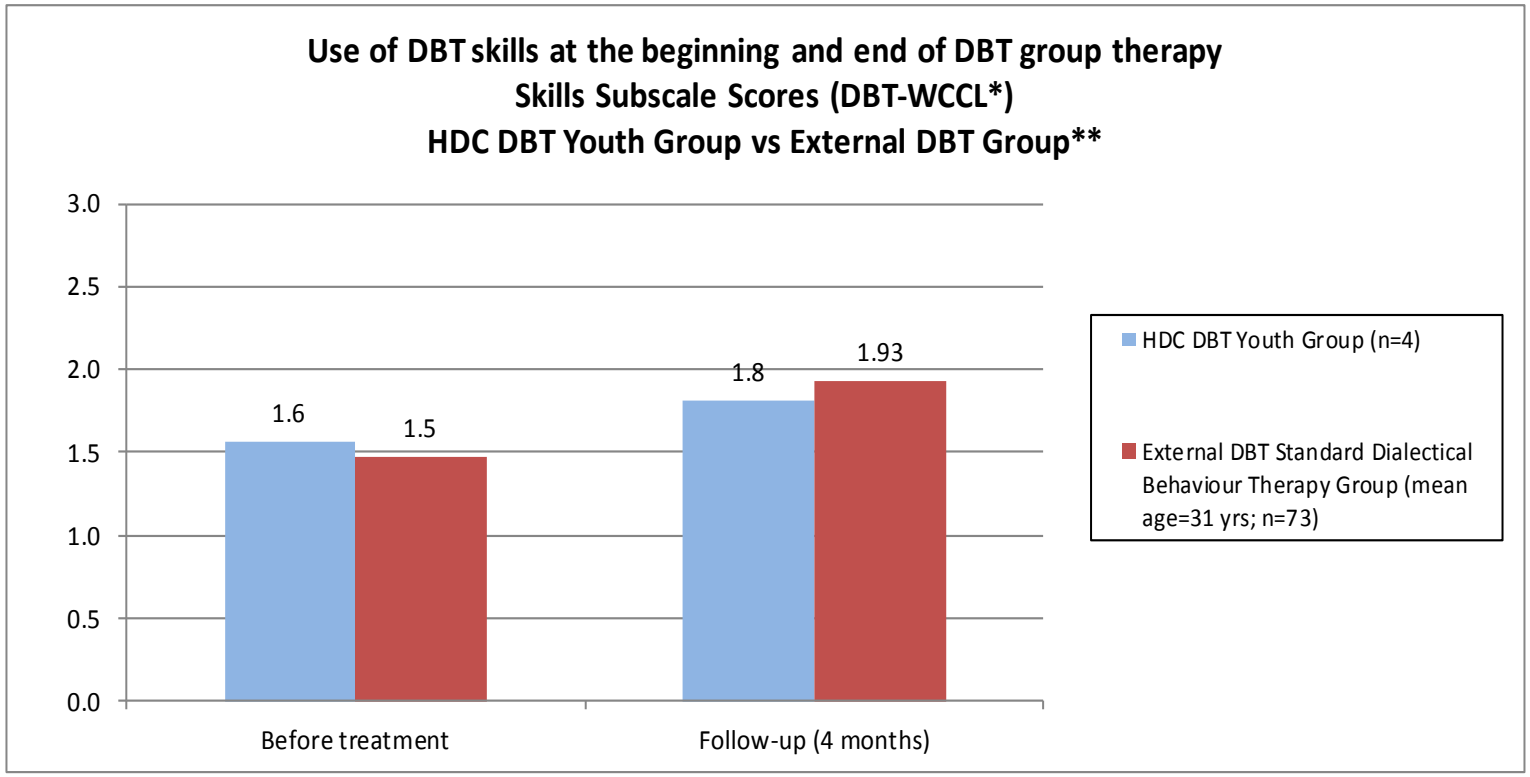
- January 30 to June 5, 2015
- Number of sessions: 16

Participants

- HDC residential clients
- Number of participants: 5 (only 4 completed the program)
- Average age: 16.0 years
- Average length of residential service (before the start of the program): 5.6 months
- Average length of all services received (City residence, DTJ, OPJ) (before the start of the program): 15.2 months

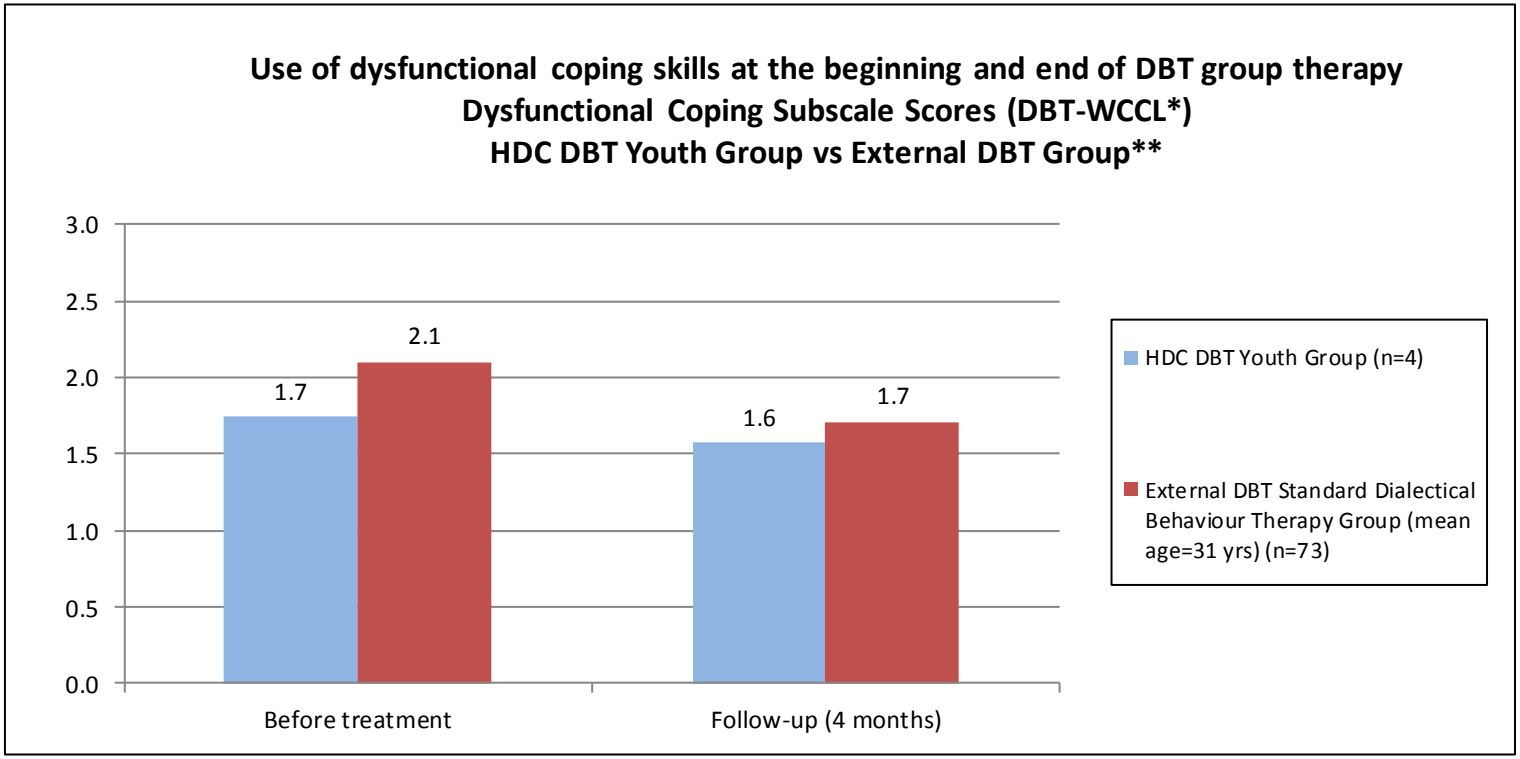
Evaluation tool used to assess changes in coping skills from beginning to end of group therapy

- The DBT-Ways of Coping Checklist (DBT-WCCL) was used to assess changes
- This tool is designed for BPD (borderline personality disorder) population
- Tool has good to excellent psychometric properties
- Tool has two scales: 1) DBT Skills Subscale (assesses coping via DBT skills); and 2) DBT Dysfunctional Coping Subscale (assesses coping via dysfunctional means)



*The DBT-WCCL Skills Subscale Scores assesses coping via DBT skills. Higher scores represent a greater use of DBT skills. As seen, the use of DBT skills increased from beginning to end of DBT group therapy.
**This external DBT comparison group comes from a study conducted in the U.S. that tested the psychometric properties of the DBT-WCCL. The sample corresponds to 73 clients who participated in a four months DBT treatment program.

Use of "DBT" skills 



*The DBT-WCCL Dysfunctional Coping Subscale Scores assesses coping via dysfunctional means. Higher scores represent a greater use of dysfunctional coping strategies. As seen, the use of dysfunctional coping strategies went down from beginning to end of DBT group therapy.

**This external DBT comparison group comes from a study conducted in the U.S. that tested the psychometric properties of the DBT-WCCL. The sample corresponds to 73 clients who participated in a four months DBT treatment program.

Use of dysfunctional coping strategies ⬇

Emotional regulation staff study groups
Participants, group delivery and outcome assessment tools (1)

Participants and group delivery

DBTI Intensive Skills development group (“Wednesday” Group)

- 18 staff (a combination of management and front-line staff, 11 from the Farm, 7 from City)
- 8 hours training x 6 sessions

DBTI Less intensive study group (“Friday” Group)

- 8 staff (management, teachers, classroom CYCs)
- 2 hours training x 6 sessions

Emotional regulation staff study group Participants, group delivery and outcome assessment tools (2)

Evaluation tools (completed at the beginning and end of the 6 session staff training program):

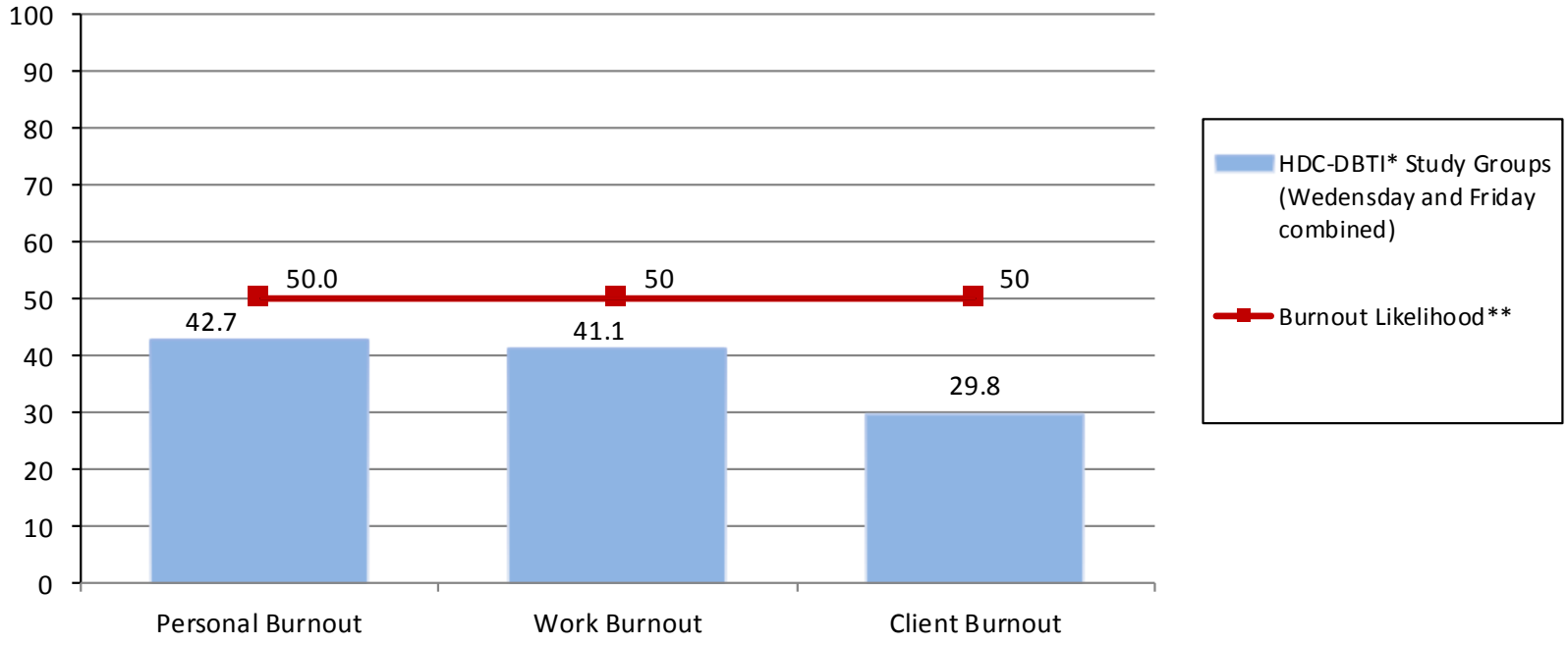
1. Copenhagen Burnout Inventory (CBI)

- Measures stress and physical/psychological fatigue in three dimensions of burnout:
  - ✓ *Personal Burnout*: a state of prolonged physical and psychological exhaustion (e.g., how often are you physically exhausted?)
  - ✓ *Work Burnout*: a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work (e.g., Is your work emotionally exhausting?)
  - ✓ *Client Burnout*: a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients (e.g., Does it drain your energy to work with clients?)
- Tool has good psychometric properties
- Normative data exists (from a representative Danish population on Personal Burnout)

2. Open-ended questions

- Designed by research study team and PES
- Questions were related to the applicability of the DBT methodology to treat HDC clients
- Responses to open-ended questions, where applicable, were grouped together based

Copenhagen Burnout Inventory (CBI)
HDC Emotional Regulation Study Groups (*before study group*) (n=26)

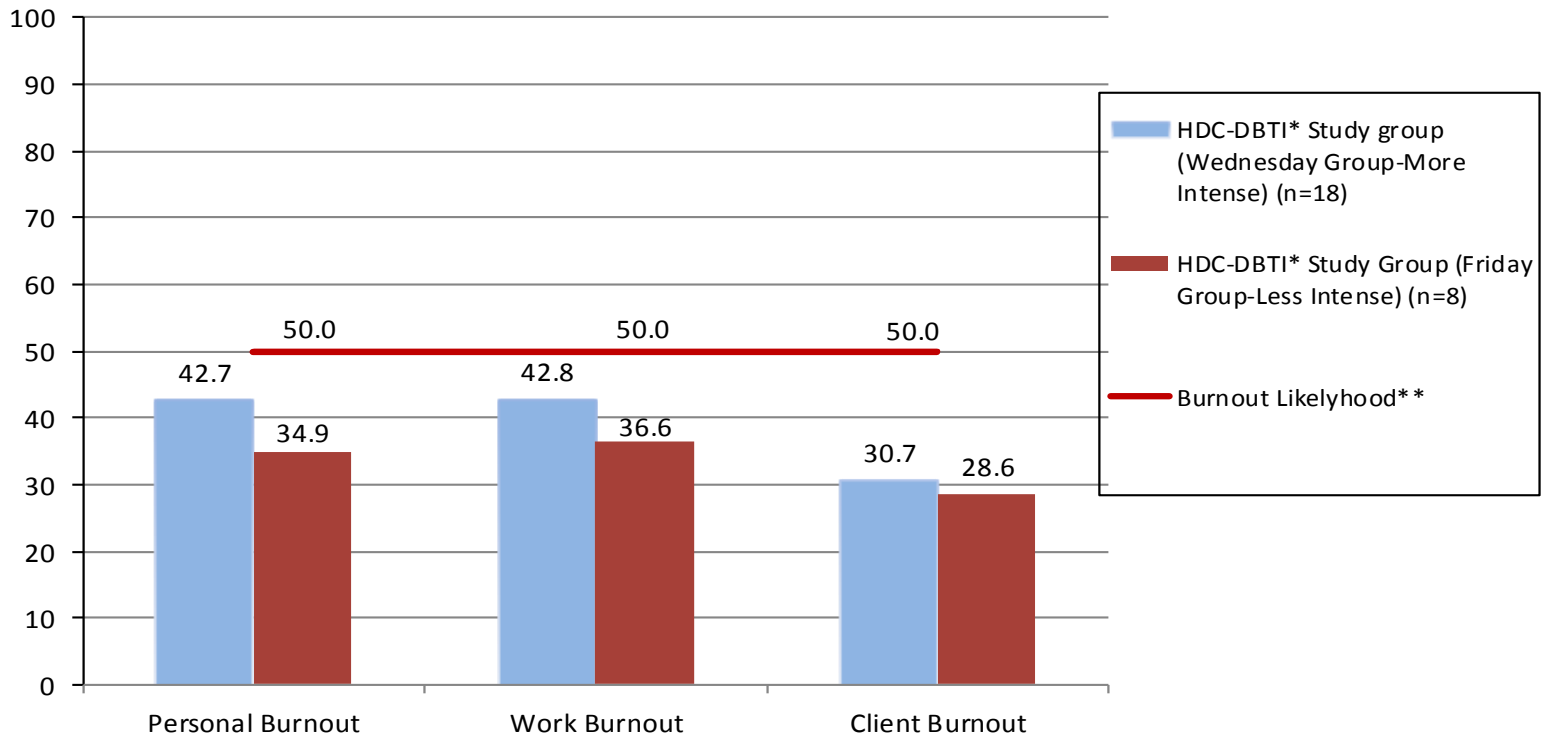


* DBT Informed
**A value of 50 or higher is indicative of burnout likelihood

- A total of 26 staff completed the CBI which was posted in a survey on Survey Monkey
- Results: Higher scores were found in the Personal Burnout and Work Burnout scales than in the Client Burnout scale, suggesting more burnout likelihood in the personal/work areas. None of the average scale sores reached a level that is indicative of burnout likelihood.

Copenhagen Burnout Inventory (CBI)

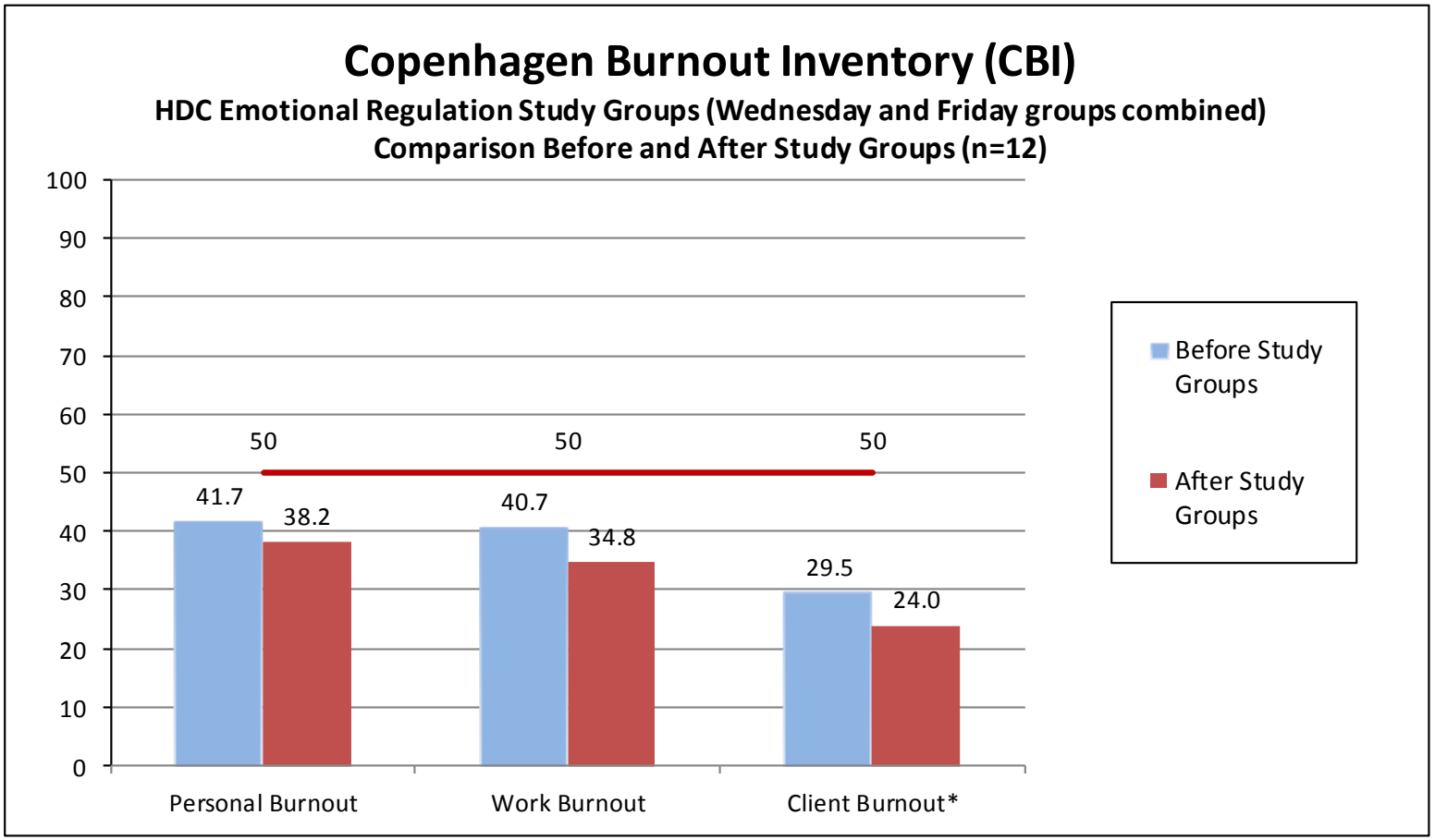
HDC Emotional Regulation Study Groups *(before study group)*



DBT-informed

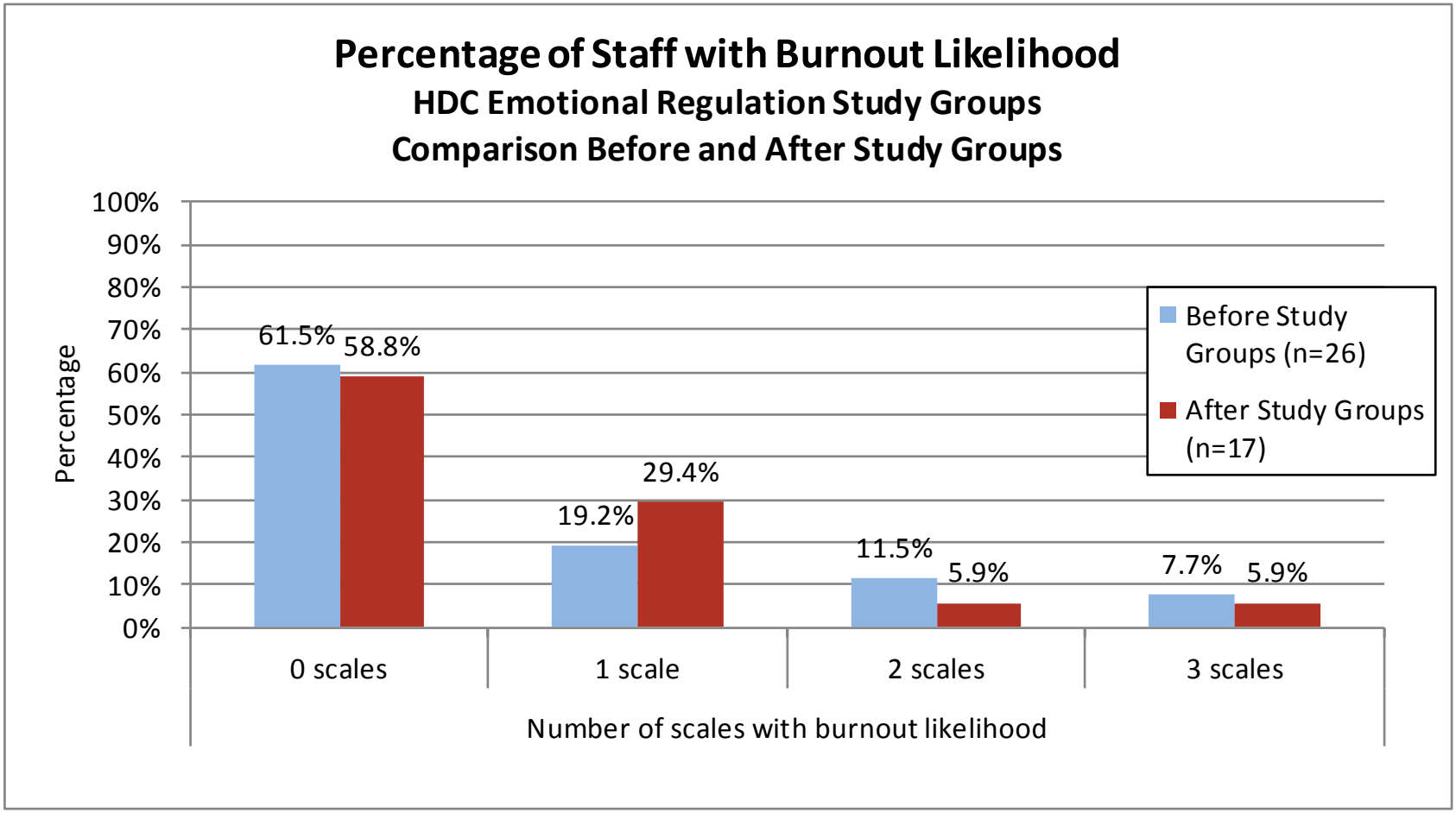
**A value of 50 or higher is indicative of burnout likelihood

- A total of 26 staff completed the CBI which was posted in a survey on Survey Monkey
- Results: Average scores on the three scales of the CBI are higher for the Wednesday Group (more intensive group) than for the Friday Group (less intensive group), suggesting more burnout likelihood in the Wednesday Group. None of the average scale scores reached the burnout likelihood level.



*p<=.05

- Pre-post staff responses to the CBI were paired using the respondents' secret names. Only 12 staff remembered their secret names.
- Due to the small number of cases (12), the data from the Wednesday and Friday groups were combined.
- Pre-post comparisons show a statistically significant reduction in the Client Burnout scale. Reductions in the other two scales were non-significant, perhaps due to the reduced number of cases.



- This figure shows the percentage of HDC Emotional Regulation Study Groups staff with burnout likelihood (scale scores>=50).
- As seen, the majority of staff (above 58.8%) had no CBI scales with scores above 50 points.
- About 19.2% (before study group) and 29.4% (after study group) of the staff had one CBI scale score in the burnout likelihood range (values >=50).
- About 19.2% (before study group) and 11.8% (after study group) of the participants had at least two CBI scale scores in the burnout likelihood range (values>=50).

Open-ended questions

What are you hoping to learn from this study group? Emotional regulation staff study groups (Wednesday and Friday combined) Before study groups (n=19*)	
Response Category	N
DBT knowledge (e.g., to learn about the philosophy, theory and practice of DBT)	9
New ways of supporting/interacting with clients (e.g., a new perspective about how to relate, support, communicate with clients)	5
Validation (e.g., learning acceptance, tolerance and validation, to appreciate in a different way both clients and staff)	5
Intervention with difficult behaviours (e.g., clients who lack internal control, 'needy' teens who have been through trauma)	3
Work environment (e.g., ways for staff to hold each other accountable around performance, clinical interactions with clients in a manner that supports a healthy work environment)	3
Personal development (e.g., to learn skills to utilize in my personal life)	2
*Some respondents gave more than one comment	

What issues are you encountering with clients that you would like to address in this study group?

Emotional regulation staff study groups (Wednesday and Friday combined)
Before study groups (n=19*)

Response Category	N
Motivational needs (e.g. clients that seem 'needy' and avoidant of getting better, get out of bed and complete routines)	5
Self-harm, depression, suicidality	3
Validation (e.g., feeling inadequate)	3
New ways of supporting and interacting with clients (e.g., develop more skills to get the best out of clients)	3
Emotional regulation	3
Behavioural problems (e.g., violent behaviour, enforcement of rules, emotional outbursts)	2
*Some respondents gave more than one comment	

What did you learn from this study group?
Emotional regulation staff study groups (Wednesday and Friday combined)
After study groups (n=14*)

Response Category	N
Validation (e.g., how to validate clients, listen to residents and understand what they are saying, how to 'radically accept' situations, to be aware of my judgements that may impact clients).	7
New skills/strategies (e.g., to be more patient, “just breathe!”, a concrete framework for how to use effective intervention skills)	5
DBT knowledge (e.g., how to put DBT skills into practice)	4
Work environment (e.g., how to work with my staff team more effectively)	3
*Some respondents gave more than one comment	

What issues are you encountering with clients that you addressed in this study group?
Emotional Regulation Staff Study Groups (after study group)(n=10*)

Response Category	N
Validation (e.g., how to intervene effectively and support through listening and validating, working with youth and families who feel very frustrated and dissatisfied, dealing with resistant clients)	5
Emotional regulation (e.g., clients with anger issues, defiant disorder, borderline personality)	2
Other personality issues (e.g., clients with oppositional behaviour, depression)	2
Motivation (e.g., motivating and keeping the expectations high with our clients)	1
*Some respondents gave more than one comment	

Do you have any additional comments you would like to make?

Emotional regulation staff study groups (Wednesday and Friday groups combined)

After study groups (n=13)

Positive comments

- Valuable learning experience, amazing teacher, I really enjoyed the training and would love to receive more DBT training (n=7)
- “I feel staff need to have a solid understanding of each DBT skill so they can teach, encourage and reinforce these in their everyday lives both at work and home”. (1)

Other comments

- “DBT may not be ideal all the time for some of our lower functioning clients where firm boundary setting is highly effective”. (1)
- “My strongest caution is to not disregard all the good work that happens with our youth outside of the umbrella of DBT. Many skills we learned in DBT we already do. It was refreshing to put some labels on these strategies”. (1)

HDC DBT Staff Training - Behind-the-Mirror Group

Behind-the-Mirror Study Group
Participants, group delivery and outcome assessment tool

Participants and group delivery

- 6 staff plus 2 observers (5 MSW, 1 psychiatrist, 1 art therapist, 1 psychologist)
- Observation sessions: 2.5 hours X 16 sessions (includes debrief session)
- Online training: 3 hours x 15 sessions

Rating scale and open-ended questions

•Completed at the end of the training

•Designed by research study team and PES

•Questions were related to: a) the applicability of the DBT methodology to treat HDC clients; and b) the helpfulness of combining behind-the-mirror observations with online training.

•Responses to rating scale questions are presented as percentages

•Responses to open-ended questions, where applicable, are grouped together based on similarity in content and meaning

•Verbatim responses are presented in Appendix 2

Rating-scale questions

Overall, how helpful was it to observe DBT training behind-the-mirror? (n=6)

(Very unhelpful, unhelpful, neither helpful nor unhelpful, helpful, very helpful)

- Neither helpful nor unhelpful: 16.7%
- Helpful: 83.3%

Overall, how satisfied were you with the online DBT training? (n=6)

(Very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, very satisfied)

- Satisfied: 50.0%
- Very satisfied: 50.0%

Was the information you learned in the DBT training useful? (n=6)

(To a very low degree, to a low degree, to a moderate degree, to a high degree, to a very high degree)

- To a moderate degree: 60.0%
- To a high degree: 40.0%

Rating-scale questions

What aspects of behind-the-mirror observation did you find most helpful? (n=6)

Observing how DBT was put into practice

- Seeing the mindfulness activities, how DBT skills were taught. (n=3)
- Observing how clients responded to the DBT content. (n=3)
- Seeing how the group leaders worked together. (n=2)

Learning from colleagues

- Formulating and working with colleagues, being able to ask questions to more DBT informed/trained clinicians. (n=3)
- Learning how the group leaders found ways to teach youth with varied presenting difficulties. (n=1)

Other

- It was helpful to have information about the clients ahead of time and to have residential staff be able to tell us what was happening for them outside of group. (n=1)

What aspects of behind-the-mirror observation did you find least helpful? (n=5)

Environmental factors

- Sometimes difficult to hear, back conversations could be interesting and/or distracting. (n=2)
- Space of room, poor circulation, equipment malfunctions. (n=1)

Other

- Not having a lot of input in the process or much opportunity to discuss the process outside of the group time. (n=1)
- The group was too similar week after week . (n=1)

Do you think DBT would be useful to your clients? (n=6)

- Yes, for clients who are intellectually able to grasp concepts (n=2), and if affect regulation is the main presenting issue (n=1).
- Clients with learning disabilities (n=1), lower cognitive profiles (n=1), ADHD (n=1), and latency age children (n=2) need adaptations of DBT
- Some principles would be helpful for parents (n=2).
- Homework would also be challenging, as our clients/parents are often a part of extensive familial/generational issues and/or are experiencing significant distress at home that would compromise their ability to follow through (n=1).

In what way do you think that the knowledge obtained from DBT observation / online training can be applied to your clinical role? (n=6)

- DBT knowledge and philosophy can be used as an adjunct to current therapeutic practices.
- Supporting clients to utilize/ practice their skills.
- Supporting program development / implementation.
- Homework and practice opportunities between sessions.
- Providing psycho-educational resources to families.
- Opens up some possibilities for individual/parent/family oriented therapy and parent support groups.
- Providing online gallery & course book worksheets/information to support clinical work.
- “I am hoping to be a part of future planning meetings regarding how we might further develop elements of DBT into our regular practice here”.
- Not sure.

Do you think that the combination of behind-the-mirror observation and online training was more helpful than either of them alone? (n=6)

- The combination of training gave a more rounded training experience (n=2); the on-line and live experiences were different, I learned from both (n=1).
- The on-line training was helpful to a limited degree: the population served was different from our client population (n=2). It would have been possible to learn the DBT components without the on-line training and still follow the content of the group (n=1).
- I think we could have probably just done the on-line training and maybe observed one or two behind-the-mirror sessions, but not the whole series (n=1).

Do you have any additional comments / suggestions you would like to make? (n=2)

- DBT has not been explored enough with a latency-aged population, so it is challenging to use it as a ready-to-go therapeutic model for this group. It would require significant review and adaptation. (1)
- Fewer people in the observation room would be more comfortable and effective, in my opinion. Perhaps the idea of web-cam or video-taped sessions could be considered, where people can observe from their own location/computer? (1)
- A treatment services support group for DBT therapists would be helpful for new practitioners, and possibly provide for research opportunities for an informed / adapted approach. (1)

Conclusions (1)

Youth Group

- Clients showed an increase in the use of DBT coping skills (and a decrease in the use of dysfunctional coping strategies) from beginning to end of DBT group therapy

Emotional regulation - staff study groups

- Average scores on the three scales of the Copenhagen Burnout Inventory (CBI) did not reach the value of burnout likelihood (scores >=50). However, about 19.2% (before study group) and 11.8% (after study group) of the participants had at least two CBI scale scores in the burnout likelihood range. This suggests that burnout likelihood might be an issue for some staff members.
- Participants described the study group as a valuable learning experience
- Respondents mentioned that the study group addressed many issues they encounter with clients (e.g., validation, emotional regulation, personality issues).

Conclusions (2)

Behind-the-mirror study group

- About 83% of the respondents found it helpful to observe DBT training behind the mirror
- All respondents were satisfied/very satisfied with the online DBT training and with the usefulness of the information they learned
- Group members found it useful to observe how DBT was put into practice (e.g., seeing mindfulness activities, observing how clients responded to DBT content).
- Participants' comments regarding the usefulness of DBT suggest that: 1) clients with learning disabilities, lower cognitive profiles, ADHD , and latency age children would need adaptations of DBT; 2) DBT would be useful only for clients who are intellectually able to grasp concepts, and if affect regulation is the main presenting issue; and 3) some principles of DBT would be helpful for parents.

Future of DBT – Informed Services at HDC

"P.E.R.T.Y."*

— Adapt or adopt?

*- Personlalized Emotion Regulation Therapy for Youth