

Adaptions of Dialectical Behavior Therapy Skills Training (DBT-ST)

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Feasibility and efficacy of intensive Dialectical Behavior Therapy Skills Training in an outpatient setting for a group of outpatients with extensive care needs

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-Etikansökan

-Samtliga patienter som erbjöds Dagsjukvårdens DBT-färdighetsträning perioden april 2019 till nov 2021 tillfrågades att delta i studien. Färdighetsträningen riktade sig till patienter med ett utökat vårdbehov. Ej bara pat med personlighetssyndrom.

-80 pat tillfrågades.

-71 pat tackade ja

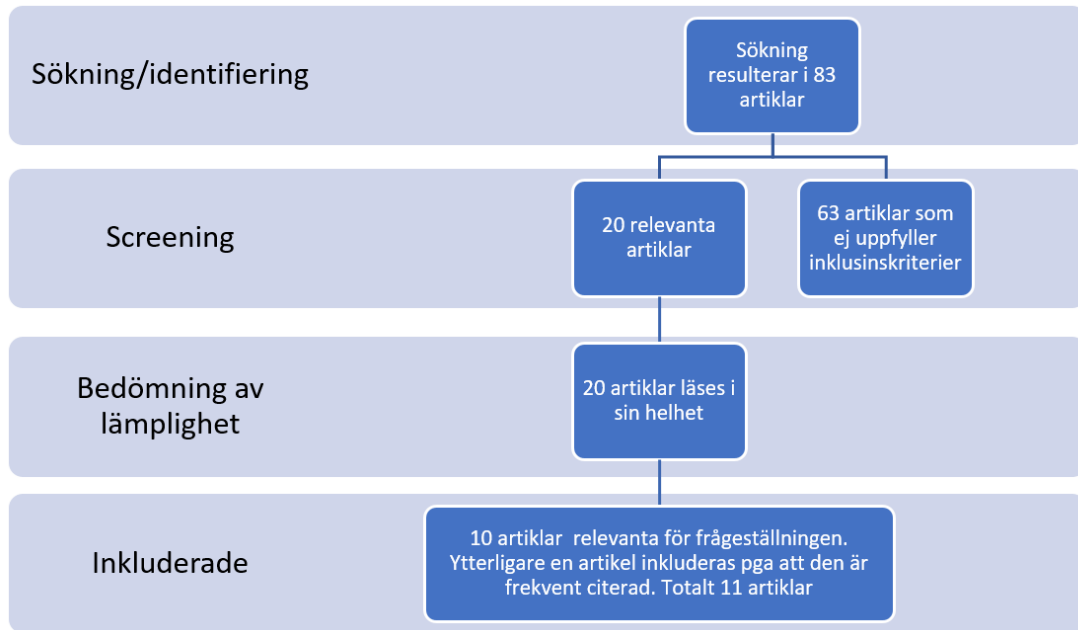
-55 pat slutförde behandlingen (20 av dessa konsumerat psykiatrisk heldygnsvård 6 månader före behandling)

-37 pat fyllde i samtliga för- och eftermätningar

Schema över färdighetsträning, 10 v 4 dagar i veckan

W1 Mindfulness introduction and biosocial theory	W6 Emotion regulation and interpersonal effectiveness skills
W2 Mindfulness and validation	W7 Interpersonal effectiveness
W3 Mindfulness and emotion regulation	W8 Distress tolerance
W4 Emotion regulation	W9 Distress tolerance
W5 Emotion regulation	W10 Summary

Litteraturoversikt




PsycInfo och PubMed. Studier 2015-2021

"skills training" OR "skills group" AND "DBT" OR "dialectical behaviour therapy".

Exklusionskriterier: Studier som gav färdighetsträning i kombination med omfattande telefonstöd, studier som gav färdighetsträning i kombination med annat pågående DBT-arbete samt studier där deltagarna även fick öva DBT färdigheter strukturerat med stöd av personal utanför själva färdighetsträningsgruppen.

Standard DBT – 5 components

- Weekly individual therapy sessions
- Weekly DBT Skills Training Group
- Weekly consultation team meetings for therapists
- Giving patients access to a therapist between sessions (most often by telephone)
- Involvement of the patient's family and network (DBT Family Connections)



DBT skills are an important **mechanism of change** and a **critical treatment component** for a good outcome [42, 26]

DBT skills training group: 4 sets of primary skills

Mindfulness

(being aware of the present moment without judgement, accepting reality as it is).

Emotional regulation

(understanding emotions, reducing vulnerability to emotions, changing unwanted emotions).

Distress Tolerance

(getting through crisis situations without making things worse).

Interpersonal effectiveness

(getting interpersonal objectives met, increasing selfrespect in relationships, maintaining relationships).

In standard DBT, it takes 24 weeks to get through the full skills program, often repeated twice to create a 1-year treatment (130 h skills training during one year). Sessions normally last for 2,5 hours once a week.

”DBT Skills Training Group” as stand-alone intervention

- What does the research show?

- It is common and seems to be feasible in several clinical contexts [42, 43]
- It helps but more research is needed. Few RCT. [26, 42, 43]
- Adjustments in the manual are often made: Adding psychoeducation material, omit parts of the program [42, 43]
- **Emotion regulation** and **mindfulness** are the most commonly taught skills modules. **Interpersonal effectiveness** is the most likely to be omitted. Literature review with 17 studies showed that 41% omitted at least one module [42]
- Few follow the standard of 24 weeks [1, 2, 3, 4, 9, 13, 30, 42]
- The intensity/doses of skills training that patient receive varies a lot. [1, 2, 3, 4, 9, 13, 30, 42]

Different doses of DBT skill training

- 10 weeks, 4 hours per week [9]
- 16 weeks, 2 hours per week [3]
- 8 weeks, 1.5 hours per week [2]
- 12 weeks, 2 hours per week [4]
- 1 year, 2.5 hours per week [26]
- Literature review: the total number of hours of DBT-skills training across the seventeen studies of DBT-ST varied dramatically, from 17.5 hours to 47 hours. [42]
- Sahlgrenska haft 110 h på 10 v

Stor variation på utbildningsnivå hos färdighetstränarna

- Valentine et al. [42] they found that clinical training in DBT varied widely across studies (from graduate coursework to 10-day workshop)
- Several studies provided no information of the clinicians training at all
- These limitations reduce generalizability

Examples of studies on **DBT Skills Training Group** adapted to several psychiatric conditions

- Treatment-resistant depression [20]
- Alcohol dependence, substance use disorder [30, 43]
- Substance dependence in combination with other mental illness [16]
- Emotion regulation problems in pregnant women [44]
- Depression or anxiety disorder and emotion dysregulation (but not BPD) [35]
- Bipolar disorder type 1 [13]
- ADHD symptoms [21, 34]
- Suicide attempts and non-suicidal self-injury episodes, anxiety and depression [26]

Adaptions of "DBT Skills Group" in our clinic

Standard DBT
5 components

Common to take out the "DBT Skills Group"- component and offer it as a **stand-alone intervention** or **adjunctive intervention**

We have done further adaptation, giving an **intense form of DBT Skills Training Group**. 110 h in 10 weeks, 4 days a week. (Instead of more common 17 h-47 h)

Reasons for giving only DBT Skills Training Group?

- Cheaper and less time consuming [42]
- Makes DBT available to more people [42]
- It can be a good supplement to other treatments [42]
- Problems with emotional regulation is a "common factor" across a range of different psychological disorders, DBT focus on that factor [5, 19, 38, 40]

Why even further adaptations?

- Reach out to patients with extended care needs, that for various reasons did not respond to previous given interventions and were not offered Standard DBT.
- One aim → Reduce days of psychiatric hospitalization, reduce number of hospital admissions and psychiatric emergency visits for these patients

The intense form of DBT Skill Training Group

-110 h for 10 weeks, 4 days a week

- We tried the intervention on a transdiagnostic group, 71 patients included. EIPS 52 %, Unspecified PS 11% , Axis 1 (37%)
- Av de 55 som slutförde behandlingen hade 23 st sökt psykakut 6 månader före behandling, 20 stycken hade varit inlagda i psykiatrisk heldygnsvård 6 månader före behandling
- Measuring Treatment outcome :
 - Psychiatric emergency visits, hospital admissions and days of psychiatric hospitalization 6 months pre and post intervention.
 - CORE-OM (Clinical Outcomes in Routine Evaluation (pre, post, 6-months)
 - VAS (100-point Visual Analog Scale) (pre, post, 6-months)
- All four skill modules were included
- The skill trainers:
 - The majority without previous experience of DBT as a method
 - The clinicians received internal training for 2 week and regular tutorial support in DBT
 - 1 psychologist, 1 nurse, 2 auxiliary nurse assistants, 1 physiotherapist, 1 occupational therapist, 1 adult educator

Intense DBT Skills Training at Sahlgrenska University Hospital

- Conclusions

PROS

- The patient stayed in treatment. Drop-out rate 22,5% . Dropout rate in standard DBT treatments 27.3% [22]
- The Clinical Outcomes in Routine Evaluation - Outcome Measure, CORE-OM and VAS, showed a significant effect, still there in 6 month follow up.
- The four days a week schedule helped them get a better structure in their everyday life

CONS

- Little time between the sessions to practice the skills and do the homework
- Difficulties generalizing DBT skills to the patient's natural environment
- Unfortunately, no significant difference in psychiatric healthcare consumption were seen 6 months after treatment

It is unclear whether the intensive form of DBT-ST added much extra value for the patients

It is likely that several of the patients could have had the same outcome from fewer hours of skills training (especially those with less healthcare consumption, and no severe personality disorder)

In previous research the dropout rate was sometimes as high as 44-66 % [2, 3, 4, 9]

The future of DBT Skills Training Group in the clinic

- We will try a less intensive form of DBT-Skills Training, 2.5 hours a week for 18 weeks, 3 individual sessions
- Save the Standard DBT for the most severe cases
- Computerize the DBT Skills Training or parts of it?

Future research:

- Compare DBT ST given with different doses
- Look at the consequences of excluding different modules of the training. Is it necessary with all four? Can we obtain the same result with less treatment?
- More randomized clinical trials that compare DBT-ST with similar interventions addressing the role of emotion regulation, such as a group-administered version of the Unified Protocol (UP)

DBT skills training group

Mindfulness

(being aware of the present moment without judgement, accepting reality as it is).

Distress Tolerance

(getting through crisis situations without making things worse).

Emotional regulation

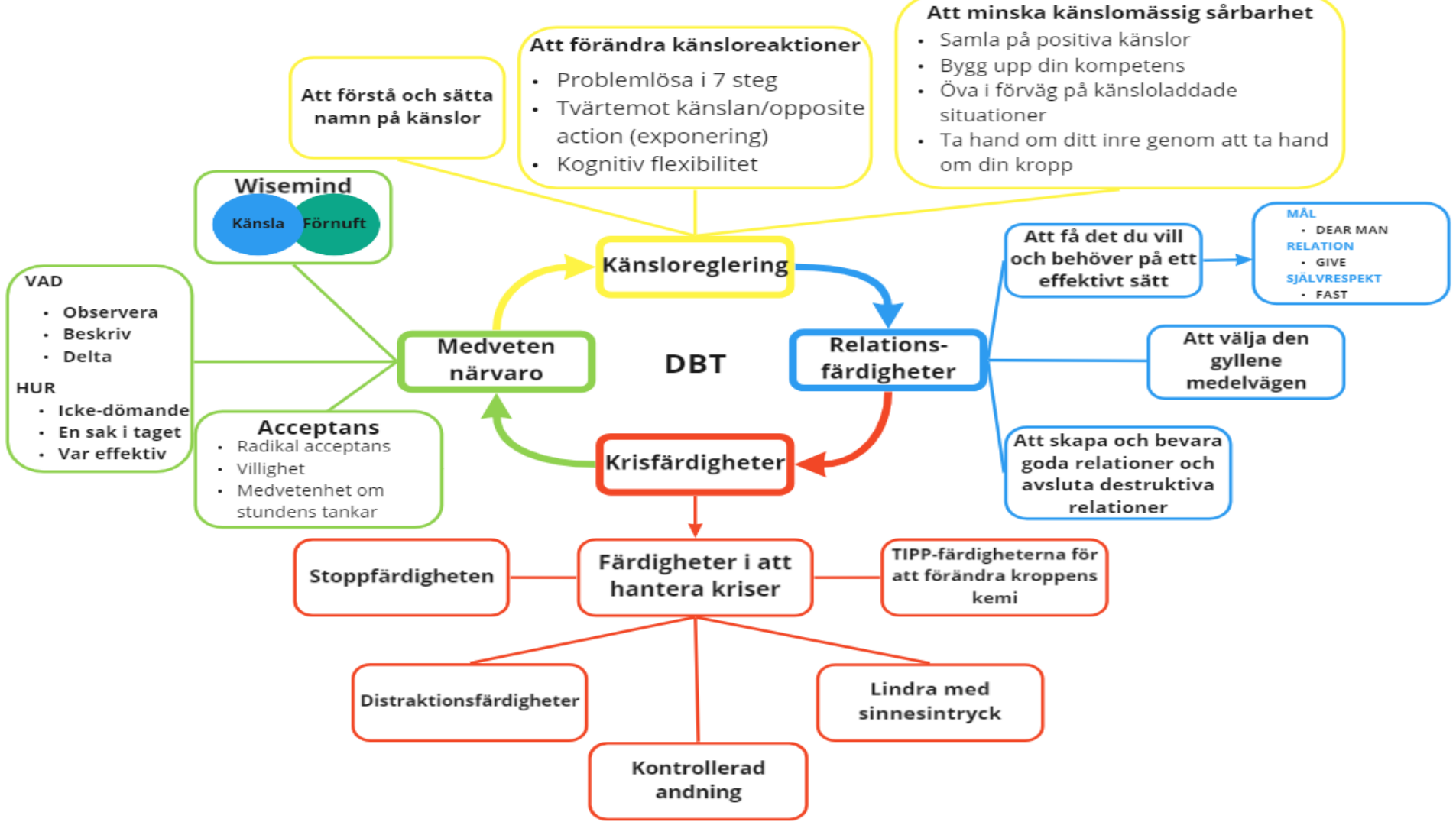
(understanding emotions, reducing vulnerability to emotions, changing unwanted emotions).

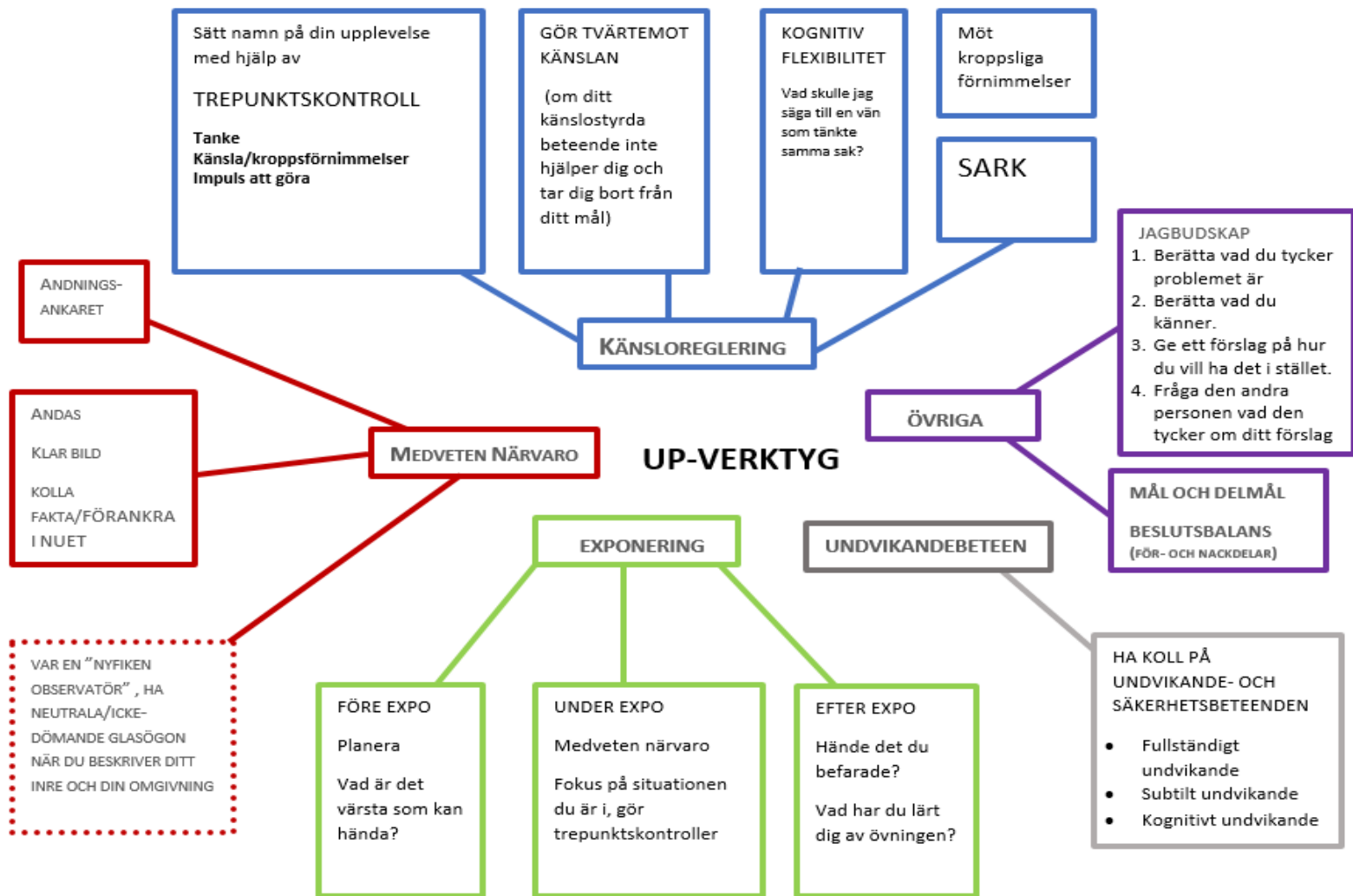
Interpersonal effectiveness

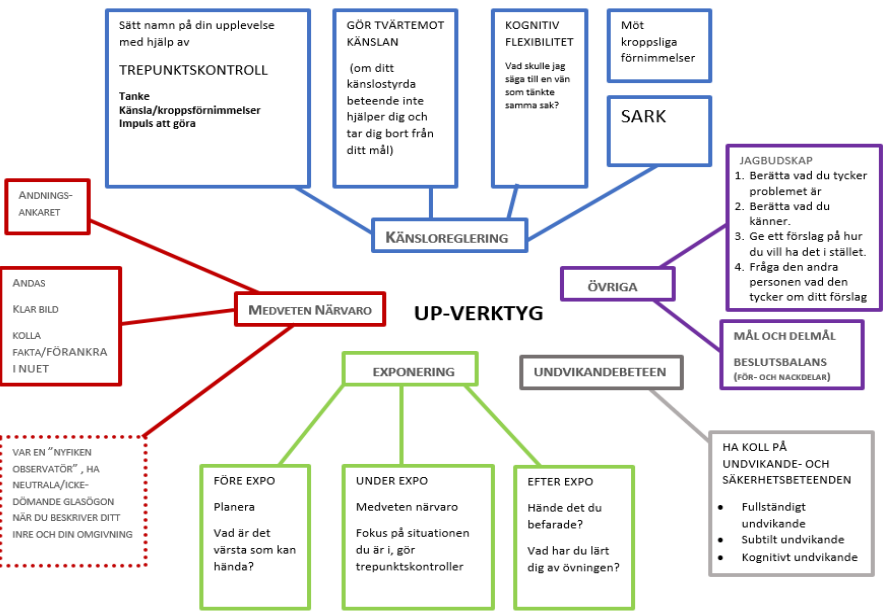
(getting interpersonal objectives met, increasing selfrespect in relationships, maintaining relationships).

Unified Protocol

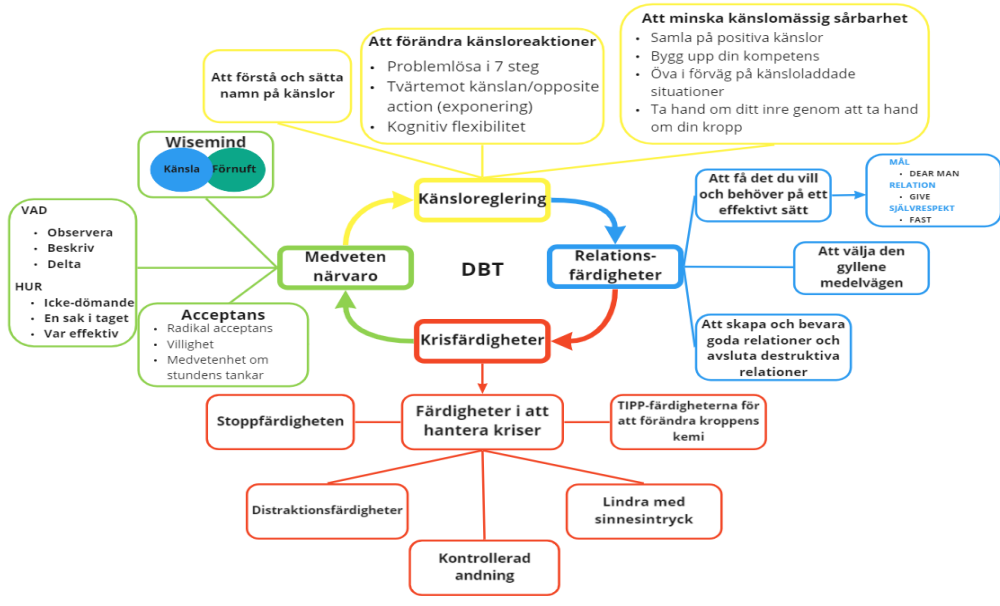
Väldigt likt?







"Standard" UP grupp: 12 v
2 h per tillfälle i grupp. En tydlighet vad som måste vara med



Mer upp till var och en?
Kliniska exempel

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Thank you!

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