Consultant Family Systemic Psychotherapist, Clinical Service Manager

Training details: I attended APT's online 3-day training 'DBT-A: DBT for Adolescents' in April 2022, the same course as above.

Our roles and hopes for the training: We work as Family Systemic Psychotherapists in an inner-London generic CAMHS service. Since we are both senior members of CAMHS we tend to take on cases with a high level of complexity and risk. We meet families and young people who have difficulties with emotional regulation, self-harm, suicidality, risky behaviours, and relational difficulties. For these young people standard approaches tend to be a poor fit to situations where young people have multiple and complex needs, and we increasingly found we were using a combination of interventions 1:1, with families and in the young person's network. We had identified Systemic therapist Matthew Selekman's Collaborative Strengths-Based therapy approach to working with high-risk adolescents as a potentially useful model for the client group. This approach is informed by both Systemic interventions and DBT, and we identified that whilst skilled in Systemic work there was a gap in skill in using DBT techniques. The APT course seemed appropriate to bridging this gap, given the approach was specific to adolescents.

The training: The training covered:

- The four key components of DBT: skills development groups, 1:1 sessions, telephone support and consultation meetings
- Underpinning knowledge and skills including validation, use of metaphors, problem-solving and contingency management
- DBT skills presented in groups including emotion-regulation, interpersonal effectiveness, core mindfulness skills, distress tolerance and 'walking the middle path'
- Discussion of adaptations to the model if not part of a DBT team who can offer all these elements

The course details can be found here in more detail: DBT for Adolescents (DBT-A) Training | APT

The course was delivered online which was very convenient and time-effective. However, it was more challenging to complete things like role-plays and skills practice in this way. The training was very comprehensive and covered all the elements of the manual: this was a challenge to cover in just three days, and I did need to return to the manual following the training to refresh some aspects.

Application following the session: We both found the techniques and principles described in the session very relevant to the vulnerable young people we work with who presented with risk to self, others or in the community. Following the training, we both immediately brought the DBT skills into our work individually and with families. At present there is no DBT team to offer a full intervention, but we learned from the course the usefulness of the ideas to young people and some ways in which other clinicians use the ideas in their work as part of an integrative approach. We considered for each young person which of the skills they may

benefit from based on the areas they found difficult, and then sought to integrate this into their therapy.

In initial sessions with young people presenting with emotional dysregulation that resulted in self-harm behaviours, I was able to offer an evidence-based range of distress-tolerance techniques ('TIPP' and 'ACCEPTS') to young people that focused on beginning to manage moments of crisis. When appropriate this was shared with parents, who could support and encourage their child to use the techniques. One particularly effective way I found to start this work was in online sessions, where I could encourage young people to do a 'scavenger hunt' at home 'live' during the session to find items to put together to create a self-soothe box (more on this concept here: How to make a self-soothe box | YoungMinds).

Prior to the training I felt self-conscious trying relaxation techniques with young people. However hearing the importance of these in the approach, and having learned that more practical mindfulness techniques are more palatable for young people, I felt more confident to integrate this into my practice with some successes - one young person told me they had found an app that we tried out in the session so effective that they had not only used it during the week but also recommended it to friends.

With parents and young people, the concept of 'walking the middle path' using both your rational and emotional mind to make wise decisions proved a particularly powerful metaphor. For parents, holding in mind both the emotional needs of their child alongside the need for them to learn from consequences helped them feel less powerless. For young people we found the 'middle path' and 'wise mind' analogies provided a non-judgemental way for us to describe the pulls they felt between their emotional responses and their personal values, providing a basis to reflect on dilemmas and emotional moments. For example, one young person identified 'being a kind person' as a key value for themselves and reflected that their emotional reactions often resulted in them acting in the opposite way. We were able to use the chaining technique and problem-solving DBT skills to help them find ways to resolve difficult relational issues in a way that was closer to their value. This led to significant improvements in their relationships at home and with peers and in their self-image.

In our supervisory work we were able to share some of the DBT skills and underlying theory as ideas useful to enhance supervisees' offer to young people and families.

Limitations: The approach we used was integrative and was not adherent to the manualised approach. We were not offering a full DBT-A intervention, rather we were offering Systemic therapy which integrated some DBT skills. We were not accessing DBT-specific supervision and so my adherence to the techniques may not be as robust as we imagine. Ideally, to cement our learning, implementing DBT-A in a manual-adherent way with supervision in one or more cases would be helpful in the future.

Future work: We are the discipline lead and deputy lead for Family and Systemic Psychotherapy in our team. The Family Therapy team were interested to hear about the DBT training, and the underpinning hypothesis that lack of parental validation and poor emotional-regulation skills cross-generationally are amongst the drivers of risky and self-harming behaviours in young people. This connected with thinking already happening around how to

support families in managing risk and the emotional impact of having a child who self-harms or is suicidal. A parent group is planned to be piloted over the coming months by a Family Therapist (who has some prior experience of DBT) supported by psychology and CBT colleagues. This will integrate ideas from DBT, ACT and Systemic approaches.

Recommendations:

- We feel that understanding the distress tolerance principles from DBT would be useful to all CAMHS clinicians given their evidence-base and applicability to high-risk cases
- Doing the course online was time-effective and a good option, however on reflection a face-to-face course likely offers better opportunity for role-play and skills practice
- When completing the training, consideration should be made for some follow-up supervision with someone who has experience of delivering DBT interventions to assure the quality of the application of DBT skills
- Family Systemic Psychotherapists have specific skills in convening families and understanding family dynamics. As such I think they are well-placed to facilitate the family group element of DBT-A and I would recommend considering this if recruiting to a DBT team.
- From management perspective it will be helpful to keep in mind the need for more clinicians familiar with the approach. It would be helpful to add DBT to an item in our person specification re training relevant to CAMHS.