

Development and delivery of a pre DBT emotion recognition and regulation group within a forensic inpatient setting



Raphael Healthcare

Introduction

Emotion dysregulation is a core feature of borderline personality disorder, Dialectical Behaviour Therapy having been developed on this premise. Within our female low secure service emotional dysregulation is felt to result in recurrent episodes of self harm and aggression, the need for therapy targeting this area therefore being readily apparent.

When considering the inclusion of DBT within the current treatment pathway what also became apparent was the limited comprehension regards emotional understanding, the majority of patients being able to name only two emotions; happy and sad. Likewise, most were unable to give an appropriate definition for what an emotion actually is. When looking at the standardised DBT program it was felt more time needed to be allocated to this issue than is assigned within the current DBT skills training manual. This led to the development of a 'pre DBT' 10 session module based on DBT emotion recognition principles and basic skills. Its success regards attendance and apparent comprehension led to an additional 10 session module looking primarily at emotion

Session Plan

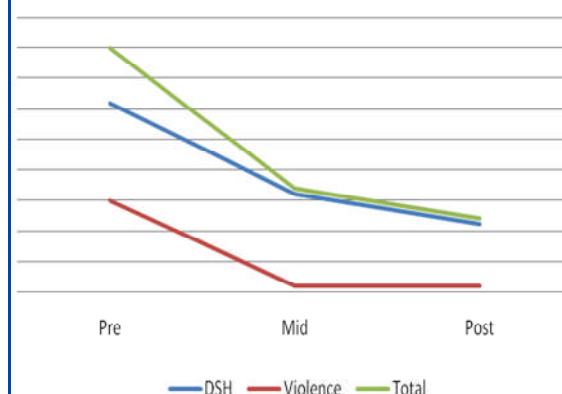
Module 1

1. Group Introduction
2. What is an emotion?
3. Reasons for emotions
4. Problems with emotions
5. Emotions, feelings, moods
6. Where do emotions come from
7. Recognising emotions
8. Naming emotions in others
9. Naming emotions in ourselves
10. Ending and Evaluation

Module 2

1. Group introduction/review
2. Distraction
3. Self sooth
4. Doing the opposite
5. Negative automatic thoughts
6. Grief
7. Shame
8. Anger
9. Happiness
10. Ending and evaluation

Incident Data



Outcomes

The accompanying graph shows a reduction in deliberate self harm, violence and overall incidents over the duration of the group. Whilst it was feared sessions would be too basic or prolonged, this was found not to be the case, feedback after the first module reporting session content to be applicable, informative and relevant. Six out of the seven patients who started completed the first module, the remaining patient not completing due to transferring nearer home. All patients who completed the first module continued onto the second, attrition being 0%. Upon completion of the second module treatment change will be measured by the Emotional Control Questionnaire. It is hoped upon the completion of a second group findings will be statistically presented with the use of relevant controls and further discussion of confounding issues.

Limitations

Incidents reported in this poster refer only to those incidents that staff have observed or been made aware of, and hence may not be truly representative of the actual frequency of behaviour. Whilst group members were not engaged in other psychological therapies, the effect of medication and length of inpatient stay need to be controlled for so as to allow treatment change attributed to the group to be measured.

Environmental, iatrogenic and situational issues have not yet been examined, however these results highlight the potential positive impact of emotion recognition and regulation skills on therapy and life interfering behaviours. The groups role as a prerequisite module to the DBT programme to maximise treatment efficacy also needs to be considered.

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