

1 – Does your Trust provide Community support to Service Users with a diagnosis of Personality Disorder / Complex needs?

Yes

2 – Does your Trust currently have a specialist Personality Disorder and Complex Needs Service?

No we have a specialist pathway within MDT's

2a) – For those answering **No** to currently have a specialist Personality Disorder and Complex Needs Service, please specify the following regarding Future Provision:

Not applicable

3) Does your Trust have a Treatment Pathway for the management of Service Users with a diagnosis of BPD / EUPD

Yes

4) Does your Trust currently allocate a Key worker to Service Users with a diagnosis of BPD / EUPD?

Yes

4a) Is the allocation of Key worker likely to change in future Service provision?

No

5) Please indicate the Therapies Currently available to Service users with a Diagnosis of BPD / EUPD, please note future provision where known

	Currently Provided (April 2023)	If Provided, what is the Occupational Specialism of Lead Therapist?	If Provided, how long is the full Course of therapy?	Is the Current Provision Under Review?	Is Therapy included In Future Provision	Notes on Future Provision (if applicable)
<b>Cognitive Behavioural Therapy (CBT)</b>	Yes	Clinical psychologist	Various depending on need	No	Yes	
<b>Dialectical Behavioural Therapy (DBT)</b>	Yes	“	Up to 18 months	No	Yes	
<b>Mentalisation Based Therapy (MBT)</b>	Yes	“	Up to 12 months	Yes	Yes	
<b>Cognitive Analytical Therapy (CAT)</b>	Limited	“	Various depending on need	yes	yes	

<b>Psychodynamic Therapy</b>	Yes	Psychoanalytic psychotherapist	Various depending on need	Yes	Yes	
<b>Schema Therapy</b>	Limited	Clinical psychologist	Various depending on need	Yes	Yes	
<b>Interpersonal Psychotherapy 1:1</b>	Limited	Clinical psychologist	As per guidance	Yes	Yes	
<b>Interpersonal Psychotherapy Group</b>	Half trust	Group Analyst	Various depending on need	Yes	yes	
<b>Transference-focused Therapy (TFP)</b>	No	Clinical psychologist	Various depending on need	Yes	yes	
<b>Eye Movement Desensitisation and Reprogramming (EMDR)</b>	Yes	Clinical psychologist	Various depending on need	Yes	yes	
<b>Family Intervention</b>	Yes (Family Connections course: psychoeducation l and supportive)	Clinical Psychologist	12 weeks	No	Yes	
<b>Acceptance and Commitment Therapy (ACT)</b>	Yes	Clinical psychologist	Various depending on need	Yes	yes	
<b>STEPPS</b>	No			Yes	TBC	
<b>Structured Clinical Management</b>	Yes	Clinical psychologist	Various depending on need	Yes	yes	

**DBT Specific Questions**

If your Trust currently offers Adult DBT Therapy in Community setting, please answer the following questions regarding the structure of this service, as it was in April 2023.

If there is no current DBT provision, please skip to Question 15 regarding future plans

**6) Are there reasons that Service users may be excluded from DBT?**

We follow the standard programme for DBT, therefore consistent non attendance etc, however can be re offered after standard gap.  
Also extreme substance use to the point where they are not able to access DBT – in which case we refer to our joint working protocol, we work closely with the local drug and alcohol service, and also have been working to support them in delivering DBT skills

**6a) If applicable, Would Service users failing criteria be transferred to another Service for support with the issues preventing their access to DBT?**

Change Grow Live – CGL – substance abuse support – however we have a joint working protocol for us to work towards readiness. We may also refer for Structured Clinical Management for SU’s who need a more flexible approach than DBT can offer with regards to attendance and managing chaos.

**7) For Trusts offering more than one DBT group, are all groups structured in the same way? Eg including the same care contact elements over the same duration**

No we offer a range depending on level of need, and choice of f2f and online in some areas.

**7a) Does your Trust offer specialist variations of DBT / additional modules for patients with dual diagnosis?**

No

**8) For Trusts offering multiple DBT courses with varied structure, please answer the questions below for each DBT course type. (Group similar DBT groups together – Please do not answer for each individual group.)**

Eg. You may run 10 standard DBT groups at various locations, please report these together under Group 1, “Standard”, as long as the structure is similar. If you also have two longer courses including specialist modules, these could be reported under Group 2, “Comprehensive” or other suitable group name. Please extend to Group Type 3, 4, 5 etc as required if you run DBT groups with multiple variations in structure.

	<b>DBT Group Structure</b>	
	<b>1: eg. Standard</b>	<b>DBT Group Structure2: eg. Comprehensive</b>
<b>8a) How many DBT groups are run with this structure across your Trust?</b>	4	Additionally we offer various depending on current need, we offer a range of brief courses, as well as group only options, can be up to 40 in any one year.
<b>8b) Is DBT pre-treatment available?</b>	Yes	No

8c) How long does the DBT course take to complete? e.g. 6 / 12 / 18 months	Up to 18 months	6 months		
8d) Is the DBT Skills training delivered in a Group environment?	Yes plus 1:1 coaching	Yes		
8e) If yes, please indicate the duration and frequency of the DBT Skills Sessions e.g. 2 hours weekly	2 hrs weekly plus 1 hr 1:1	Various		
8f) Please state the number of skills sessions delivered in each DBT Module Note: If modules are repeated within the DBT course, please count each session per cycle eg In cycle 1, the Mindfulness module is delivered over 8 sessions. In the subsequent cycle, delivery is in 6 sessions. Please record as 8+6	<b>Module</b>	<b>No. Sessions</b>	<b>Module</b>	<b>No. Sessions</b>
	Mindfulness	6	Mindfulness	6
	Emotional Regulation	6	Emotional Regulation	6
	Distress Tolerance	6	Distress Tolerance	6
	Interpersonal Effectiveness	6	Interpersonal Effectiveness	6
8g) Please indicate the occupational specialism of the Clinicians having regular direct Service User Contact within the DBT Skills Group e.g. Psychotherapist, Psychologist, CPN, Occupational Therapist. Please list all applicable	Clinical Psychologist			
	Psychology graduate with substantial experience in PD pathway Community Psychiatric Nurse Mental health social worker Occupational therapist in the past – not currently Drama therapist (now practicing as DBT therapist.			
	All groups have staff fully trained in the model.			

<b>9) Does the Trusts DBT group include regular Individual DBT Therapy Sessions?</b>	Yes	No
<b>9a) If yes, please indicate the duration and frequency of the 1:1 sessions e.g. 1 hour, weekly</b>	1 hour weekly	N/A
<b>9b) Please indicate the occupational specialism of the clinician delivering the Individual Therapy e.g. Psychotherapist, Psychologist, CPN, Other.</b>	CPN Social worker Clinical psychologist	N/A
<b>10a) Does the Trusts DBT program include Telephone support?</b>	Yes	Limited
		9-5, Monday to Friday
<b>10b) Please indicate the hours this operates e.g. 9-5 Mon-Fri</b>	9-5, Monday to Friday	Out of hours the trust has a support line

<b>11) Patient Safety: How is Service User risk reviewed during the DBT course?</b>	<b>Named Clinical Assessment Tool / Clinical Judgement &amp; Observation / Other</b>  CORE outcome measure Standard risk assessment tool for the trust Clinical judgement Supervision DBT consult MDT risk formulation if needed	<b>Named Clinical Assessment Tool / Clinical Judgement &amp; Observation / Other</b>  CORE outcome Standard risk assessment Clinical judgement Supervision MDT risk formulation if needed
<b>12) Clinical Effectiveness: How are treatment outcomes assessed to monitor the effectiveness of the therapy?</b>	<b>Named Treatment Outcome Assessment Tool / Other please specify:</b>  CORE outcome measures Goal-Based Outcome	<b>Named Treatment Outcome Assessment Tool / Other please specify:</b>  CORE outcome measure Goal-Based outcome
<b>12a) At what intervals are treatment outcomes monitored, and for how long after completion of the course are Service Users Followed up?</b>	Treatment outcomes are monitored after 6 months  SU's followed up for 6 months following completion of DBT	Treatment outcomes are monitored after 6 months. Depending on other MDT interventions, they may be followed up subsequently or otherwise discharged to the care of GP

	Depending on whether other MDT interventions are included, they may be followed up subsequently by the team, otherwise discharged to the care of GP	
<b>12a) Where are treatment outcomes analysed / reported?</b>	Internally through PACE audit At Trust Clinical Effectiveness Board Externally, feeding into National Research	Internally by DBT Team / At Trust Clinical Effectiveness Board / Externally, feeding into National Research
<b>13) Are Service Users asked for feedback on their experience of the DBT programme?</b>	Yes – we ask all service users to complete a therapy feedback form with a Likert scale and space for free text	Yes – we ask all service users to complete a therapy feedback form with a Likert scale and space for free text
<b>13a) Does this feedback get reported into a National Collection eg The Friends and Family Return?</b>	Yes	Yes
<b>13b) How is Service User feedback used to improve the DBT programme?</b>	Constructive feedback is discussed in PD pathway business meetings in which quality improvement is planned	Constructive feedback is discussed in PD pathway business meetings in which quality improvement is planned
<b>14) What criteria are used to decide if the Service User has a need for further Therapy after completion of DBT Course?</b>	Final individual sessions - Clinical judgement eg. how well the service user has been able to use the therapy; readiness for eg. trauma work Therapy feedback form Risk CORE outcome	Individual exit interviews - Clinical judgement eg. how well the service user has been able to use the therapy; readiness for eg. trauma work Therapy feedback form Risk CORE outcome
<b>14a) For the last Completed DBT course, what percentage of Service Users had a requirement for further therapy ?</b>		We do not hold this information in a reportable format <sup>1</sup> . To provide this information would invoke S12 - cost of compliance exceeds the appropriate limit because we would need to

<sup>1</sup> Section 1(1) Any person making a request for information to a public authority is entitled  
(a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and  
(b) if that is the case, to have that information communicated to him.

14b) For the last Completed DBT course, what percentage of Service Users left the DBT group due to not finding it helpful?		manually go through every service users record who completed DBT and then work out a percentage as requested
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15) Is the provision of the Trusts DBT service(s) Currently under Review?	No
15a) If Yes, have changes to the DBT service(s) been finalised and approved?	
15c) Please indicate the Financial year in which these changes will be implemented	

16) Please indicate if the agreed changes include the following aspects of the Service:	Delete any factor NOT applicable	Further Detail:
DBT Pre-Treatment Phase	Added / Removed	
DBT Course Duration	Shortened / Lengthened	
DBT Specialist Modules for Dual Diagnosis	Added / Removed	
DBT Skills Group	Frequency / duration amended	
Specialism of clinicians delivering the DBT Skills Group	New Team Specialism(S):	
Individual DBT Sessions	Frequency/duration amended /Removed.	
Specialism of clinicians delivering the Individual DBT Sessions	New Specialism:	
Telephone Crisis Support	Added / Removed	
Other		Please Specify: