Adolescent inpatient completers of Dialectical Behaviour Therapy

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Introduction

Mixed disorders of conduct and emotions (MDCE):
- Characterised by persistent aggression, defiant behaviour, emotional instability & conduct problems
- High prevalence within inpatient CAMHS (Dean et al., 2008)
- Limited evidence for effective treatment of adolescents with MDCE in inpatient settings (Nadkarni et al., 2012)

Dialectical Behaviour Therapy (DBT):
- Key modes: individual therapy, group skills training, skills coaching & therapist consultation meetings
- Four modules: mindfulness, interpersonal effectiveness, distress tolerance & emotion regulation
- DBT has been adapted for adolescents (DBT-A; Miller et al, 2007)

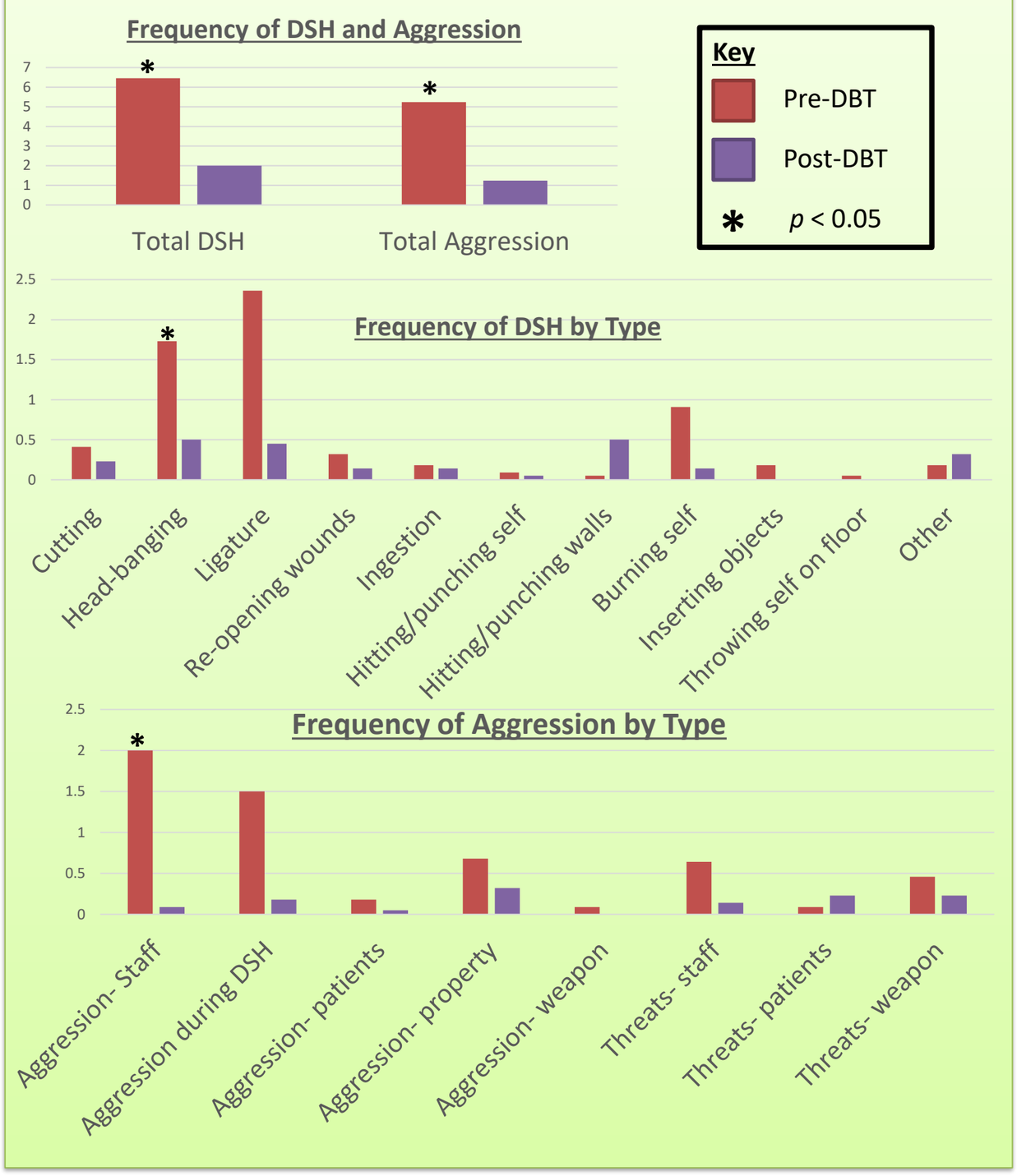
DBT with Adolescents:
- Evidence for reduction in DSH (Tebbett-Mock et al, 2019; Fleischhaker et al., 2011)
- Evidence for reduction in aggression within a corrections treatment setting (Shelton et al., 2011) and an inpatient setting (Heider et al., 2017)
- Randomised controlled trials have shown improvement in emotional symptoms (Macpherson et al., 2013)
- Reduced social stress found for adolescents engaged in DBT within schools (Flynn et al., 2018)

Method

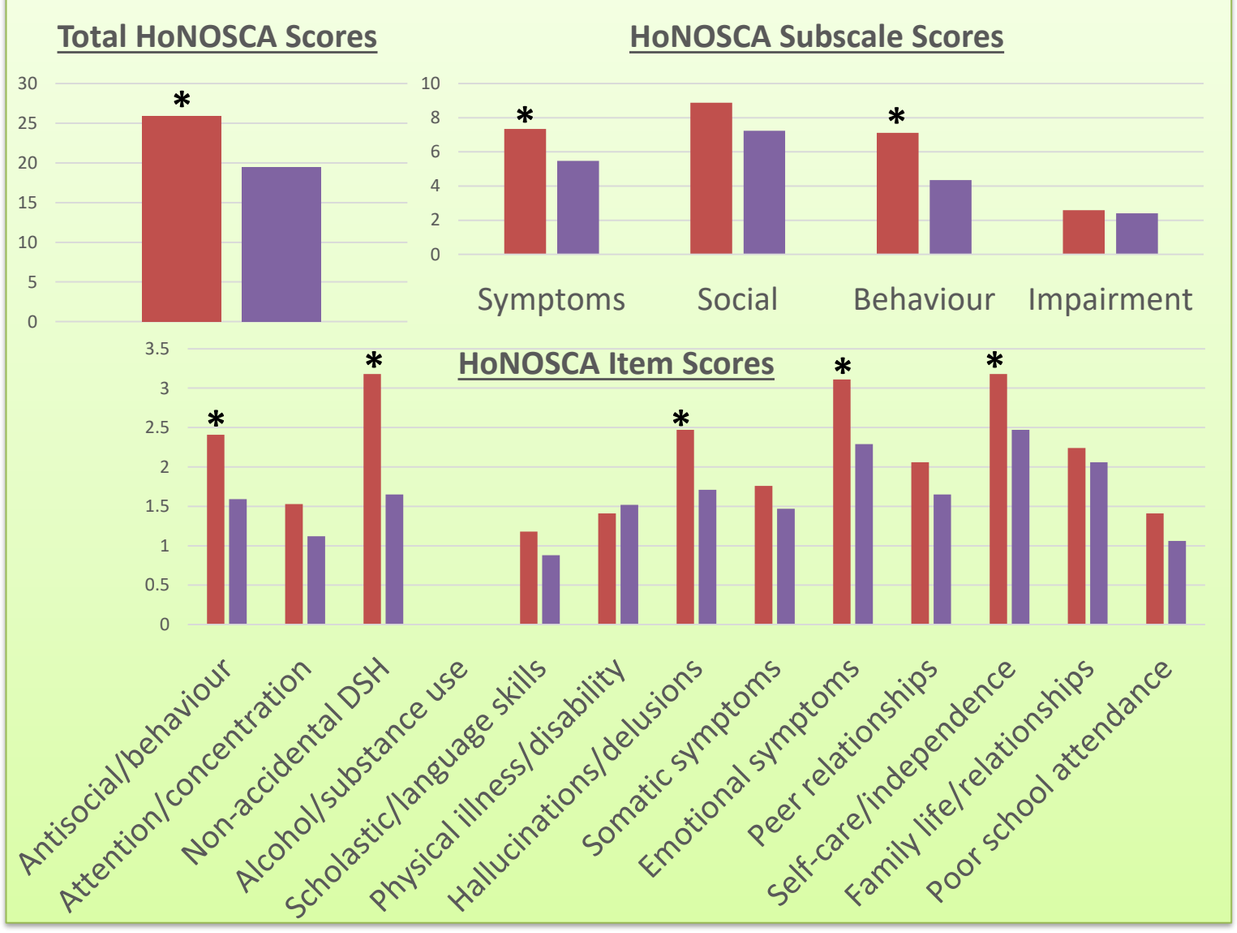
Aim: To assess the effect of a single DBT cycle on aggression, self-harm, and behavioural, symptomatic and social outcomes in adolescents with MDCE within a secure inpatient mental health setting
Design: Retrospective cohort study
Setting: Low-secure inpatient Child and Adolescent Mental Health Service (CAMHS) unit
Participants: 22 adolescents with a diagnosis of Mixed Disorder of Conduct and Emotions (MDCE) who completed one cycle of DBT
Procedure:
- Adolescents aged 13-17 were referred for DBT if they presented with suicidal/self-harm behaviours and had traits consistent with emerging Borderline Personality Disorder
- Frequency of DSH and aggression was taken from records for at least four weeks pre- and post- DBT
- The Health of National Outcomes Scale for Children and Adolescents (HoNOSCA; Gowers et al., 1999) was assessed by the multi-disciplinary team pre- and post-DBT; HoNOSCA scores were only available for 17 out of 22 participants
- Programme included a weekly individual session, twice-weekly skills group sessions and therapist consultation meetings; emergency skills coaching was also available

Analysis: Dependent t-tests and Cohen's d effect sizes, or Wilcoxon signed ranks tests (for non-normally distributed data)

Results- Frequency of Self-Harm and Aggression

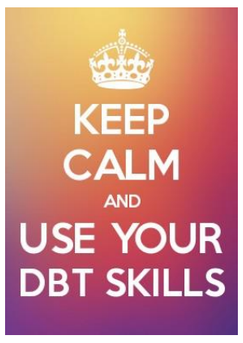


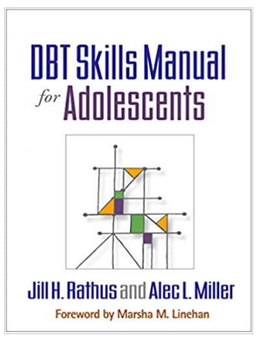
Results- HoNOSCA Scores



Discussion

- The results suggest that DBT may improve behavioural and symptomatic outcomes in adolescent inpatients with MDCE
- This study provides preliminary evidence for the effectiveness of DBT for adolescents with MDCE within a secure inpatient setting
- Additional studies are required to investigate the clinical benefits of specific aspects of DBT for individual patients.





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