

DBT Skills Group for Individuals with Complex Emotional Needs: A Pilot Study

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Abstract

The growing prevalence of personality disorder diagnoses has contributed to the rise of alternative group-based treatments. DBT skills-based groups are being newly implemented across community mental health services as a stand-alone treatment option. Previous research has demonstrated that DBT skills groups are equally effective interventions when compared to more traditional options. Previous studies have primarily relied on cross-sectional data therefore, unable to assess progress over time - a potentially key mechanism when exploring participants' development throughout a group intervention. The presented pilot study uses data from self-reported measures after each module of the DBT-S group to ascertain correlations in participants' emotional intensity and quality of life. We found that participants reported significant quality of life improvements, highlighting consistent progress in this area. We also found significant results in self-reported reductions in emotional intensity; Results which could be attributed to the focus on coping skills development and distress management teaching.

Keywords: dialectical behavioural therapy, emotional difficulties, mental health, personality disorder, psychology

Statements and Declarations:

I declare that this study has been composed solely by myself and has not been submitted, in whole or in part, in any previous application. Except where stated otherwise by reference or acknowledgement, the research presented is entirely my own.

Competing Interests:

I declare that I hold no financial or non-financial interests that are either directly nor indirectly related to the work submitted for publication.

1. Introduction

There is considerable controversy around the diagnosis and terminology surrounding personality disorders. Historically Personality Disorders (PD) have been prevalent in stigma and therapeutic nihilism by clinicians (Campbell et al, 2020). Because of the long association with stigma and clinical pessimism, the term complex emotional needs (CEN) will be used in the replacement of personality disorders. Whilst medication plays a stabilising role for CEN symptoms, therapeutic treatments have been shown to be far more beneficial in the effective management of behavioural symptoms (Paton et al, 2015). New developments in treatment options are beginning to be implemented across secondary mental health services in Britain. Such treatments aim to be economical yet efficacious interventions in helping those with complex emotional needs.

Traditionally, group interventions have been limited to Systems Training for Emotional Predictability and Problem-solving (STEPPS) and Dialectical Behavioural Therapy (DBT). STEPPS has long been the primary intervention for individuals with complex emotional needs; often considered the most economical and effective treatment option (González-González, 2021). Increasingly, evidence has suggested that while effective in decreasing depressive symptoms, STEPPS is not effective in managing impulsivity, and suicidal behaviours all while met with high attrition rates (Ekiz et al, 2023). This could be the result of STEPPS use of outdated

terminology and the ongoing shift from previously held diagnostic terms, along with the longevity and commitment required for the intervention to have optimal benefit (Hezelyova et al, 2021).

DBT is also widely considered a principal intervention for individuals experiencing complex emotional needs. Research demonstrates that comprehensive DBT is effective in treating CEN, especially in community mental health services (Feigenbaum et al, 2012). Studies have demonstrated that a full treatment programme of DBT helps to reduce community mental health costs associated with CEN due to the reduction of symptom relapse (Amner, 2012). Prior research compared the two interventions to ascertain which intervention was most optimal. Guillén Botella, 2021 compared DBT and STEPPS's overall effectiveness. Both groups experienced statistically significant reductions in CEN symptoms however, DBT was found to be more clinically effective overall, especially in relation to suicidality and behavioural management.

Such research serves as a foundation for the current study examining the effectiveness of a stand-alone DBT skills-based group (DBT-S). While existing research focuses on comprehensive DBT, there is a small but growing body of evidence for a stand-alone DBT Skills based group, in improving a variety of outcomes (Valentine et al, 2020). Preliminary evidence has indicated that DBT-S reduces depressive symptoms and improves affective control, in relation to Bipolar disorder (Van Dijk, 2013). While this research does provide a foundation for this study, it focused exclusively on Bipolar disorders. Therefore, further research is warranted in exploring DBT-S with larger studies and heterogeneous samples. Studies that have examined heterogeneous samples found participants improved their underlying difficulties regarding emotional regulation and distress management (Heath et al, 2021).

When compared to comprehensive DBT, DBT-S groups have been found to be as equally effective as a stand-alone treatment in reducing symptoms including anxiety (Mattei & Sposato, 2020). This was further demonstrated by previous research in which participants engaging in DBT-S over nine months reported meaningful changes in emotional dysregulation (Hunnicut Hollenbaugh, 2018). Participants were also shown to reduce their rate of presentations to A&E departments and psychiatric inpatient stays (Heerebrand et al, 2021).

While research is growing in examining DBT-S groups, there is still an evident lack of research looking at a heterogeneous sample in relation to emotional intensity and improving quality of life. Existing research has primarily focused on cross sectional designs, requiring large sample sizes and challenges assess incidence (Chugani et al, 2013). There is not an extensive dataset that fully examines patients' pre-intervention outcomes and outcomes after each DBT-S module. Clinical measures have largely utilised a cross-sectional approach, examining patient progress at a specific point in time. The current study aims to utilise a longitudinal approach in examining a DBT-S groups overall effectiveness; employing the measures over the duration of the intervention.

2. Methodology

2.1 Ethics

During the recruitment process, participants were made fully aware that their participation in the invention was on a voluntary basis. This was also reiterated during the assessment period where participants were informed of the voluntary nature of the intervention and had the right to withdraw from the group at any time without any negative repercussions.

Throughout the assessment, participants were informed as to the nature of the study and the risks/benefits of participating. Participants were informed of the interventions 24-week duration and the contact information of the group facilitators should they require any extra support. During this period, participants were made aware that by engaging in the intervention, they consented to data collection and analysis. Participants were made fully aware that their data would be anonymised at the point of analysis.

To ensure the highest standards of confidentiality were met. Participant data was collected on an encrypted password protected database and stored on a secure drive. Only the author of this study and the group facilitators had access to this database. Participants had the right to withdraw their data until the point of anonymisation by contacting the facilitators. Every care and assurance was taken to ensure that the data was held and analysed in accordance with Sussex Partnership NHS foundation trusts data privacy protocols.

As the study would work with individuals experiencing complex emotional needs, there was a potential for psychological harm from the potentially distressing/sensitive topics and questions. To help aid this, participants were offered weekly 1-1 clinics with a facilitator to discuss any concerns. Participants were also provided with information of additional services should they want additional support.

2.2 Participants

In total, 11 participants completed the intervention; finishing all three modules. The participants consisted of 8 females and 3 males with an age range of 18-60.

A sample size of at least 8 participants was needed for detecting a correlation coefficient of ± 1 with a power level of 73% and a significance level of 0.05 using a sample size calculator (<https://www.calculator.net/sample-size-calculator.html>).

Patients that took part in the DBT-S group all had a formal diagnosis of a Personality Disorder and experienced complex emotional needs. Patients under the care of secondary mental health services were recommended for the group by their care-coordinators, Psychologists, Nurses or Psychiatrists. Upon referral to the intervention, participants had to undergo a screening assessment which would assess their suitability for the group.

The screening process utilised the BEST-form followed by a series of interview questions. The BEST-form was utilised at the point of assessment to understand the severity of symptoms participants were experiencing, indicating whether they meet the entry criteria for the study. The BEST form was chosen due to its long-established evidence base for measuring symptoms, high internal consistency and its high correlations with other measures (Pfohl et al, 2009).

Participants were additionally asked a series of questions about their current difficulties. Patients were assessed on their current difficulties regarding emotional intensity, ability to tolerate distress, and the views of themselves and others.

2.3 Materials

Psychometric testing was implemented during each of the three modules. The psychometric tests included CORE-34, DERS-18 and ReQol-20.

The CORE-34 outcome measure (Evans et al, 2002) is a self-report questionnaire used to measure psychological distress. The measure consists of 34 Likert scale questions with subscales for subjective well-being, symptoms, life functioning and risk/harm. Participants indicated their level of agreement with the statements on a five-point scale ranging from "Not at all" to "Most or all of the time". An example statement includes "I have felt able to cope when things go wrong". Cronbach's alpha result was high ($\alpha > 0.85$) for each subscale, indicating sufficient internal consistency.

The Recovering Quality of Life outcome measure (ReQol; University of Sheffield, 2016) is a self-report questionnaire used to assess quality of life. The measure consists of 20 Likert scale questions, all focused around themes of recovery. Participants indicated their level of agreement with the statements on a five-point scale ranging from "None of the time" to "Most or all of time". An example statement includes "I felt confident in myself". Cronbach's alpha was used to assess internal consistency ($\alpha > 0.85$), indicating that the ReQol had high internal consistency.

The Difficulties in Emotion Regulation scale (DERS-18; Gratz and Roemer 2004), is an instrument used to measure emotion regulation difficulties. The measure consists of 18 Likert scale questions with subscales for; awareness, clarity, goals, impulse, nonacceptance, strategies. Participants indicated their level of agreement with each statement on a five-point scale ranging from "Almost never" to "Almost always". An example statement includes "I have difficulty making sense out of my feelings". DERS-18 was found to have high internal consistency with Cronbach's alpha being $\alpha > 0.85$.

2.4 Procedure

The study consisted of three modules: distress tolerance, emotional regulation and interpersonal effectiveness. Group members were invited to complete the outcome measures before each module began online using Qualtrics (www.qualtrics.com). The outcome measures consisted of the Core-34, ReQol and DERS-18. Participants were encouraged to reach out to the group facilitators for any additional support they required completing these measures.

For this study, the hypothesis of a relationship between engaging in the DBT-S group and reducing emotional intensity was assessed using a two-sample paired T-test. The statistical significance of the core-34 and DERS-18 used to measure emotional intensity was assessed using a paired T-test. Likewise, a paired T-test was also used in measuring the significance of quality of life improvements.

3. Results

Of the 11 participants that took part in the DBT-S group, 11 participants completed the group programme in its entirety; completing all three modules and conducting all outcome measures.

To assess whether the DBT-S group improved patient outcomes, outcomes were analysed in two categories: reduction in emotional intensity and improvement in quality of life. For each participant, the outcome measures were taken during the initial assessment and thereafter for each module.

A two-sample paired T-test was used to examine whether the DBT-S group was effective in reducing emotional intensity measured using DERS-18 and Core-34. Emotional intensity served as the dependent variables and the DBT-S group served as the independent variable.

The results from the pre DBT-S intervention ($M=52.5$, $SD = 2.22$) and post DBT-S intervention ($M=49.7$, $SD = 2.22$) Results from the DERS-18 outcome measure indicate that there was not a statistically significant interaction between the effects of the DBT-S group and DERS-18 scores. $t(10) = 2.22$, $p = 0.7$. #

Table 1. t-Test: Paired Two Sample for Means for DERS-18 Outcome measure

	Pre DBT-S	Post DBT-S
Mean	52.45454545	49.72727
Variance	157.0727273	424.4182
Observations	11	11
Pearson Correlation	0.060173046	
Hypothesized Mean Difference	0	
df	10	
t Stat	0.385548064	
P(T<=t) one-tail	0.353952926	
t Critical one-tail	1.812461123	
P(T<=t) two-tail	0.707905852	
t Critical two-tail	2.228138852	

The results from the pre DBT-S intervention ($M=2.22$, $SD = 2.9$) and post DBT-S intervention ($M=1.73$, $SD = 2.22$) Findings from the Core-34 measure revealed that there was a statistically significant interaction between the effects of the DBT-S group and CORE-34 scores. $t(10) = 2.22$, $p = .01$

Table 2. t-Test: Paired Two Sample for Means for CORE-34 Outcome measure

	Intial Ax	IE
Mean	2.256363636	1.729090909
Variance	0.404865455	0.359249091
Observations	11	11
Pearson Correlation	0.556187179	
Hypothesized Mean Difference	0	
df	10	
t Stat	2.999629973	
P(T<=t) one-tail	0.006676047	
t Critical one-tail	1.812461123	
P(T<=t) two-tail	0.013352095	
t Critical two-tail	2.228138852	

A Paired two sample T-test was used to examine whether the DBT-S group was effective in improving quality of life amongst participants (measured using ReQol-20). Quality of life served as the dependent variables and the DBT-S group served as the independent variable.

The results from the pre DBT-S intervention ($M=17.5$, $SD = 2.22$) and post DBT-S intervention ($M=41.5$, $SD = 2.22$) the ReQol-20 measure, revealed that there was a statistically significant interaction between the DBT-S group and participants self-reported improvement in quality of life. $t(10) = 2.22$, $p = .005$

Table 3. t-Test: Paired Two Sample for Means for ReQol-20 Outcome measure

	Post DBT-S	Pre DBT-S
Mean	41.45454545	17.4545455
Variance	184.4727273	333.072727
Observations	11	11
Pearson Correlation	0.042249753	
Hypothesized Mean Difference	0	
df	10	
t Stat	3.571940588	
P(T<=t) one-tail	0.002539661	
t Critical one-tail	1.812461123	
P(T<=t) two-tail	0.005079321	
t Critical two-tail	2.228138852	

4. Discussion

The results show that both the CORE-34 and ReQol-20 self-reported measures had significant improvements for participants regarding reducing their emotional intensity and improving quality of life. However, the DERS-18 outcome measure did share similar results and was found to have no statistical significance in improving emotional regulation. These results indicate that a DBT-S group does provide significant improvements for participants in some key areas; highlighting that a stand-alone DBT-S group can be a valuable treatment for patients.

There were no significant findings relating to the DERS-18 measure, which aimed at measuring participants emotional intensity and regulation. Despite this study coinciding with existing research into DBT-S groups, a plausible explanation for the DERS-18 results may be the consequence of participants apprehensions around discharge after the intervention.

This study builds on the existing evidence base of a DBT Skills group as a stand-alone intervention for complex emotional needs. As highlighted by Mattei & Sposato, 2020, participants in the present study also reported a quality of life improvement over the course of the group. These results provide a new insight into the relationship between a DBT-S intervention and overall quality of life, building on the theories of previous research demonstrating the effectiveness of the group intervention (Blackford & Love, 2011).

The present study continues to contribute to the evidence of a standalone DBT skills-based treatment for complex emotional needs. This study provides practical applications for future DBT-S groups, drawing on effective elements of the pilot study to provide enhanced treatments for individuals. However, a larger sample size would have been beneficial in determining accurate outcomes for the study and improving reliability. Additional considerations include confounding factors around discharge. Queries around patients next steps after the DBT-S group led to heightened anxiety and relapse in some symptoms. This could have been reflected in the outcome measures due to fears around being discharged from community health services. Feelings of abandonment and fear of change is frequently associated with this participant demographic and may explain the outcome (Gamlin et al, 2019).

5. Conclusion

To summarise, the aim of the pilot study was to ascertain the effectiveness of a stand-alone DBT-S group as an alternative treatment option for clients experiencing complex emotional needs. Significant findings were found regarding participants self-reported decrease in emotional intensity and increases in reported quality of life. This pilot study adds to the small but growing body of research looking into a DBT skills group, demonstrating the importance of utilising this intervention to aid patient's recovery. While this study does add to the existing evidence base, further research is warranted to ascertain the interventions effectiveness in reducing complex symptoms associated with personality disorders.

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