



Consultation Clinics: The Right Therapy for the Right People. Assessing and formulating under and over control

**18th international conference on offenders with an intellectual and/or
developmental disability
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Overview

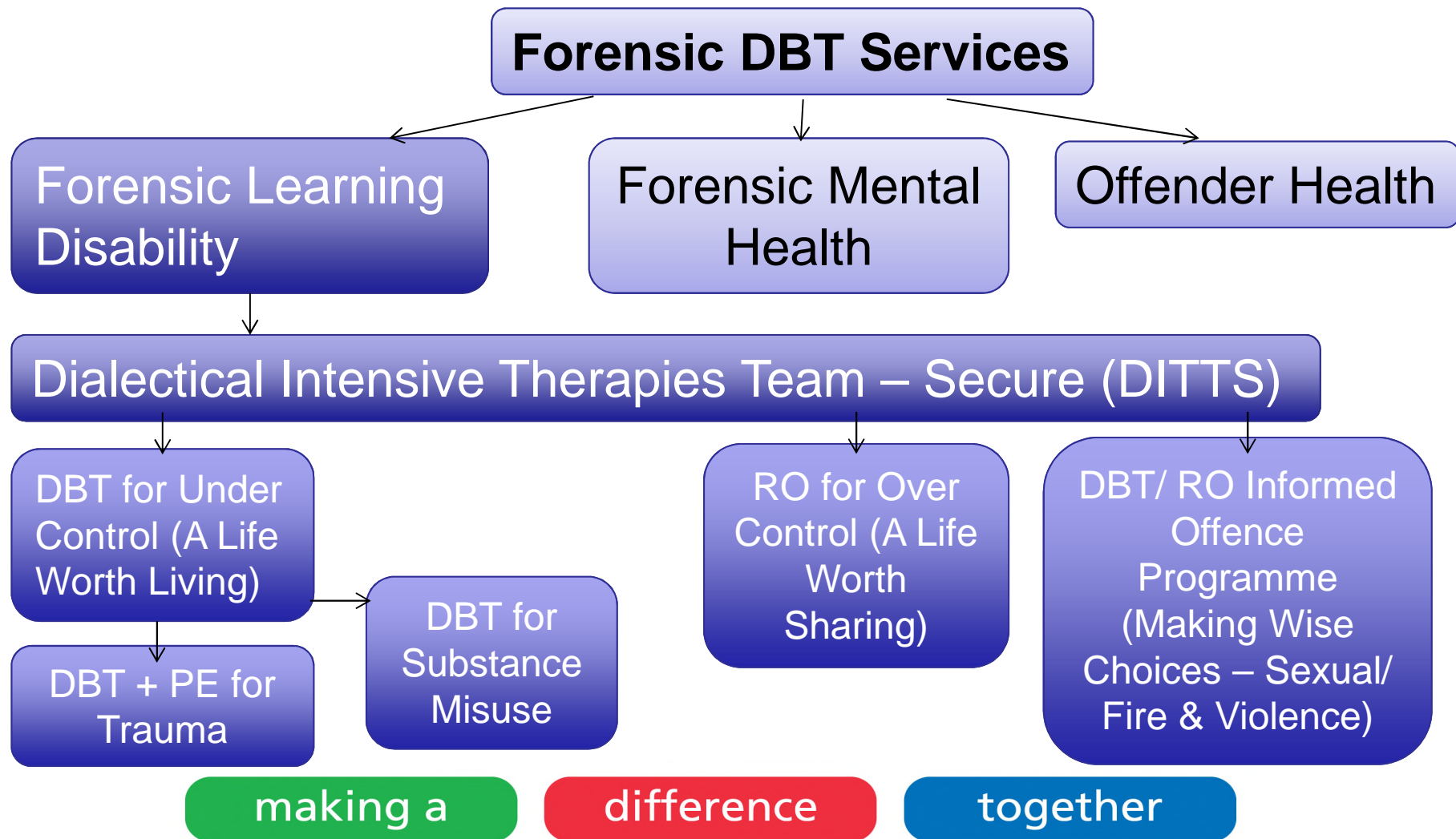
- Forensic DBT Services
- Brief Overview of the Dialectical Intensive Therapies Team – Secure (DITT-S)
 - Who we are and what we do
 - Why the clinics were needed
 - The aims of developing the clinics
- Format of the Consultation Clinics
- Feedback from the Clinics
- Implications and future plans

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Forensic DBT Service





Overview of DITT-S

- The Dialectical Intensive Therapies Team – Secure began with a small team developing and delivering DBT for under-control.
- The team expanded and so did the therapy programmes that we offer to include RO DBT for under-control and offence-specific therapy.
- DBT and RO DBT therapists:
 - Meet weekly for Consult
 - Deliver weekly group sessions and weekly individual sessions
 - **Run Consultation Clinics**
 - Deliver staff training
 - Involved in developing the service
 - Conduct research

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Overview of DITT-S

- We run the following programmes
 - DBT for Under-Control
 - DBT with Prolonged Exposure (DBT + PE) for Trauma
 - DBT for Substance Misuse
 - Radical Openness for Under-Control
 - Making Wise Choices
 - Sexual Offences (MWC-S)
 - Fire and Violence (MWC-F/V)
- All therapies have been developed specifically for the needs of our Service Users

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Overview of DITT-S

- Why we needed the Consultation Clinics
 - As the service grew, we were receiving increasing numbers of referrals to our programmes and realised that we didn't have an appropriate forum to discuss new cases.
- The following aims were established for the Consultation Clinics:
 - Develop a Consultation Clinic where clinical teams can discuss a Service User with experienced DITT-S therapists from across the range of therapies.
 - To reduce the risk of Service Users being offered the 'wrong' therapy.

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Format for the Consultation Clinics

- Clinic Logistics:
 - Thursday afternoon (DITT-S Day to maximise therapist availability)
 - 2 consecutive clinics, 1½ hours each (initially 1x monthly → 2x monthly)
 - Drinks and snacks
- Consultation Clinic Attendance
 - DITT-S: Therapists skilled across the range of DITT-S Therapies
 - Referring Clinical Team: At least 3 members of the team, ideally across a range of professions and settings
- Clear Consultation Question
 - Is this person suitable for DBT or RO? Is this person under- or over-controlled?
 - Is this person suitable for one of the Making Wise Choices Programmes (DBT/RO Informed offence programmes)

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Format for the Consultation Clinics

- Where the clinic is focussed on identification of over-controlled and under-controlled traits, the following are completed:
 - Over Under Control Trait Measure; OUT'M
 - The OUT'M had previously been adapted by DITT-S to make it more accessible to the population.
 - Over Under Control Trait Formulation
 - The formulation model was developed by DITT-S looking specifically at characteristics of under control (DBT) and over control (RO DBT).

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Format for the Consultation Clinics

- Over Under Control Trait Measure; OUT'M
- List of descriptive words, for example, disciplined, chaotic, erratic. To support service users with LD and Autism we included a description of each word.
- The rater identifies how much their personality fits with that word on a scale of 1 (not at all) to 7 (extremely)
 - The assessment was completed by the service user prior to the clinic
 - A second assessment is completed by the clinical team in the clinic This helps to generate discussion which informs the formulation.
- Four subscales are calculated, inhibition, need for structure, detachment, overall OUT-M score.
- The scores below 50 would be under controlled tendencies and scores above 50 are more over controlled tendencies

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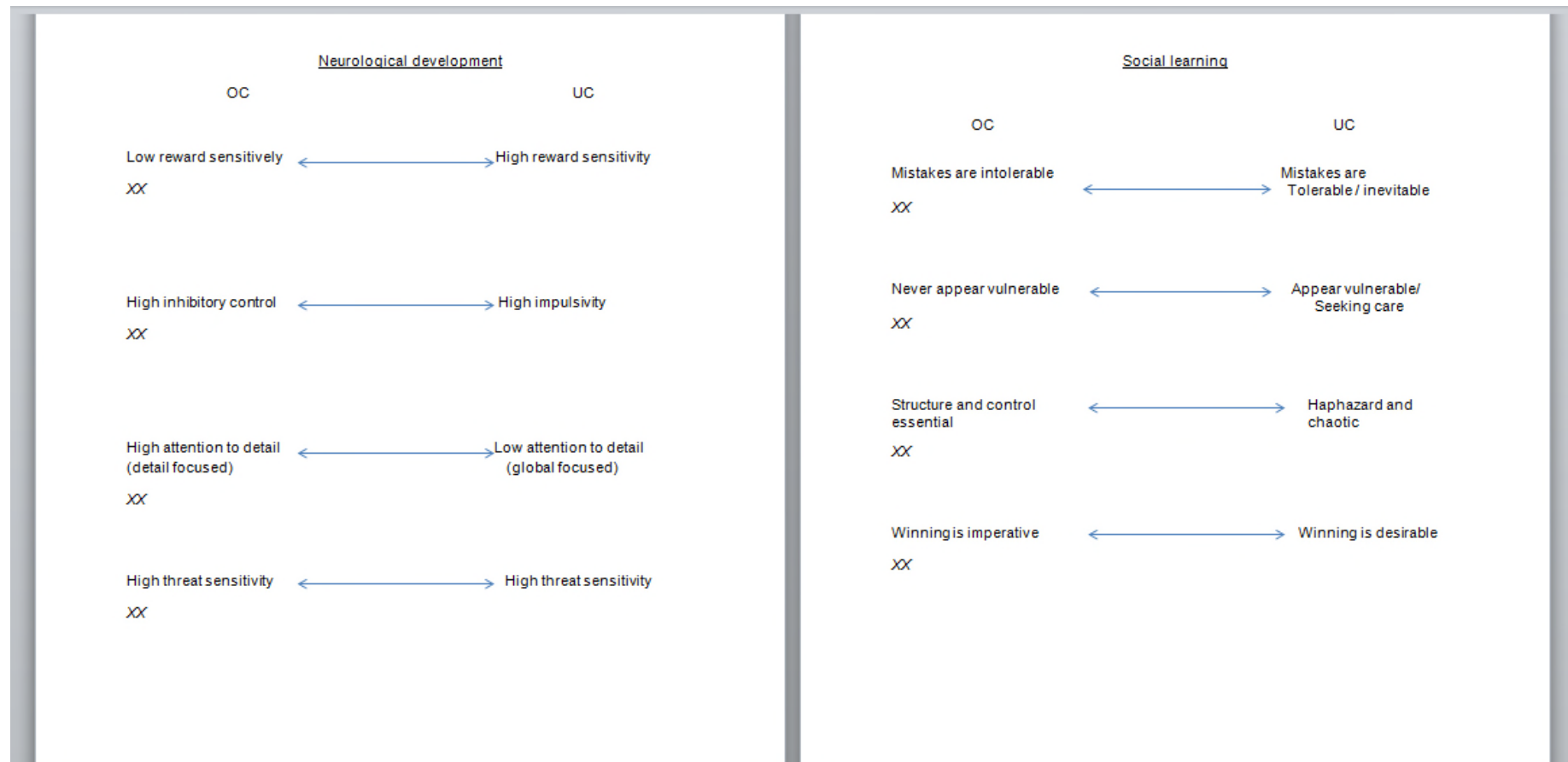
Format for the Consultation Clinics

- Consultation Clinic Trait Formulation.
- This includes a historical background review, including early history and diagnosis.
- It also includes a description of current presentation.
- Use the OUT-M to guide the over and under controlled formulation.
- There are three different categories, neurological development, social learning, coping styles.
- Based on this formulation we decide which treatment may fit best for the individual.

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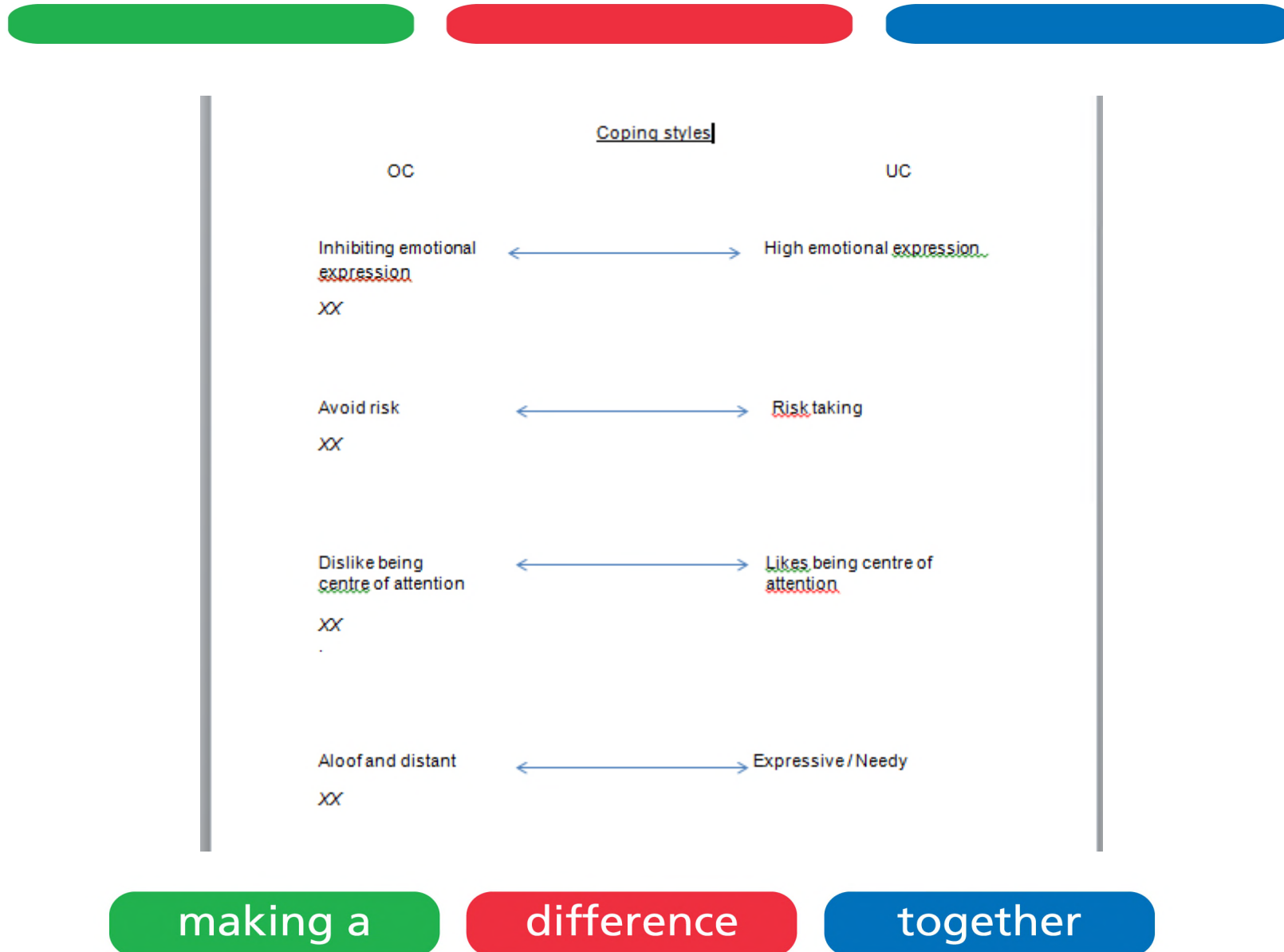
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Feedback from the Clinics

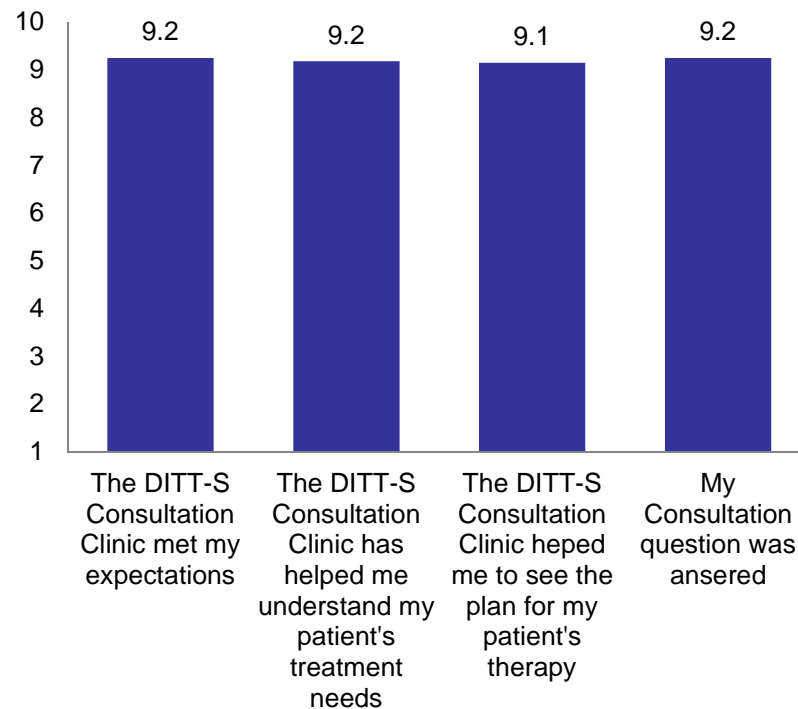
- The DITT-S Consultation Clinics are new, and were developed solely from the side of the DITT-S. It was important therefore to seek feedback about the clinics:
 - A questionnaire was developed to collect satisfaction data from all Clinical Team members attending the Clinics.
 - A second questionnaire was developed to collect data from the DITT-S Therapists regarding their Clinic involvement.

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Feedback: Clinical Teams



- 4 closed questions were asked
- 10-point Likert-scale
- Exceptionally high level of satisfaction overall
- Typically, lower satisfaction scores linked to where someone was assessed as not suitable

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Feedback: Clinical Teams

- We also asked an open ended question about what we could do to improve the Consultation Clinics
 - A bigger room was needed
 - A bigger room was booked with a smart TV and large table
 - Greater MDT presence from the Clinical team
 - We seek a full invite list from the referring clinician and an invite is extended to them.
 - Prior information about the clinics
 - Clinic information is sent out with the clinic invite. A poster will be developed and displayed in ward/staff/SOTT offices. This will also be sent out with the clinic invite

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Feedback: DITT-S Therapists

- Being able to have reflection space about service users.
- It is a multi profession decision and not just directly from the psychologist about treatment pathway.
- Developing confidence and empowering teams to make decisions about service user treatment pathways.
- Larger room.
- An increase in MDT presence.
- We asked what stopped MDT from coming to Consultation Clinics
 - Other work commitments
 - Difficulty getting off the ward

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Implications and Future Plans

- Service Users more appropriately placed in intensive therapies. Individualised.
- Efficient and effective treatment pathways.
- Support to other MDT professionals for understanding service user's treatment needs and pathways – CTR panels/tribunals.
- Sharing expertise and knowledge with other forensic services about different personality styles and DITT-S therapies.
- Next steps include looking to implement the process across the Trust.

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THANK YOU!

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