



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
April 2019**

Dr Rachel Collinson
Highly Specialist Clinical Psychologist
Lyndsie Barker
Chartered Forensic Psychologist



making a



difference



together



Overview

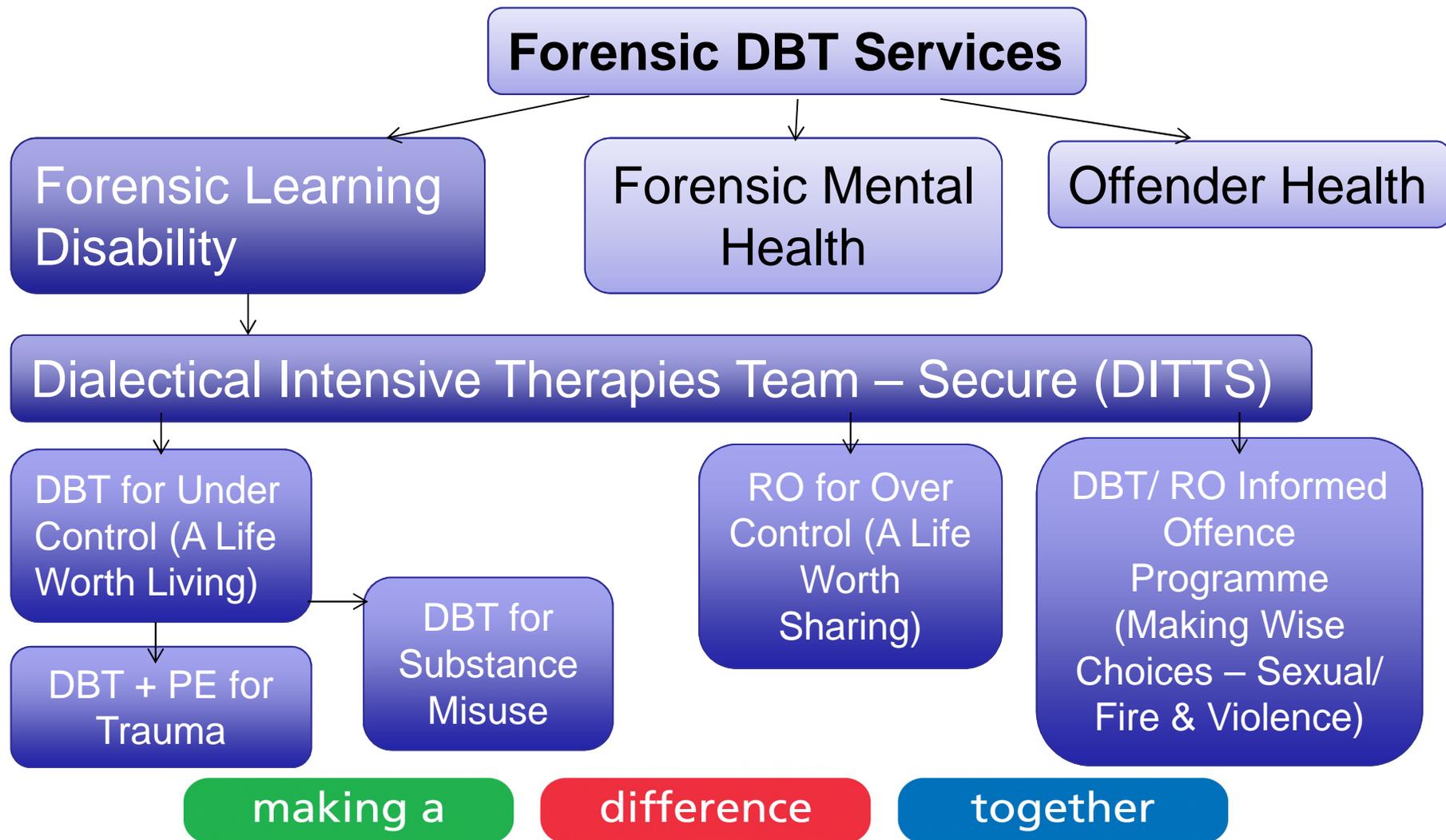
- Forensic DBT Services
- Brief Overview of the Dialectical Intensive Therapies Team – Secure (DITT-S)
 - Who we are and what we do
 - Why the clinics were needed
 - The aims of developing the clinics
- Format of the Consultation Clinics
- Feedback from the Clinics
- Implications and future plans

making a

difference

together

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

making a

difference

together



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

making a

difference

together



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.

making a

difference

together



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)

making a

difference

together



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).

making a

difference

together



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

making a

difference

together



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.



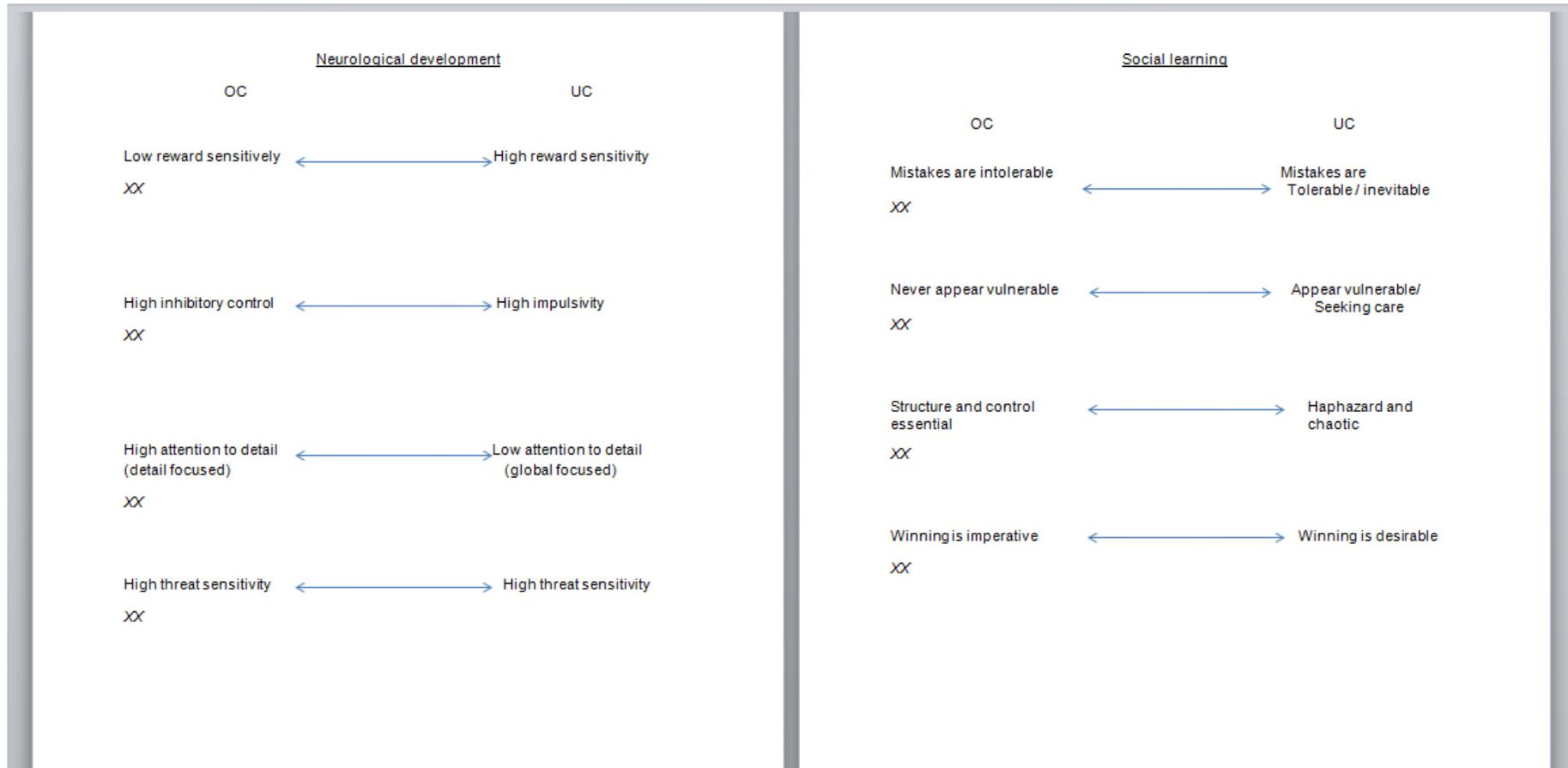
making a



difference



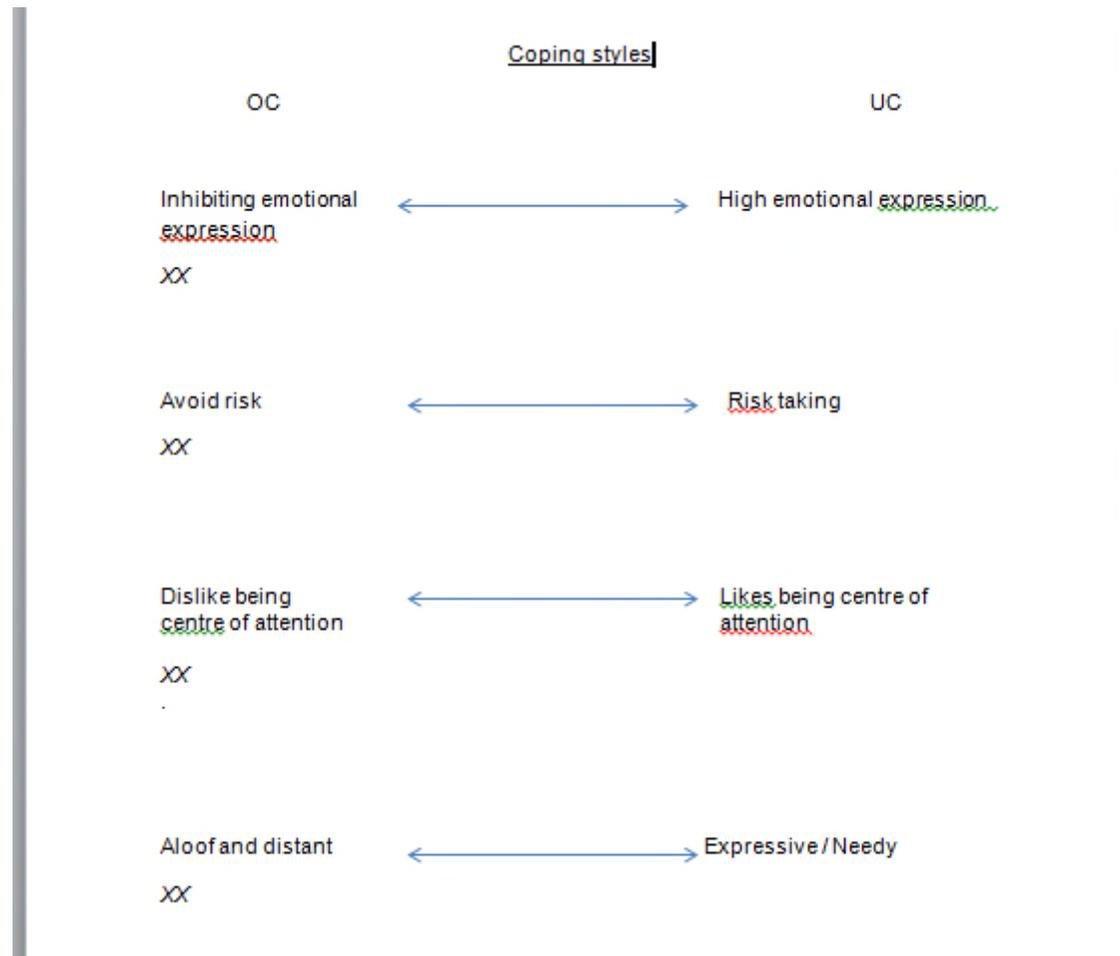
together



making a

difference

together



making a

difference

together



Feedback from the Clinics

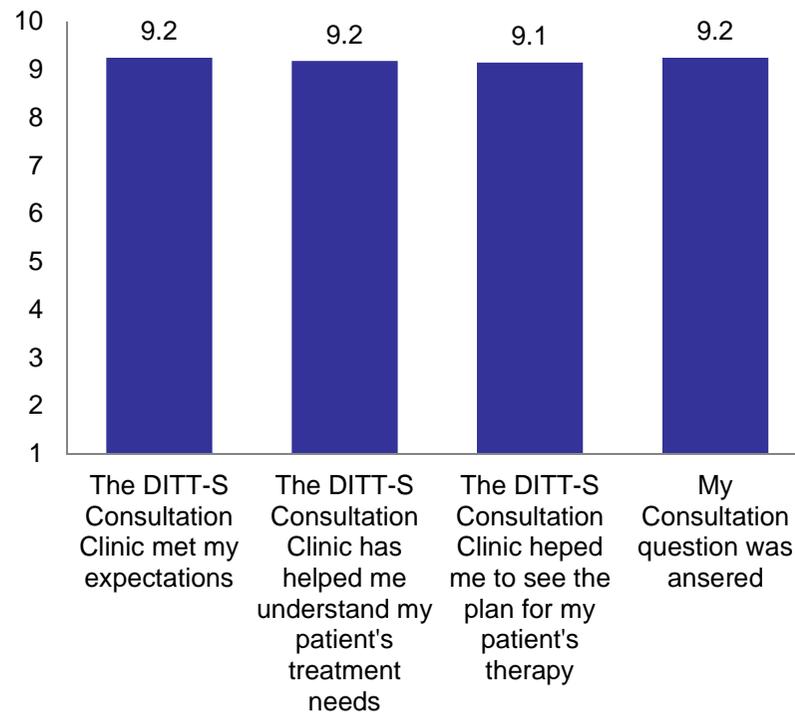
- The DITT-S Consultation Clinics are new, and were developed solely from the side of the DITT-S. It was important therefore to seek feedback about the clinics:
 - A questionnaire was developed to collect satisfaction data from all Clinical Team members attending the Clinics.
 - A second questionnaire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

making a

difference

together

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

making a

difference

together



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



making a



difference



together



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

making a

difference

together



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.

making a

difference

together



Contact Details

Lyndsie Barker – Chartered Forensic Psychologist

lbarker4@nhs.net

Dr Rachel Collinson – Highly Specialist Clinical Psychologist

r.collinson@nhs.net

Dr Joanne Sharp – Highly Specialist Clinical Psychologist & DITT-S

joanne.sharp4@nhs.net

making a

difference

together



References

- Gaga, E. & McCourt, M. (2018, April). *Making Wise Choices about Offending: Service User experiences about a DBT-Informed Offence Programme* . Presented at the National Autistic Society 17th International Conference on the Care and Treatment of Offenders with Intellectual and Developmental Disability, Birmingham, UK.
- Harrington, R., & Bailey. (2005) Mental health needs and effectiveness of provision for young offenders in custody and in the community. *Youth Justice Board for England and Wales 2005*.
- Jones, E., & Chaplin, E. (2017). A systematic review of the effectiveness of psychological approaches in the treatment of sex offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*.
- Mews, A., Di Bella, L., & Purver, M. (2017). *Impact evaluation of the prison-based core sex offender treatment programme*. London: Ministry of Justice.
- Small, M., & Sharp, J.E. (2018). Making Wise Choices-Sexual: Development of DBT-Informed Offence Programmes within a secure learning disability and autism service. Presented at the National Autistic Society 17th International Conference on the Care and Treatment of Offenders with Intellectual and Developmental Disability, Birmingham, UK.



making a

difference

together



THANK YOU!

making a

difference

together