

DBT

Doing Better Together

Building a Community of Practice for DBT for Adolescents

Dr. Marjorie Robb, Children's Hospital of Eastern Ontario
Heather Bragg, MSW, RSW, Youth Services Bureau of Ottawa

- Marjorie Robb
- Heather Bragg

- No Disclosures

Learning Objectives

1. Explain the advantages of developing a collaborative multiagency community of practice for DBT with adolescents and caregivers
2. Identify the challenges in developing a community of practice across multiple agencies and disciplines
3. Review the innovative measures that help address these challenges
4. Describe the benefits of a collaborative model for clients, clinicians, and agencies

Rationale

- The number of young people presenting with problems of emotion dysregulation (suicide behavior, self-injury, anger, mood swings, etc) has increased
- These people are high users of emergency, crisis, and inpatient services
- Dialectical Behavior Therapy for adolescents and their caregivers is an evidence-based practice that is effective with this population

Rationale

- Three agencies in the Ottawa area have developed DBT-A programs
- Lack of communication and coordination between these programs
- It was felt that developing a Community of Practice for DBT-A would benefit both clinicians and clients by creating a forum for sharing knowledge and ideas

Process

- Leader to leader communication
- First step – cross-agency supervision
- Needs assessment – 2 agencies
- Original meeting to set goals and brainstorm
- Expansion of DBT within Youth Services Bureau included hiring a DBT lead who was also part of CHEO team
- All 3 agencies providing DBT-A service engaged

Essential ingredients

Supportive leadership – see the advantage and approve time

Enthusiasm – a few people willing to do the work

Tech support – someone willing and able to develop and maintain the e-resources (such as the Dropbox)

Partners value a collaborative approach and let go of competitive tendencies

Challenges

- Different governance systems
- Different “therapeutic cultures”
- Different levels of training
- Historical lack of collaboration and some degree of mistrust
- Physical separation of systems and electronic records systems that don’t talk to each other

The Community of Practice



Community of Practice

Youth Services Bureau (YSB)

- 12-week DBT Skills Training group (+ some individual)
- 12-week caregiver-only group

Children's Hospital of Eastern Ontario (CHEO)

- Comprehensive 16-week DBT-A for youth and caregivers (group + individual, 12/7 phone coaching)
- Caregiver-only DBT group (12 weeks)

The Royal

- 15-week DBT-A for youth and caregivers (group + individual)

Bridges/Passerelles Program

- Community-based intensive program for youth 13-17
- Collaboration of YSB, CHEO, The Royal, and Ottawa Public Health
- 12-week DBT Skills Training group (+individual)

Research and Action for Teens (RAFT) Study

- Research project including YSB, CHEO, and The Royal
- 12-week DBT Skills Training group for youth with concurrent d/o

Community of Practice

How does it work?

- Three-hour meetings every 2 – 3 months with all DBT clinicians from all agencies invited
- Identify common challenges and discuss possible solutions
- Session on skills teaching – sharing ideas for how we teach mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness, and Middle Path skills
- Session on individual DBT therapy
- Upcoming session on caregiver DBT
- Dropbox for sharing resources developed

Our Innovations

- Modified diary cards
- Panic sheet – youth, caregivers, clinicians
- Video resources
- CoP Dropbox to share resources
- Teleconferenced/videoconferenced consultation meetings
- Parent/caregiver resource Dropbox

Results

- The community of practice provides a forum for:
 - Sharing techniques for teaching skills
 - Pooling resources (grad group, handouts, videos, etc)
 - Cross-fertilization of ideas
 - Continuing education
 - Consistency of approach
 - Consultation for consultation teams
 - Facilitates collaborative research

Benefits of a CoP

- Clinicians feel more supported
- Innovative ideas benefit a larger group of clinicians and clients
- Expertise and skills are effectively shared
- Less “reinvention of the wheel” → easier to grow programs → more clients served
- Better client outcomes
- Growth of interdisciplinary team culture