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Evaluation of a DBT group within Adolescent Residential Care

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Abstract

Dialectical behavioural therapy (DBT) is an evidence-based cognitive behavioural intervention which has been shown to aid difficulties such as interpersonal relationships, emotion regulation and distress tolerance in women with personality disorder or displaying self-harm and suicidal behaviours. There is growing evidence that DBT can be utilised with adolescent populations also exhibiting such behaviours. The following evaluation looks at a DBT skills group implemented with young females in a Scottish residential service. Semi-structured interviews with young people and focus groups with staff were completed and transcribed. Thematic analysis was used to draw out key themes and these are discussed in relation to implementation for future practice.

Keywords

Dialectical Behaviour Therapy, evaluation, adolescent, residential child care

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Introduction

Dialectical Behaviour Therapy

Dialectical Behaviour Therapy (DBT) is an intervention developed for individuals with difficulties regulating emotions, particularly those who experience suicide and self-injurious behaviour (Brodsky & Stanley, 2013). DBT is the leading evidence-based intervention for women diagnosed with borderline personality disorder (BPD; Groves, Backer, van den Bosch & Miller, 2012). It is a cognitive-behavioural intervention which aims to target characteristics of BPD including difficulties with interpersonal relationships, emotion regulation and distress tolerance (Dimeff & Linehan, 2001). DBT implements behavioural strategies and integrates eastern mindfulness practices, within the overarching premise of a dialectical world view which emphasises synthesising opposites of acceptance and change (Dimeff & Linehan, 2001). The delivery of DBT includes individual psychotherapy, group skills training, telephone consultation and a therapist consultation team (Linehan, 1993). DBT is broken down into three stages: Stage 1 focuses on stabilisation including reducing life threatening behaviours, therapy interfering behaviours and quality of life interfering behaviours and deficits in behavioural skills; Stage 2 involves working directly with trauma symptomology; Stage 3 focuses on improving one's experience of themselves e.g. increased self-respect, personal validation and goal setting (Linehan, 1993). DBT has been found to be effective for various conditions including depression (Bradley & Fallingstad, 2003), suicidal ideation (Bohus, Haaf, Striglmayr, Bohme & Linehan, 2000), self-harm (Hawton, Townsend, Arensmann, Gunnel, Hazell & House, 2000) and eating disorders (Telch, Agas & Linehan, 2001).

DBT with adolescents

There is increasing research and evidence into the use of DBT with the adolescent population (Little, Butler & Fowler, 2010; Groves *et al*., 2012). DBT was initially adapted for adolescents experiencing suicidal behaviour by Miller and colleagues (Miller, Rathus, Leigh, Landsman & Linehan, 1997 in Groves *et al*., 2012). Changes made to the original intervention included reducing the

length of time in treatment, age-appropriate language, and including family members in skills groups (Grove *et al*., 2012). Additionally, a further module was developed called 'walking the middle path' which is aimed at providing more support around learning validation skills, behavioural principles and dialectical thinking (Grove *et al*, 2012). Rathus and Miller (2002) demonstrated the utility of DBT with outpatient adolescents in a clinical trial implementing pre- and post-measures. Results showed reductions in suicidal ideation, general psychiatric symptomology and BPD symptoms (Rathus & Miller, 2002). Adolescents within inpatient settings have also been shown to benefit from DBT demonstrated by a reduction in behavioural incidents (Katz, Cox, Gunasekara & Miller, 2004). McDonell and colleagues (2010) also found a significant increase in overall functioning, a decrease in prescribed medication and a reduction in non-suicidal self-injurious behaviour when implementing DBT in an inpatient setting.

DBT with adolescents in residential settings

Research implementing DBT in residential settings appears to be sparse. Although as noted above there has been research implementing the intervention within inpatient settings, residential settings are viewed separately within the research (James, Alemi & Zepeda, 2013). Moreover, research within the UK is particularly sparse, with more research emerging from the USA. Apsche, Bass and Houston (2006) compared Mode Deactivation Theory to DBT noting that there appeared to be more reduction in symptoms with the former intervention. Wasser, Tyler, McIlhaney, Taplin and Henderson (2008) found a reduction in depressive symptoms for those attending DBT. Although both studies used control groups, methodological issues exist for both including, small sample sizes and difficulties relating to generalisability.

Sunseri (2004) conducted research in a residential treatment centre for adolescent females in California. Results noted reduced hospitalisation, fewer incidents of self-harm and suicidal behaviour and fewer physical restraints. Additionally, adolescents increasingly approached care staff to report their distress or request assistance with skills. Beckstead, Lambert, DuBose and Linehan (2015) found a reduction in the severity of internalising and externalising symptoms with a group of Native American adolescents diagnosed

with substance disorder. Recently, McCredie, Quinn and Covington (2017) evaluated a year-long DBT treatment in an adolescent residential setting in Maryland. Factors identified included reduced number of diagnoses from admission to discharge and reduction in symptom severity. The views of the young people in terms of the utility of the skills was also obtained with participants advising that they were significantly more likely to use skills contained within the Distress Tolerance module than other skills. However, they also were more likely to advise that all skills would work if used, rather than stating there were any particular skills which they did not find effective.

DBT in a Scottish residential service

The following report evaluates a DBT group delivered in an adolescent residential service in Scotland, UK. The service offers intensive DBT (group plus individual therapy), group DBT skills, individual DBT skills and individual intensive DBT, dependent on a young person's needs. The group involved in the below evaluation consisted of seven young girls from one of the houses within the residential campus. Within the group, two of the girls engaged in intensive DBT, four of the girls engaged in group skills plus individual work which was not of a DBT approach and one girl engaged in solely group skills and left halfway through.

The group ran every Wednesday evening within a therapeutic room in the intervention services building. Consideration was given to factors influencing responsivity including the environment and layout of the room for example utilising beanbags rather than chairs for comfort. A total of 43 one-hour sessions were completed, across 55 weeks. All modules of DBT were delivered including Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness and Walking the Middle Path. The format of the group was such that every module was preceded by two mindfulness sessions and followed by an event chosen by the group participants to celebrate completion of a module, with a graduation ceremony at the end of the group. Two fully trained DBT staff members facilitated the group. Children and youth care workers from the residential house also participated in the skills groups. This participation was to

allow staff working within the house to increase DBT knowledge and to support the young girls in utilising skills learned from the sessions in the life space.

Findings and discussion

Interviews were conducted with young people who participated in the DBT group early into the intervention (following completion of the first three core modules) and repeated following completion of the intervention. Focus groups were conducted with those staff that participated following completion of the group. Interviews and focus groups were transcribed and thematic analysis was used to analyse the data. A total of seven themes were drawn from young person interviews, and six similar themes from the staff focus groups. These are discussed below, providing example quotes demonstrating each theme.

Theme 1: Understanding DBT

Young person views

Overall, across both the initial and the post-intervention interview, young people appeared to demonstrate a good understanding of DBT. Although often participants were unable to expand the acronym 'DBT', all group members were able to describe the purpose of the intervention:

> I don't remember the first…I don't […] (lots of background noise)….I can't say the 'D'… I know it's behaviour therapy …some…behaviour therapy… (I: yeah, okay)…I just can't remember what the 'D' stands for

> It helps you like…not just emotions…it helps you understand other people's emotions …not just your own. It helps you understand the way other people are feeling.

Group members demonstrated knowledge of the various modules involved in DBT, however primarily discussed the use of mindfulness and emotion regulation, with the majority of the participants talking about these modules:

> We talked about the three minds for quite a while…Logic Mind, Wise Mind and Emotion Mind.
>
> It tells you like about ... like emotions... stuff like that.

Staff views

Similar to the young people, staff were more able to reflect on the purpose of DBT rather than expand the acronym. They also appeared to focus on emotions and mindfulness:

> Dialectal behavioural therapy [ ] there's a lot of kind of focus on mindfulness… and how you… and how you kind of take things in before you respond to situations and certain emotions and stuff (I: Yip) … there's sort of emotion regulation in it.
>
> I think the aim for the young people was basically to… to give them… the tools to deal with their emotions better.

It appears that overall the young people and staff developed a good understanding of the role of DBT. Of note, all those who participated reflected primarily on emotions and mindfulness. This may be due to the large involvement of these two concepts within DBT. Notably, there did not appear to be discussion around relationships or the key concept of managing dialectics and finding the middle path.

Theme 2 (young persons): Exercises within DBT

Across initial and second interviews, young people reflected on a number of exercises they engaged in within the group. There appeared to be a mixed view on those activities that were enjoyed among group members:

> The worst bit is when you're sitting and they ask you to sit still, silently, not fidgeting, not doing anything while you're listening …see like.. when you get those CDS of people talking… it just makes me more agitated…it makes me more angry….. it just makes wanna smash the radio player'.

> we did one where we had to balance the ball on the sheet and it was all about like control … [What was it about the activities that you really liked? Do you know?] Just working together and stuff

> The best bits are like being mindful and then activities I guess… once we have like 5 places to go round…like lego… computer… that was quite good.

There were some aspects of exercises which young people did not enjoy and notably, young people most enjoyed the more active exercises:

> I didn't really like the mindfulness… it was a bit weird, but I quite liked the three minds…. Coz I kinda got that…I was kinda really good at that one.

> It's ok but I prefer when we're like doing something, like when they asked us to like…. Draw or paint or something rather than just sitting talking about it.

Overall there is the impression that group members enjoyed a variety of exercises and modes of learning within the DBT group. Being active within the group appeared to be the most enjoyed aspect of the group, whilst sitting still and listening was the least favourite. The group appeared to reflect well on the learning points from the exercises also, rather than viewing them only as fun activities to break up the time.

Theme 2 (staff): Preparation/feeling prepared

Staff often reflected on how well prepared they felt prior to the DBT group commencing with some staff feeling more informed than others:

> l didn't have any knowledge of it, however it was very quickly evident what it was all about (I: okay) yip, and from the first… after the first couple of weeks l knew exactly what it was about (I: okay) and l could then support the young people.

> we had a little, because (name of staff member), (name of staff member) and… (name of staff member)… they came to our development day (I: okay) and they kind of did a wee overview.

Staff felt that prior training would have been beneficial to increase their understanding and participation before being involved:

> if staff were going to be involved with the young people to support them, l think it would be a good idea for them to be spoken to prior (I: yip) to the sessions starting, and giving them maybe just an overall view of what's going to happen and what it's was going to be about.

Although all staff did not feel they were given training or preparation prior to the commencement of the group, all noted that they were able to understand DBT within the group sessions and embrace the purpose of the intervention.

Theme 3: What would you change about DBT? / What went well?

Young person views

Group members discussed various aspects they enjoyed about the skills group. As discussed in theme two, there were reflections on the types of activities they enjoyed and those they did not. They also discussed the use of prizes, with it being noted that these may not have always had the desired effect (e.g. motivation and encouragement):

> The whole prizes thing…. It's supposed to be like… you need to earn a prize… but they're really bad for that… they just give whoever a prize.

> The Prizes! They're rubbish.

Some young people commented on the practicalities of the group, including the size, the environment, the length of one session and the length of the intervention as a whole:

> Maybe the dragging on…like the talking….it feels like you're walking through woods …they keep like talking… and like…cold dark woods. And getting pure bored. I don't like the size of the group…. If it was a smaller group I'd probably like it more

> maybe more like [ ] like we are stuck...every time we go like we are in a wee building.. I think we should be like …do like outside…like active things...maybe like (I: okay) across the campus.

All young people spoke positively of the facilitators, with no group member suggesting any changes with this:

> like once you first walk in the door they've always got a smile on their face which cheers the place up if it's in a bad atmosphere.

> yous have a lot of fun when you are with them […] they just make it a pure laugh like we all thought it was gonna be pure boring [ ] they were just gonna say like, oh do this and do that…and help you with that...but it's not like [that] they make it really fun.

There appeared to be mixed views from the young people about it being in a group, mixed gender and mixed units:

> It's better in a group…coz if you were doing it yourself you'd feel quite lonely… But when you've got your peers with you, it's just kinda better… it's like relaxing.

> It would be so much better if it was just like…like [name of unit] is all girls at the minute… so you can imagine how hard it is living with 6 girls right.. well 5 including me… but you see if it's like boys and girls …and from different units… how many units are there…like so if you had 10 groups a week right … or like a group every day…. Maybe you cant do that…or maybe 2 groups a day … With maybe 8 people in it… with staff but all different people from different units… that would be so much easier

> Yeah, like also like you get other people's opinion working in a group so it's better that way.

Overall, the young people reflected positive views of the group. Often within the interview young people reported 'I wouldn't change anything' (or similar). Young people notably felt the relationships they had with the facilitators helped them feel comfortable within the group setting as well as enjoy the group content. Young people also reflected on feeling that they wanted to attend the skills group, as they found it to be fun rather than a chore, and that they did not feel pressured to attend.

Staff views

Staff felt areas of improvement included the size of the group, the length of a session and the length of the group as a whole:

> I think a smaller group (I: right okay) would be better (I: okay), l think sometimes the group was too big (I: okay) and it was hard for the young people to stay focused (I: okay) erm… because the group was very big.

> It has been going on for a while, l think its maybe the time frame of it, issues between the girls, or if the girls in poor frame of mind they can't switch that off.

Staff also discussed difficulties around clarity of roles during the group sessions, particularly regarding challenging difficult behaviours presented by the young people:

> Probably the worst bits for me, was just not having that bit of control over the young people when they were getting out of hand (I: right okay). With the staff, we felt sometimes they were getting disrespectful and we didn't want to step in (uh-huh) because it wasn't our environment (I: okay). However, at times we did step in because we thought this is going too far now and were going to (I: okay) put a stop to this.

Despite this, staff spoke exceptionally positively of the facilitators:

> probably the best bits was the relationship that the facilitators had with the young people, cause that was evident that they were very comfortable and very… very happy to open up and talk about their own personal experiences, which for young people in this line of work is not easy.

> I think the girls in SIS [Specialist Intervention Service] have been absolutely brilliant and have been…kind of… consistent all the way through.

Overall staff spoke positively of DBT in terms of the facilitators, relationships and content. Staff felt that these had an impact on the efficacy of the intervention as a whole, noting that young people were able to retain and implement learning from the sessions due to the relationships they had developed. Areas for change appeared more related to practicalities for example the duration, size and timeframe of the skills group.

Theme 4: How DBT has helped

Young person views

The majority of young people who engaged in the DBT skills group reflected positively about ways in which they thought their management of emotions/challenges changed:

> If it wasnae for DBT I'd be in a bad place ...that's all Im saying.

> Coping strategies and all of that...like how to deal with that.like...[ ] it's [ ] made me think like…I'm not the only one here…you need to listen to other people's views…see how… cause …sometimes…like your way of doing it is not always the right way.

> I never really used to speak to anybody and then we're doing stuff like that in DBT and they said like if you can't really manage

> it, try like just asking like for help in another way to start off with so now I tried that and it's kinda getting me there.

Interpersonal relationships also appear to be a key area in which young people noticed a change due to engaging in DBT:

> when we were in a mood with each other like the other person wouldn't even realise …they'd just be like 'eh…naw' {waved hand away} ...but now we can actually sit down and say 'are you ok with me? Can you explain what I've done wrong' and all that

> before I started DBT I couldn't work in a group (I: really) I was really bad, I didn't like working with other people [ ] (I: okay)… I liked to do things my own way and when other people tried to…like interact...[ ] and I was trying to do it….I would get really pissed off and then I would get really angry…DBT has helped me a lot with that… (I: right okay)…so now I'm actually able to work in a group.

Young people also noted a reduction in their involvement in incidents for example violence and absconding:

> see before DBT I used to run away like three times every single week (I: okay) see now I've run away like once every like five months (I: right) just when I'm like really, really struggling.

> I was kicking off like every day and now that I'm going to DBT and coming to SIS I'm like getting restrained maybe once every 3 months… and hopefully that will build up to not getting restrained at all

One young person reported they did not act differently in any way following engaging in DBT however then recalled a video clip they had watched which had stuck with them about validation and understanding another person's feelings.

Staff views

Staff reflected on the differences they noticed in the young people who engaged in the DBT skills group:

> l believe it has made a difference… to… a lot of the behaviours, erm... they are using the language and… l believe at times of crisis, they are able to come out of it quicker, because of some of the skills that they've learned.

> yes l think, as l said before it's kind of brought staffing and young people closer together erm… they're... more willing to come and… seek us out for support rather than maybe self-harm.

Staff also discussed ways in which they felt their engagement in the intervention group benefitted their own practice:

> It's taught me some skills, it kind of introduced me to mindfulness if I've been honest, I've got mindfulness app on my phone.

> I'm not saying we weren't nurturing before but l would say it's more kind of nurturing (I: okay), as to how we deal with situations we kind of think things through before we go in (Staff R3: aye), instead of using counter aggression. No l think its worked.

All staff noted positive changes for themselves, their practice and the young people in their care. Staff noted that young people attending DBT were taking on board the content of the intervention and implementing the skills in their day-to-day lives. Staff also felt they were responding differently based on their own learning from engaging in the skills group.

Theme 5: Staff involvement

Young person views

Some young people appeared to find staff involvement beneficial while others discussed the negative side of this. Positively, some young people thought that staff were able to respond to them more appropriately based on the content of the skills group. Additionally, some who initially were not keen for staff to attend changed their mind by the end of the intervention:

> It maybe helps the staff manage OUR feelings.

> I never used to think that it was a good thing (I: okay) but now I do because they're all learning what we're learning as well.

On the other hand, some young people discussed how they felt staff interfered with their engagement or with their link to SIS:

> We need to see them in the unit all day... And I like SIS for me… To be…. not my staff…and in here with me…I do not like it… and it just really annoys me because staff are always like… 'SIS are for the staff and the young people…and I'm like no…It's really not… It's for the young people to learn…it just happens to be that yous are here… I feel as if as well, the staff... they always answer all the questions and the young people don't really….get a chance.

Some young people also reflected that although there are positives to staff attending the group with them, there were some suggestions for improvement in this area:

> See sometimes staff aren't coming to every single one… I don't see the point if they're not coming to every single one coz then you've got to explain it all over again.

> It is helpful, but the other part isn't helpful because the other shift haven't been to DBT (I: Okay) …so they don't know the coping strategies …and they don't know how we feel and all of that.

Overall, although the young people did report some aspects of staff involvement that they were not keen on, they spoke positively about the impact having staff in the group can have in terms of supporting them with skills learning. Additionally, they discussed how they felt it improved staff understanding of themselves, which in turn helped with the support the young people felt they required.

Staff views

Unanimously staff spoke positively about being involved in the skills group along with the young people. Staff appeared to feel that being within the group allowed them to offer hands on support within the unit as they had been present during the learning of skills as well as improving their own knowledge. Additionally, staff reflected on the improvements in relationships between staff and young people:

> I think absolutely it is vital that staff, because the valuable lessons that staff learn, should be carrying back into the unit (I: Okay, yeah), so l think that it is critical that staff from the unit take part and participate.

> Ehh l felt like coming together as a… staff group and all the young people together, erm… it brought us all closer, closer with SIS as well.

Overall there appeared to be a lot of benefits of involving staff within the DBT skills group, in a number of areas. Some alterations suggested to this included ensuring this was approached consistently for example having the same staff and always having staff.

Theme 6: Future/next steps

Young person views

Young people discussed various aspects of the skills group, which they felt could be changed in the future for example the size of the group, the mix of the group,

prizes and the length of time. Additionally, some young people reported they would find it useful if their individual SIS worker could attend the group:

> maybe just like [the] mix up like instead of just doing like all ..like the same group that are together all the time (I: mmh) [maybe] like mix up a little bit or (I:okay) maybe….like with the staff thing. We should maybe do like do one..do one week on a Tuesday night and do one week on a Wednesday night something like that [I: Okay, so that the staff, both sets of staff can come?] Yeah.

> It would probably be more helpful for your SIS worker to come to DBT like (I: okay) but some people may not mind.

> It would probably help boys because then they know that there's someone on their side to help them [] It would be helpful to mix cause then boys can see how girls think and girls will see how the boys think.

Positively, some young people also felt there were no changes to consider for the future:

> I don't think I would make any changes.

> Just like more of the same stuff like…just to like recover all of it.

Overall, when discussing the future, young people spoke positively of the group, and several relayed sadness regarding the intervention being completed. Participants also spoke positively of the facilitators and were keen for them to run the group again.

Staff views

Staff often discussed the practicalities of supporting the facilitation of psychological intervention within the residential setting:

> It wasn't a pressure for me, however I understand that it might be a pressure on campus, because of the staffing levels, so

> where, for me its fine, because we accommodated it and we could accommodate, however if there is things happening within the units and it's not possible for staff to get away because of other things that are happening, then that possibly could be an issue.
>
> I think maybe not so long (I: yeah), cut the courses shorter, the sessions shorter. [ ] I don't think… and this is just an observation, I don't think a lot of the units around the school have the same relationship with SIS (I: okay) and I think it's because us as staff team are open to new things and new learning.

Similar to the young people, staff discussed the mix of people within a group as well as the consistency of staff presence:

> I think if a staff member is going occasionally, I don't think they'll see the benefit, where as if same staff member going regularly, they will see the benefits that the young people are getting.
>
> I dunno if this, don't want to be taken this as a kind of sexist comment, but see likes of… if you had all the boys in *** unit for instance, I don't think, teenage maturity levels of teenage boys and teenage girls is really different and I feel I don't know if you could get a group of teenage boys that would fully engage the way the girls have.
>
> if your bringing them from different units it's going to maybe cause some communication problems but that's… that could be sorted.

Staff also discussed access to more information to increase their knowledge and confidence to support the intervention within the unit:

> What I think would be beneficial as well, see of the back of you saying a wee recap thing, so see within that four-week period you said, if we got a wee folder with a wee kind of summary with

> the modules, and then although it's completely different to us going all the time and going for the months, if we had that to keep in the office, although something other side of shift can look at.
>
> If a staff member attends the DBT sessions, there's a lot of paper work that we don't see on guidance on what the aim is and what they're actually doing, it probably would be useful for staff to actually see that (I: ahh okay). So that if when, the DBT sessions are finished (I: yip) because you won't remember everything, because l don't even remember everything just now, young person trying to guide them in the right way.

Theme 7 (young persons): Others' views on DBT

One final, smaller theme that appeared to emerge within the interview with young people was what they thought other people's views were on them engaging in DBT. There was a mixture of young people who were not concerned about others' views, some felt others thought it was a positive and some who thought people would view them negatively because of it:

> I dunno… they maybe think I'm a gimp …I don't wanna know what other people think…. See if I was to go like' oh I go to DBT to manage my emotions… ' they'd be like 'you're chucked…you're nae my pal' I'd get bullied for it…I'd probably get started on for it…
>
> I know my mum likes me doing it because my mum knows it's helped me a lot (I: okay)...my social worker likes me doing it because she knows that [ ] it's… I've improved a lot since I started doing it.
>
> [I: would it matter to you if people who are close to you didn't approve?] No [I: You wouldn't do it anyway?] 'cause that's what I like doing and I know that it's helped me.

On the whole, particularly in interview following completion of the intervention, young people reported that the people in their life (e.g. family, social work) thought positively of their engagement within DBT skills group and noted positive changes in their presentation due to this.

Discussion and conclusion

The above report aimed to evaluate a DBT skills group completed with young females in a youth residential setting in Scotland. The evaluation aimed to understand the viewpoint of both staff and young people who were involved in the intervention group. Seven overarching themes were drawn from the data, with six of these overlapping somewhat between staff and young people and one additional theme for young people. It must be noted that a larger number of individuals completed the initial interviews (n=6) whilst less completed the post-intervention interviews (n=4). Half of those in the post-intervention interviews had only joined the group halfway through; thus, it was not the same individuals interviewed each time and this may have impacted on the results.

Staff and young people alike demonstrated a good understanding of DBT and the purpose of the intervention within the unit. The high occurrence of mindfulness and emotion regulation discussion could reflect the fact that emotions are key within all modules. For example, distress tolerance is aimed at managing how one feels and responds to crises while interpersonal effectiveness may discuss the emotional connection between people or how emotions may impact on ability to form and maintain relationships. Regardless of these idiosyncrasies, all participants appeared to have a good overall grasp of the aim of DBT as an intervention and why it was useful to engage in.

Hands-on learning appeared to be the preferred approach within sessions. Young people reported that they did not engage as much or feel they gained as much from sessions that involved sitting talking or listening to each other or the facilitators. Staff also discussed their confidence to offer support within and outside of the group. Some staff felt that they would have benefitted from more training prior to the intervention commencing although they did feel that being a part of the group allowed them to build their knowledge and understanding

along the way. Potentially staff should be offered more input and training from facilitators prior to the commencement of the group.

Staff and young people reflected positively about the group overall, and particularly positively about the facilitators. Both staff and young people felt that smaller groups might have been better, allowing for more participants' voices to be heard. There were also discussions around mixed gender groups, which appears to be diverse in views across all participants. Both staff and young people thought that it would be better for sessions to be shorter as well as the overall programme to be shorter in length. However, given the nature of the intervention it is unlikely that this could be meaningfully fulfilled without losing key aspects of the intervention.

Everyone involved in the intervention noted positive changes. Young people noted improved emotion regulation, reduced involvement in incidents (e.g. aggression) and healthier interactions with others. Staff felt they were more able to respond appropriately to young people and felt more knowledgeable about the aims of DBT to help them facilitate intervention and skills practice within the unit. Given the positive reflections, it is likely further DBT skills groups would be useful within this residential setting, to further embed the skills learned. This is also in line with research purporting that DBT with adolescents should be repeated to encompass one year of treatment (Rathus & Miller, 2015).

Young people were mixed in their views about staff involvement initially with some feeling that their attendance at DBT was a separate entity and should be discretely with DBT facilitators. However, following completion of the group many young people spoke about the benefits of having staff present in the group as it allowed them to have a shared understanding as well as additional DBT support within the unit. Staff all spoke positively of their attendance in the group as they felt this increased their own knowledge and that it allowed them to feel more confident in supporting young people during times of crisis using skills learned from the intervention.

Young people had a variety of thoughts on what others' may think of their engagement within DBT, however on the whole felt it was positive as important

people in their lives were keen on them engaging and noted positive changes in their behaviour.

Considerations for future

Staff and young people suggested that prizes offered should be changed, that groups should be smaller if possible, as well as shorter in duration. Mixing the groups to include other units and mixed genders was discussed, although there was not a consensus on this. Some young people felt it may be beneficial to have the viewpoints of male peers within the group, whilst others felt it was best remaining unit specific due to the personal nature of some of the sessions. Staff discussed the access to time and resources, reporting that some units may not have the same ability to offer staff the way they can. They also reflected that although they were given time, it was not always consistent and therefore there was not always the same staff to attend the sessions. Based on these views, mixing units and genders to develop intervention groups may not be feasible or meaningful overall. Providing training to staff prior to the intervention commencing re-cap groups throughout the programme to increase confidence and knowledge for staff may be beneficial. Positively, some young people felt that there was no need to change anything about the intervention and they were keen for it to re-commence.

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