Evaluation of a DBT-Informed Multidisciplinary Training Programme Using a Quality Improvement Approach

NHS Greater Glasgow and Clyde

BACKGROUND

Within NHS Greater Glasgow & Clyde, individuals with a diagnosis of Borderline Personality Disorder (BPD) account for high levels of unscheduled care contact and inpatient bed use. Staff frequently report challenges in managing emotional dysregulation, risk, and repeated admissions.

GG&C Dialectical Behaviour Therapy (DBT) service has a role not only in patient care, but in structuring the wider system by supporting staff confidence, skills and wellbeing. Within this context, a DBT-informed multidisciplinary training programme was developed and iteratively refined using a Plan-Do-Study-Act (PDSA) quality improvement approach.

TRAINING RPOGRAMME

The training package consisted of seven DBT-informed, best principal approach for BPD sessions. Core content included:

- Understanding BPD and working with dialectical balance
- Understanding emotion regulation and dysregulation
- Finding a starting point and structuring sessions
- Supporting patients with distress tolerance skills
- Formulation-driven care and functions of behaviour
- Thoughtful risk-taking and managing hospital admissions
- Validation and mindfulness skills in DBT

Sessions combined a mindfulness exercise, teaching, group exercises, case consultation and aligned with Coordinated Clinical Care (CCC) principles.

PARTICIPANTS

Multidisciplinary staff from South and North-East Glasgow attended.

Cycle 1 included staff from:

- Community Mental Health Team
- Crisis and unscheduled care
- Inpatient and crisis services

Cycle 2 included above staff and additional staff from:

- Psychological Therapy Group Service
- Older Adult Services
- Mental Health Physiotherapy

QUALITY IMPROVEMENT DESIGN

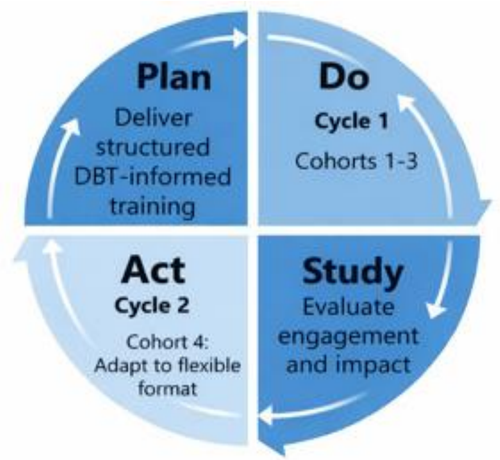
A two cycle iterative PDSA approach was used, where review of cycle 1 engagement and results informed changes to cycle 2.

Cycle 1 (2019-2024)

- Fixed commitment to attend all sessions
- Pre and post-training questionnaires
- Session rating scales and homework tasks

Cycle 2 (2025-2026)

- Flexible, open-access model
- Reduced staff evaluation tasks
- Live polls, MS Teams chat and breakout rooms
- Practical tools to take away and sessions factsheets
- Incorporation of expert by experience contribution
- Enhanced focus on staff wellbeing and self-care



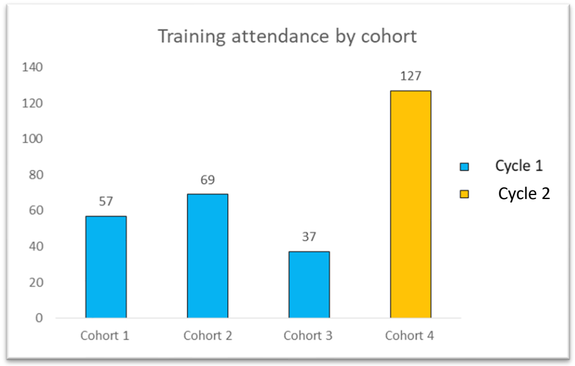
Evaluation of a DBT-Informed Multidisciplinary Training Programme Using a Quality Improvement Approach

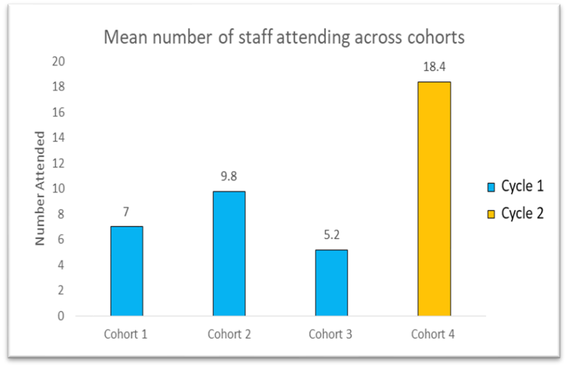
NHS Greater Glasgow and Clyde

RESULTS

Engagement and Attendance: Cycle 1 & Cycle 2

Expression of interest increased to 42 in Cycle 2, compared with a range of 10-20 in cycle 1 training cohorts. The graphs below also highlight the attendance increases arising from changes adopted in cycle 2.





In cycle 1, response rates of formal questionnaires declined over time, for example Adapted Group Session Rating Scale (GSRS), return rate dropped from 92% in Cohort 1 to 30% in Cohort 3. Skill Use Questionnaire return rate averaged 29% in cohorts 1 and 2, dropping to 5% in Cohort 3.

However, despite this trends in reported knowledge, confidence and skill use were positive in cycle 1, with staff describing increased understanding of DBT principles and increased attempts to apply skills between sessions.

"Really liked the planned hospital admission plan, I will start using this"

"Just wanted to say, I've really enjoyed both the initial training and also the follow-up sessions over the past year and have found it very beneficial for my practice"

"Continuing to practice the skill with different pts and asking pts for feedback on how they felt the intervention worked or didn't work with their treatment/recovery"

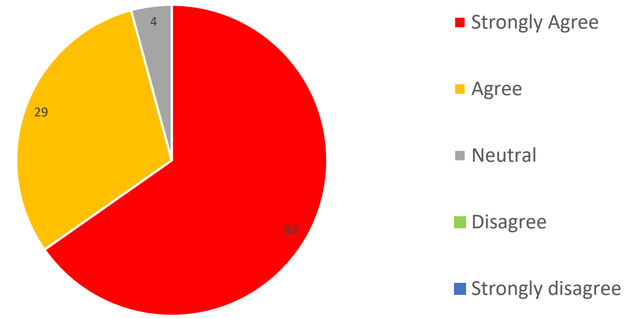
Cycle 2 showed:

- Marked increase in attendance
- Broader professional representation
- Consistently high in-session interaction

A live poll was completed at the end of each session where staff responded to the question: The training has been useful to me in my work with patients with BPD.

The pie chart below shows the responses to the poll from 95 staff members across Cycle 2.

The training has been useful to me in my work with patients with BPD (n =95) .



Evaluation of a DBT-Informed Multidisciplinary Training Programme Using a Quality Improvement Approach

NHS Greater Glasgow and Clyde

POST TRAINING QUESTIONNAIRE

A post training questionnaire was circulated twice following the end of Cycle 2's adapted training format. This was brief MS Form (estimated completion time 5mins), with 8 questions to examine **satisfaction, understanding, overall impact, helpful components** and **areas for improvement** with space for comments. The completion rate was again very low with only 4 staff responding. A selection of comments are presented.

Satisfaction

100% of staff reported that they were very satisfied with the sessions they attended.

"Trainers were knowledgeable and sessions engaging."

"Sessions were very focused – not rushed and allocated good amounts of time for learning."

"I found the course to be very informative, presenters were knowledgeable and materials delivered well."

Understanding

50% of staff reported that their understanding of DBT informed approaches and how these apply to their patients 'developed a lot' over the course of the sessions and 50% said it 'developed somewhat'. Comments included:

"I have gained knowledge about the dialectical approach, and I find it extremely helpful and beneficial to use this with patients."

I am focusing more on discharge planning and follow up options to maintain progress and care."

"The course has added to my current skills."

Overall impact

50% of staff agreed that they have used learning and resources from the training in their work with BPD, 25% strongly agreed and 25% were neutral. Comments included:

"I am using the dialectical approach, validation and mindfulness."

"I am using these DBT concepts when delivering the ECS group."

Helpful components

"I find having increased knowledge of DBT helps me to engage patients better in therapy."

"Tools to take away and use. Images to promote learning and use in practice."

"Window of tolerance understanding and how to deal with a patients' emotions."

Areas to improve

"It would be nice to be face to face where possible."

"I enjoyed it as it is, however, was not able to attend all sessions unfortunately due to clinical duties. It would be of benefit if sessions were recorded for later."

"Potential use of case example to improve discussion within the group."

KEY LEARNING

- Non-live, perceived high-burden evaluation methods consistently yielded low response rates.
- Live, in session evaluation methods (polls, chat responses) generated higher engagement and more complete data.
- Flexible access and psychological safety increased participation and interaction.
- Tangible take away tools and factsheets support skill transfer.
- Staff wellbeing must be central to training.

CONCLUSION

- Applying a QI approach allowed the DBT service to adapt training in response to staff needs and system pressures.
- A flexible, wellbeing-focused model improves accessibility and engagement while retaining core DBT principles.
- This approach supports sustainable workforce development in high-pressure mental health service.

NEXT STEPS

- Maintain the flexible training model.
- Strengthen take-away tools and enhance case-based learning.
- Recordings can also be made available to embed learning.
- DBT service will introduce one or two optional in-person sessions per cohort to enhance connection, discussion and experiential learning.
- Increase contribution from experts by experience and peer workers.