

Developing the financial case for DBT training

There are 2 aspects of building a financial case for DBT. One is the business case justifying the introduction of DBT as a treatment model, usually in terms of health economic cost effectiveness data i.e. reduction in certain behaviours and associated costs. Most of the existing peer-reviewed evidence focuses on this aspect in the US. Occasional service audits have been published by British DBT teams that document dramatic reductions in the target behaviours following training (NB psychological outcome measures tend to remain static) but rarely attempt to estimate the financial impact of the reduction.

For organisations that have already identified DBT as a priority for implementation, the second aspect is developing the resource budget necessary to establish a DBT service. For example, all participants in intensive training now make a commitment to invest at least 3 sessions per week (1½ days) in implementing their DBT programme, by obtaining agreement from their line manager. Leaving aside the cost of the textbooks and supervision (in both forms – team consultation and individual supervision to adherence) for a moment, the following analysis may be of interest:

1. It is useful to think of 2 therapists as the 'building block' resource when developing the financial case. (This because you need co-leaders for a Skills Training Group with max 8 clients.)
2. It is useful to think in terms of allocating sessions to the various DBT modalities that you choose to achieve the various functions, of which there are 5 (the nature of functions and modalities is what you learn on the training which is one reason why doing an exhaustive resource planning exercise up front can be somewhat premature from a therapeutic perspective!)
3. In theory a team of 2 therapists could spend 1 session on consultation team (a modality) another session on the Skills Training Group (another modality) and a third session on individual therapy (a third modality). Such a resource committing 3 sessions per week would therefore have a maximum capacity to treat 4 clients.
4. Let us consider putting 3 such building blocks together in a team of 6, which is currently the average team size at intensive DBT training events. What is the maximum capacity of such a team? Let us assume for illustrative purposes that 4 sessions are available to each member. 1 session is devoted to consultation team. Each member devotes one session to co-leading a DBT Skills Training group, of which there would therefore be 3 ($3 \times 2 = 6$). The size of a Skills Training Group is around 8 clients maximum. The team would therefore have a maximum capacity of 24 clients, and it so happens that this is precisely the number of clients 6 recently trained therapists might see in the remaining 2 sessions for individual therapy. So a team of 6 is a kind of 'golden number' in resource planning terms, with an operational capacity of 24 DBT clients, ignoring staff sickness and absence.

5. At DBT intensive training events, the 7th delegate goes free, so what happens to the capacity of the team if one member is added? (One justification for this additional resource, for example, is to provide extra cover for therapist sickness /absence.) Suppose, there are 2 psychologists who want to focus on therapy with 4 extra clients – then the 7th member could take over their Skills Training Group sessions i.e. spend 2 sessions on Skills Training. With the consultation team session, this leaves them 1 session for individual therapy with 2 extra clients i.e. the capacity of the team grows from 24 to 30. Or does it? Unfortunately not – you cannot generally fit 30 clients into 3 Skills Training Groups, so there would probably have to be 4 groups, and this in turn means finding 2 extra sessions i.e. capacity can't expand at the same time as freeing the 2 psychologists to do therapy without more sessions.

There are various other points to bear in mind of which a selection are listed below, but these tend to form part of the training – DBT is a recursive model that applies the same principles to 'treating' organisational/surrounding environment issues :

- the use of a session will become more productive as the team gets more experienced;
- a team of 7 committing 4 sessions will not have the same impact as a team of 4 committing 7 sessions;
- team members will prefer to concentrate on different modalities rather than allocate their time uniformly;
- there is a 4th modality enabling clients to generalise their skills whereby they are encouraged to telephone the therapist by arrangement which has time/cost implications;
- consultation team tends to get more difficult as it grows – 9 is a practical limit and teams of 10 are often advised to split into 2 groups of 5 etc. etc.

These are often finer points that are best dealt with through expert consultation and/or supervision (charged @ £100 per hour excl VAT).

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