



DBT BENCHMARKING



2nd Newsletter



WHAT'S INSIDE



Latest Website
Updates



Data Overview



Benchmarking
Events Recap 2025



Learning from
Teams



Benchmarking wall
of Recognition



Benchmarking
dissemination -
Conference
Participation



Upcoming papers



Upcoming Events





HIGHLIGHTS



WE HAVE NOW 134 DBT TEAMS REGISTERED ON OUR BENCHMARKING PLATFORM ACROSS THE UK AND IRELAND



LATEST WEBSITE DEVELOPMENTS

We made some changes to make the website easier and quicker for you to use! Everything is designed to save you time and effort.

(Find out all the details on page 3)

DATA OVERVIEW

Thanks to your hard work more than 3,700 clients have been assessed making this the largest data set of its kind!!!

(Find out all the details on page 6)

BENCHMARKING WALL OF RECOGNITION

Actively Benchmarking Teams received a certificate of engagement for their strong commitment to data collection and improving clients' outcomes, as well as contributing to evidence-based data on DBT.

(Find out all the details on page 11)

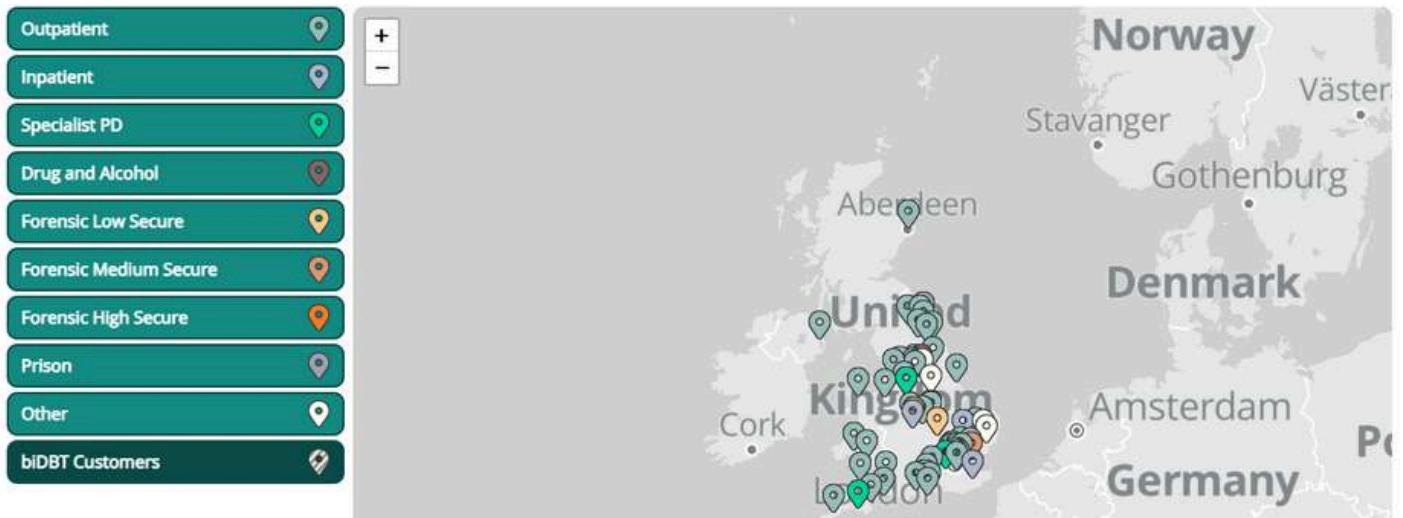
BENCHMARKING DISSEMINATION – CONFERENCE PARTICIPATION

This year, our benchmarking work reached an international audience, highlighting how DBT teams across the UK and Ireland are using their data to drive change and DBT practice.

(Find out all the details on page 14)



Latest website updates



01 *New DBT Programme Types Added*

Added **Modified Perinatal Skills Programme** and **Radically Open DBT** as a DBT delivery option. If you are delivering these, you can now specify this in your settings.

Types of DBT delivered	Treatment length (weeks)
☐ Full DBT programme	
☐ Skills group (without individual therapy)	
☐ DBT-PTSD (Manualised – Bohus)	
☐ DBT PE (Manualised – Harned, 2022)	
☒ DBT PE: RO DBT (Lynch – 2018)	Treatment length (RO DBT)
☒ Modified Perinatal Skills Programme	Treatment length (Modified Perinatal)
☐ Other DBT programme (give as much detail as possible below)	

Action Required for Teams

We would like you to make sure you have selected the right setting and updated the “Type of DBT delivered” & Treatment length. This can be done in Account Details

✦ Components of DBT ✦

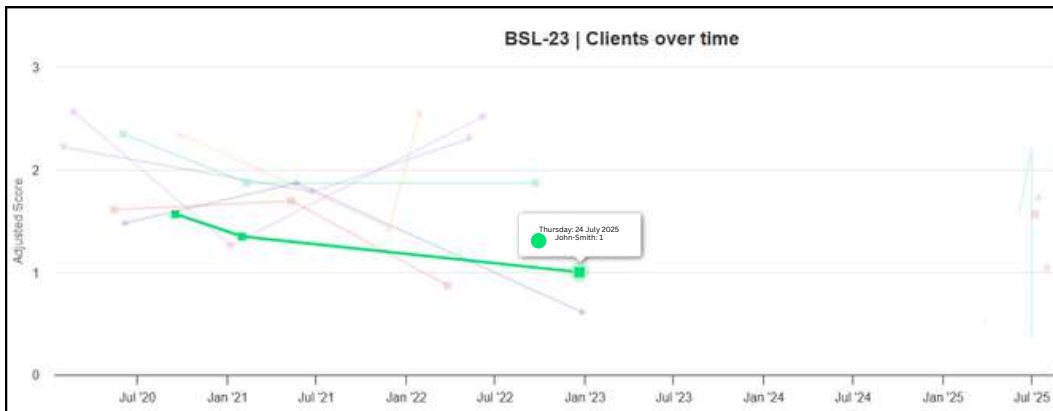
It is expected that a team conducts the four modes of DBT: individual therapy (once a week), skills training (once a week), consultation team meetings (once a week), and phone coaching.

Is your team delivering a full DBT programme with all these modes, or does it deviate from the standard? Please make sure to describe the DBT programme.

02

View, Download & Print Assessments

Made assessments clickable in Client progress, taking you directly to the relevant assessment and client. You can also print or download these.



A Gary-Mary Overview

Status: Pre-Treatment
Programme Type: Full Programme
Client Group: Adults
Age Group: Adult
Assessment language: English

Actions
Assess Client
Add New Assessment
Discharge Now

History

Date	Type	Assessment Language	Status	EQSD	EQSD Health Status	BSL-23	BSL-23 Items For Assessing Behaviour
June 4, 2025	Self	English		0.650	62	1.565	1.545
June 1, 2023	Paper	English	Pre-Treatment	0.222	00		

Showing 1 of 2 of 2 entries

Graphs

EQSD | Gary Mary

EQSD: Health Status | Gary Mary

B Gary-Mary's 2nd Assessment

Outcomes

Form:

EQ-SO-3L Health Questionnaire
English version for the UK
(Validated for Ireland)

Mobility

Self-Care

Usual Activities

Pain/Discomfort

Anxiety/Depression

To view or download the client's submitted answers along with the calculated scores, click on "View."

To get the graphs, click on the "download button".

03

Autosave Feature to Clients Assessments

Clients can now leave the page and resume at a later time, provided they use the same device.

04

Incomplete (or Incorrect Submitted) Assessments

Incomplete or incorrect self-assessments will now highlight the first missed question automatically.

05 Add Non-Tracking Clients

You can now admit an unrecorded client if they did not agree to have their outcomes benchmarked, and it will still count towards the number of clients you see.

A

Choose Assessment Method

Upload assessment

Generate a form for self-assessment

Assess by proxy right now

Admit an unrecorded client

What's the difference?

B

Ben-Victor

Overview

Status: Pre-Treatment

Programme Type: Full Programme

Client Group: Adults

Age Group: Adult

Assessment language: English

Actions

Admit for Treatment

Discharge Now

History

No assessments are being recorded for this client.

C

Clients

10 entries per page

Pseudonym	Client Group	DBT Type	Status	Assessments	Last Assessment	Estimated Discharge	Most recent EQSO Score	Reliable Change	Actions	View
Wallace-Yanni*	Adults	Skills Only	Admitted		February 1, 2024	May 2, 2024				
Victor-Yanni*	Adults	Full Programme	Admitted	1	April 26, 2023	October 31, 2024	0.708			
John-Kelly	Adults	Full Programme	Admitted	-3	April 6, 2023	December 21, 2022	-0.594			
Oliver-Richard	Adults	Unknown	Admitted	1	October 21,	September 14,	-0.594			

Yellow indicates that a client is overdue for discharge. Purple* indicates that a client has a pending self assessment. Blue indicates an untracked client.

Blue indicates an untracked client

Client overdue for discharge

Client has pending self assessment

06 Flexible Client Tracking

Allow teams to stop tracking a client halfway through treatment.

07 Newest Clients First

Updated default sorting in client view to be newest to oldest.

08 Anonymous Client Printing

Added an anonymous toggle to client view. Click **Hide** next to the name so that you can print it without a pseudonym.

Casey-Sarah Hide

Overview

Status: Discharged [Finished Treatment]

Programme Type: Full Programme

Client Group: Adults

Age Group: Adult

Assessment language: English

09 Added New Instrument

The Mindful Attention Awareness Scale is now available to use on the website.



CALL FOR ACTION - TEAM INFO



UPDATE YOUR TEAM'S NAME ON THE WEBSITE

Please update your team's name using the following format: **[Trust] [Full Service Name] [Town] [Client Groups]**.

UPDATED MANUAL

We've
updated our
user manual!





DATA OVERVIEW

YEAR 2024-2025

November 2024

Website Data	N
Number of teams registered (some inactive)	141
Teams which have logged in	124
Teams - Logged in the past month	64
Teams with clients	89
Total clients	2360

November 2025

Website Data	N
Number of teams registered (after suspensions)	134
Teams which have logged in	131
Teams - Logged in the past month	78
Teams with clients	103
Total clients	3740

Thanks to your hard work over 3,700 clients have been assessed making this the largest data set of its kind!!!



Benchmarking

Events, 2025 (Recap)



Teams of the Year

Lancashire and South Cumbria NHS
Foundation Trust & Blackpool
Teaching Hospitals DBT Team

North and Mid Hampshire:
Basingstoke, Andover & Winchester
Teams

DBT Wrexham

TOPIC 01

Online Check-In Event, March

**Challenges &
Obstacles in
getting Data**

TOPIC 02

Online Check-In Event, June

**How to Present
Data to
Managers?**

TOPIC 03

National In-Person Event,
September

**How to discuss
Results with
Clients?**

North and Mid Hampshire: Basingstoke, Andover & Winchester Teams



Tips on lowest drop-out rates

1. **Show humanity with the clients** – maintaining a compassionate stance with validation of their experience/difficulties within the structure of DBT.
2. **Learn from clients** – obtain feedback about what was difficult for clients and what kept them in the programme.
3. **Invite experts by experience** (Previous DBT clients who have recovered) to group teaching – has a powerful effect on clients feeling understood and provides hope and confidence in the therapy.
4. **Be attentive to clients** – Clients state they feel they are treated differently by the DBT team compared to wider CMHT – they receive higher levels of validation.



ENGAGEMENT STRATEGIES

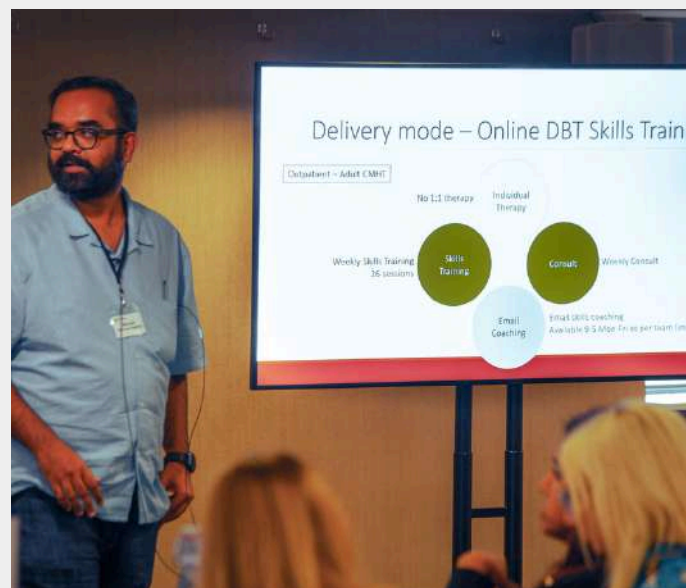


Interactive sessions:

1. Breakout rooms for in-session practice/discussions/home practice feedback.
2. End of module Mentimeter quizzes

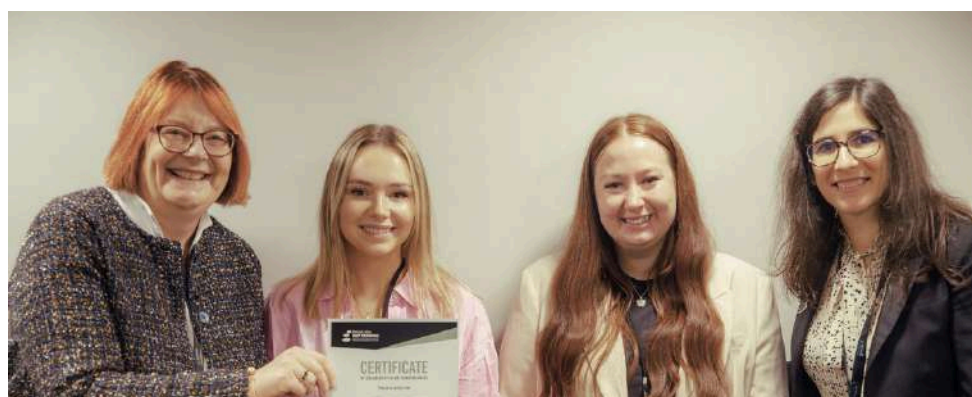
Inclusivity:

1. Inclusive examples in teaching from an equality and diversity point of view (LGBTQ+, neurodiversity, cultural, etc.)
2. Wide range of materials and teaching styles (videos, stories, metaphors, poems, art)



TEAMS RECEIVING THEIR CERTIFICATES AT THE NATIONAL BENCHMARKING EVENT

BENCHMARKING WALL OF RECOGNITION 🏆



EVENT PHOTOS, INCLUDING CERTIFICATE PHOTOS,
WILL BE AVAILABLE SOON IN THE GALLERY ON OUR
MAIN WEBSITE!





Shout out to

COVENTRY & WARWICKSHIRE PARTNERSHIP TRUST TEAM



FOR

01

Completing Most Assessments

02

Most Discharged Clients with Assessments

June Online Check-In event



55th Annual Congress

The European Association for Behavioural and Cognitive Therapies

EABCT

European Association for
Behavioural and Cognitive Therapies



Scottish
Event
Campus

Glasgow

3–6 September 2025



European Association for Behavioural and Cognitive Psychotherapies (EABCT) Congress 2025 in Glasgow

HIGHLIGHTS





Our Presenters

Dr Julieta Azevedo

DBT Across Populations:
Adaptations, Outcomes, and
Benchmarking for Effective
Treatment

1



2



Dr Jake Camp

A DBT Skills Training Group
for Transgender and Gender
Diverse People (DBT-TGD)

3

Dr Ayesha Saifi

The Role of Peer and Empirical
Benchmarks in Comprehensive
DBT– bridging the Gap between
Science and Practice





1st European DBT Congress

8-9-10 May 2025
Gdansk, Poland

First European DBT Association Congress (EDBTA) 2025 in Gdansk, Poland Poster presentation



Data Audit of a Live Benchmarking Project with UK-Based Teams Delivering DBT

Ayesha Salfi (a), Julieta Azevedo(a-c), Caitlin Hibbs (a,b), Joshua Osborne (a), Richard Hibbs (a) & Michaela Swales (a,b)
a) British Isles DBT Training b) School of Psychology and Sports Sciences - Bangor University, UK; c) Mood Disorders Centre, University of Exeter, UK

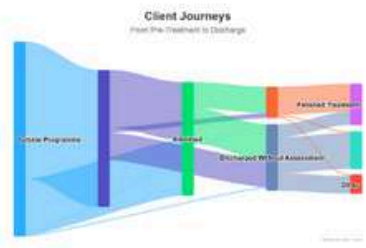
INTRODUCTION

British Isles DBT Training and Bangor University have been working on a joint project that aims to provide benchmarks for teams implementing Dialectical Behaviour Therapy (DBT) programmes across the UK.

The project is supported by the National Health Service (NHS) as a part of their investment in enhancing the quality of evidence-based psychological interventions. This tool allows teams to:

- Collect pseudonymized client data through uploads or self-assessments.
- Analyze outcomes, including symptom reduction and quality of life.
- Report clinical capacity in terms of whole-time equivalent (WTE).

For effective benchmarking, data must be accurate and consistently inputted. Inconsistencies in data entry or reporting can affect the reliability of the data, thus reducing the accuracy of peer benchmarks for clinical decision-making and routine practice comparisons. The audit aims to assess how well the data on the platform aligns with team records, helping ensure it remains a reliable tool for supporting evidence-based Dialectical Behaviour Therapy (DBT).



METHODS

This audit evaluates the accuracy of data reported on dbt.uk.net by comparing it with DBT team records, identifying any discrepancies that may affect the platform's reliability. By assessing data quality, we aim to ensure data integrity and optimise the platform's utility for peer benchmarking.

AIM

A total of 73 teams who were actively benchmarking on the British Isles DBT training website, between 5th July 2024 to 22nd November 2024 were invited to participate in the Audit to compare the number of clients at each of the stages. A total of 33 teams participated. Teams were contacted via email and phone and asked to answer how many clients were in the pre-treatment phase, how many were in treatment and how many had been discharged.

The inclusion criteria required teams to:

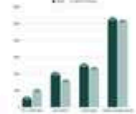
- Minimum of three clients assessed
- Be actively benchmarking during the audit period.

Survey responses were recorded in Excel sheets for efficient data management. All collected data was securely stored to maintain team confidentiality and data privacy. Each team's data received in the audit was compared with the data available on the website to cross-reference team responses with the uploaded data to ensure accuracy and consistency. This structured approach ensured the audit was systematic, transparent, and focused on identifying actionable insights.

RESULTS

The findings of this audit provide key insights into client outcomes and programme engagement.

- Pre-Treatment:** The audit data recorded fewer clients in pre-treatment (130) compared to the benchmarking data (224).
- Admission:** More clients were actively engaged in the programme according to the audit data (423) than the benchmarking data (340).
- Discharge Outcomes:** The audit reported a higher number of discharges (524) compared to the benchmarking data (490).
- Overall Assessments:** The total number of clients assessed was slightly higher in the audit data (1,077) than in the benchmarking data (1,054).



Graph 1—The graph compares key client stages between service audit data and benchmarking data across three categories: Pre-treatment, admission, discharge, and overall assessments

DISCUSSION

Fewer clients in pre-treatment
Several clients were prompted to complete their self-assessment for 'Pre-Treatment'; however, despite follow-up attempts, many did not comply and subsequently dropped out of the program. If these assessments were successfully completed, we would see a reduction in the number of clients in 'Pre-Treatment' and a corresponding increase in those moving to 'Admission.'

More clients on Benchmarking website
Early in their use of the benchmarking system, duplicate cases had been created by mistake, but they were unable to locate the corresponding pseudonyms; because of this, teams had more clients registered on the benchmarking website than in the audit data.

More discharges in Audit
Some clients had not consented to benchmarking, meaning they were recorded in the audit data but were not reflected on the benchmarking website.

Fewer assessments on benchmarking website
This discrepancy was attributed to staff changes, which resulted in inconsistencies in the use of the benchmarking platform

CONCLUSIONS

The audit revealed that the data on the benchmarking platform closely aligns with the records of the benchmarking teams, exhibiting minor discrepancies overall.

RECOMMENDATIONS

- Pre-Treatment Engagement:** Simplify Onboarding processes to improve initial enrollment.
- Data Monitoring:** Implement regular audits and clinicians / team training to ensure accurate data uploading and updating that aligns with the benchmarking records.
- Longer Time Duration:** Extending the audit period and incorporating longitudinal tracking of client outcomes can offer deeper insights into program effectiveness and areas for improvement.

ACKNOWLEDGEMENTS

We thank the School of Psychology and Sports Sciences, Bangor University, British Isles DBT-Training and National Health Service (NHS) for supporting this project. A special thanks to all the teams committed to delivering DBT which accepted to participate, and to Laura Dunkley who collaborated in this audit.

REFERENCES

• Azevedo, J., Cantor, D., Hibbs, C., Osborne, J., Hibbs, R., & Swales, M. (2024). Benchmarking for dialectical behaviour therapy intervention in adults and adolescents with borderline personality symptoms. *International Journal of Clinical and Health Psychology*, 24(2), 10046. <https://doi.org/10.1177/136324742410046>

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Upcoming Papers

COMING SOON

- 1 Peer benchmarks from DBT routine clinical Programmes in the UK – outcomes from dbt.uk.net
- 2 Barriers to DBT Implementation, burnout risk and attitudes towards clients – impact of training
- 3 Validation of Borderline Symptom List –23 for adolescents – improving measures reliability

2026

NATIONAL EVENT

IN-PERSON

DBT BENCHMARKING EVENT

November, 2026

REGISTRATIONS
WILL OPEN
IN
JANUARY



.....

ONLINE CHECK-IN EVENTS, 2026



**MARCH 12,
2026**



**JUNE 10,
2026**



**DECEMBER 18,
2026**



LAST ONLINE CHECK-IN EVENT OF THE YEAR 2025

TIME & DATE

 11 December, 2025

 1:30 PM to 3:00 PM

 Zoom Meeting



CLICK HERE TO REGISTER : [LINK](#)



Thank you!

Contact us



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