BARRIERS AND SOLUTIONS TO IMPLEMENTING DIALECTICAL BEHAVIOR THERAPY IN A COMMUNITY BEHAVIORAL HEALTH SYSTEM

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The Need for Effective Treatments of Borderline Personality Disorder

- **Why is it a priority to improve treatment outcomes for clients with Borderline Personality Disorder (BPD) in San Francisco?**

Treatment utilization and client outcomes in San Francisco from 2002-2007

(San Francisco Department of Public Health, 2008)

- 8% of all CBHS clients had a diagnosis of BPD (1,526 clients annually), and these clients utilized 20% of all mental health services and 26% of all involuntary detentions.
- The proportion of clients with BPD who had at least one involuntary detention was 51% compared to 29% for clients that do not have BPD.
- Clients with BPD accounted for 50% of all suicide attempts and 29% of all completed suicides.

DBT Training and Implementation

- The current study evaluates a model of DBT training and implementation within six community-based mental health and substance abuse agencies.

Training and Program Development

- A 10-day comprehensive DBT training (80 hours) was provided over a period of 13 months.
- A variety of resources on maintaining successful adherence to DBT were made available to clinicians including a DBT listserve, an online forum of video demonstrations of DBT interventions, phone consultation, and feedback on recorded sessions.

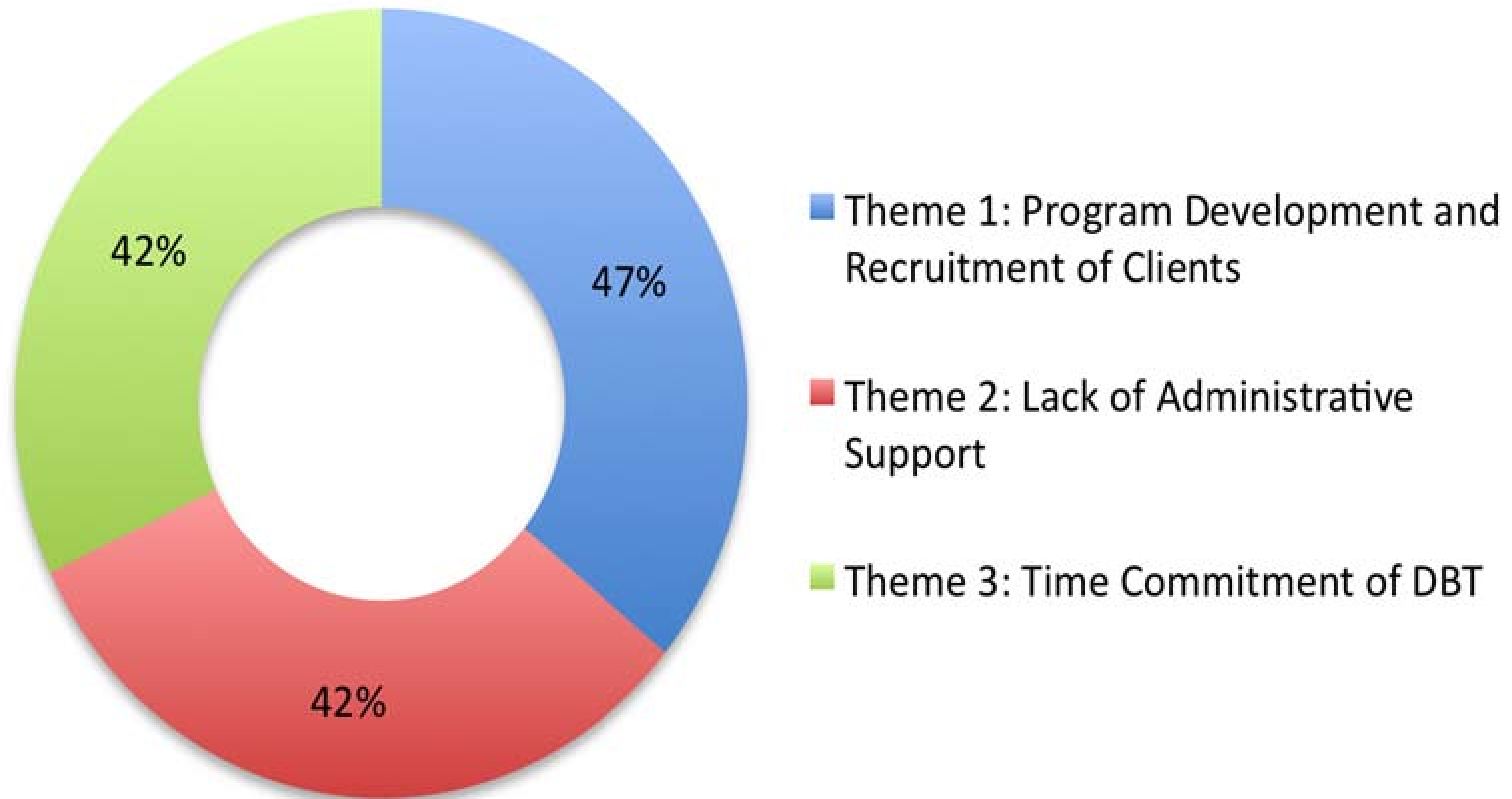
Demographic data

- The clinicians were 88% female
- Mean age of 38.9 years (SD=9.62)
- Mean of 8.7 years (SD=8.82) of clinical experience
- Mean of 1.2 years (SD=3.16) of previous DBT experience.

Methods

- Qualitative interviews were conducted with 19 clinicians to receive feedback about training, and to identify challenges and solutions to implementing DBT.
- A content analysis revealed three major themes and ideas based on the commonalities of responses.

Challenges to Implementing DBT



Theme I: Program Development & Recruitment of Clients

- Challenges with program development/staffing and recruiting clients appropriate for DBT (47%, N=9)
- Staff turnover, or insufficient numbers of staff to begin with, can jeopardize the sustainability of a DBT program
  - "Our biggest challenge is staff cutbacks from budget cuts. We don't have enough people trained in DBT to have regular group facilitators with back-ups."

Theme 2: Challenges Receiving Administrative Support

- Lack of administrative support or investment in DBT within the program (42%, N=8)
  - "My director hates BPD clients and wants them out of the program. I think it's a lack of understanding of BPD and DBT on the [the director's] part…it would be helpful to explain why people would be interested in doing work with BPD."

Theme 3: Overall Time Commitment

- Time commitment of DBT and a lack of reduction in other clinical responsibilities (42%, N=8)
  - “Because there’s so few of us [on the DBT team] and we have a huge caseload, [administrators] say we’re not supposed to have as big of a caseload as everybody else, but that doesn’t happen.”

Solutions for Future DBT Training

- Clinicians requested that future trainings provide:
  - Assistance and support with general organizational issues
  - Support for teams within several agencies to work collaboratively to provide DBT
  - More case examples
  - Instructions on how to administer specific interventions

Solutions to Administrative Barriers

- Provide access to recorded training sessions to address staff turnover for clinicians that were not present for initial trainings
- Assess fidelity through measures
- Providing extensive training to key individuals within a "train the trainers" model to reduce drift, with a specific plan in place to identify appropriate trainers within the system.

Implementation of DBT in a Public Behavioral Health System

- Requires investment from both clinic-level and system-level administrators.
- Can be facilitated by collaboration between clinical teams at different agencies.
- Other clinical responsibilities need to be reduced in order to account for clinicians' involvement in DBT.
- Ongoing consultation and training is necessary in order to prevent drift.