Linehan Institute

making effective mental healthcare treatments available to all who need them

DBT TEAMS IN TRAINING 2008-2011: IMPLEMENTATION FOLLOW-UP

Anthony DuBose, PsyD,[1] André Ivanoff, PhD,[1,2] Erin Miga, PhD,[1,3] Linda Dimeff, PhD,[4] & Marsha Linehan, PhD[3]

[1]Behavioral Tech, LLC; [2]Columbia University; [3]Behavioral Research and Therapy Clinics, University of Washington; [4]Portland DBT Institute

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DBT Training: Data to Date "The Gold Award"

- 1 year pilot : Comprehensive DBT conducted by intensively trained clinicians
  - 77% decrease in hospital days
  - Face to face emergency contact cut by 80%
  - Vocational status rose: 14%-57% during program
  - Total treatment costs cut by more than half

*N=14 clients

(Integrating DBT into Community Mental Health,1998)

DBT Training: Data to Date

Trupin et al 2002

- DBT at Echo Glen Childrens' Center adolescent mental health unit:
  - Clinicians received 10-day intensive training or 2 day workshop
  - Only study to look at client outcomes

- Intensively trained clinicians:
  - Significant reduction in adolescent behavior problems (greater than changes on other units)
  - Used less punitive interventions compared to year before training

DBT Training: Data to Date

Linehan et al. ABCT 2008

Dialectical Behavior Therapy Intensive Training™

Modes Offered	End of IT(2000)	Oct, 2001
Complete DBT Model with Phone Consultation	28.6%	42.9%
Complete DBT Model without Phone Consultation	50.0%	71.4%
DBT Skills Training Class	78.6%	85.7%
DBT Individual Psychotherapy	50.0%	71.4%
Phone Consultation	28.6%	42.9%
DBT Therapist Consultation Team	71.4%	71.4%

DBT Training: Data to Date

British Isles DBT

Swales, Taylor & Hibbs, 2010

- 117 teams trained between 1994-2007
  - 27% (32) active and fully implemented
- Avg length of program:
  - Active: 38 mos vs. Inactive : 86 mos
- Avg staff time delivering program:
  - Active: 8.4 hrs/week vs. Inactive: 5 hrs/ week

DBT Training: Data to Date

Landes & Linehan, 2012

- No controlled training evaluations
- Community clinicians trainable

  (Hawkins & Sinha, 1998)

- Significantly more improvement in clients treated by therapists who attended a DBT Intensive Training Course

Our Overarching Question

What *actually happens to DBT Teams* once Intensive Training is over?

Specifically…

1. Are they alive, well and still doing DBT?
2. Are they monitoring the treatment over time?
3. Did they achieve goals they set for themselves?
4. What factors interfered with goal achievement? What factors helped?
5. Given the benefit of hindsight, what would they have done differently?

Methods

- Mixed methods approach:
  a. Online DBT Program Elements of Treatment Questionnaire (PETQ: Schmidt, Ivanoff, Linehan, 2009)
  b. Telephone follow-up interview
- Sample:
  a. Randomly drew 50% of all teams who completed BTECH Intensive Training from 2008-2011
  b. Addressed to DBT Team Leaders

Procedures

- Invitational email & phone DBT team leader.
- Proactive problem-solving (multiple attempts) to reach DBT team leader.
- Participation also framed as opportunity for self-assessment & follow-up
- Follow-up interviews arranged during initial call

Sample

Of 154 teams trained between 2008-2011, 77 randomly selected to participate; 1 team multiplied. Total N=78.

- 66 (85%) responded to request
- 8 (10%) no longer had a DBT Program
- 54 (69%) agreed to participate

Of those who agreed to participate (N=54),

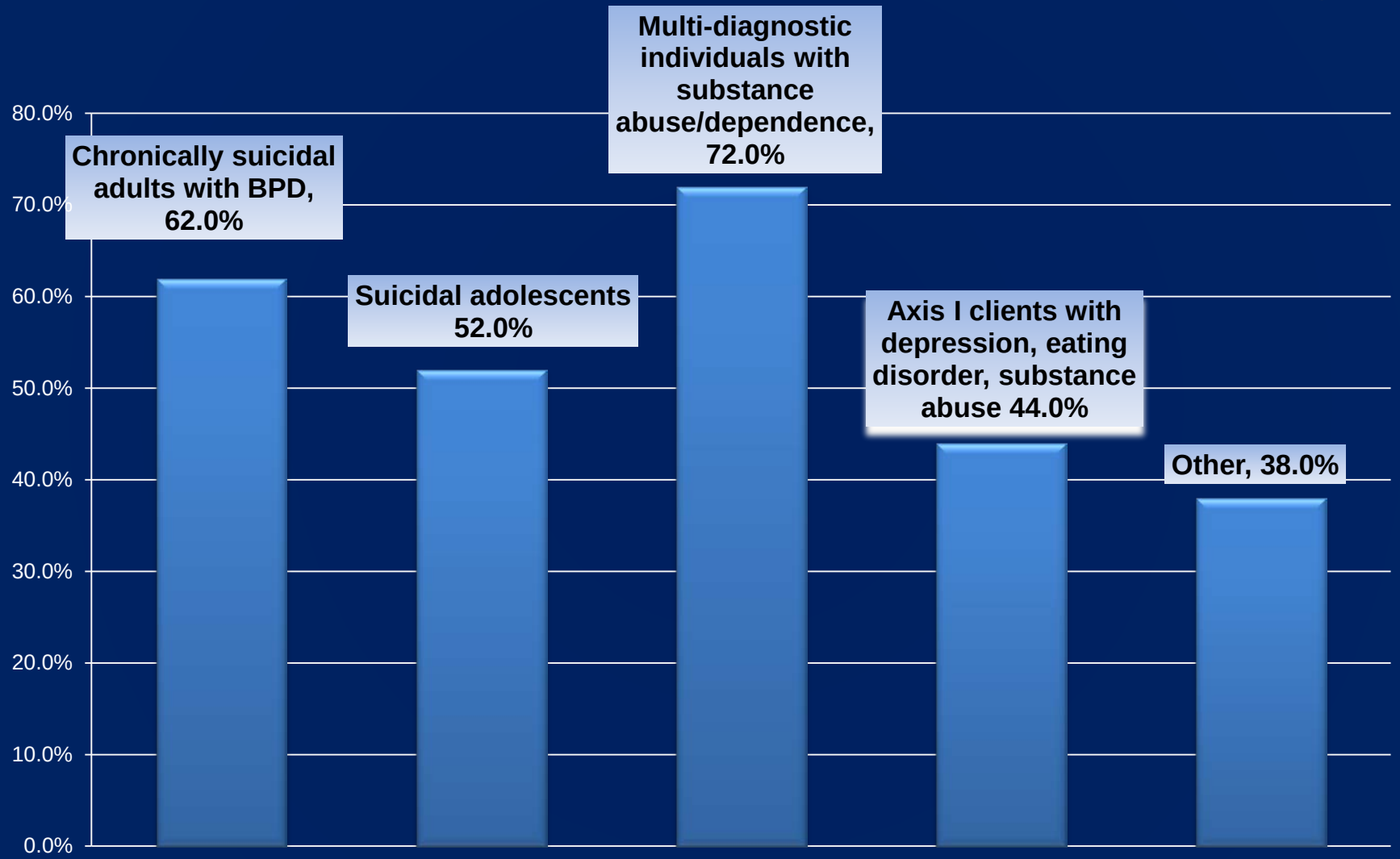
- 4 (7%) did not complete the survey & interview
- 47 (87 %) completed survey & interview

DBT Team Survival

Of the total sample (N=78),

- 74% (n=58) continue to have a DBT program.
- 10% (n=8) definitely do not have a DBT program.
- 16% (n=12) unknown.

Clients Treated in DBT Settings



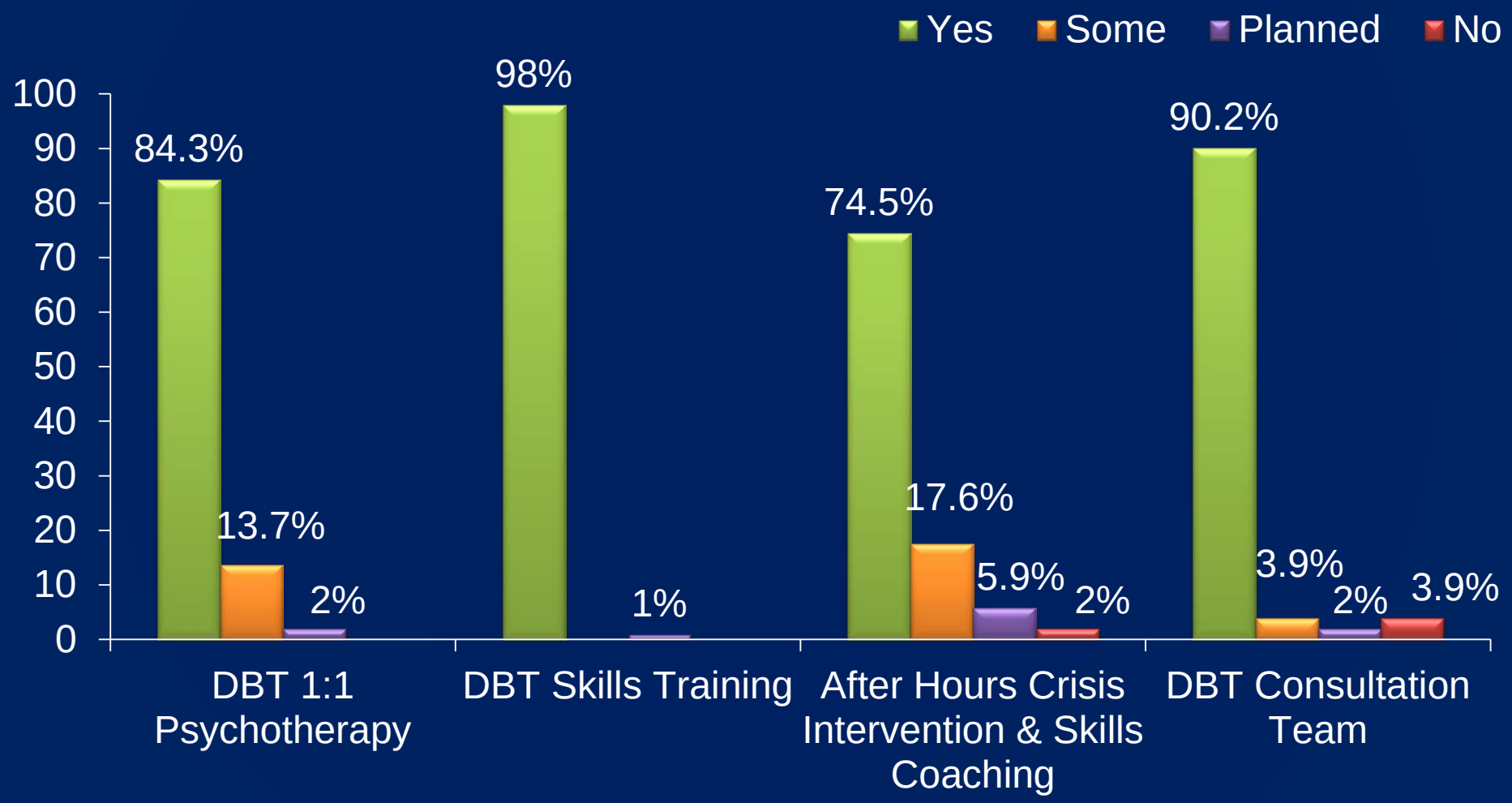
DBT Program Snapshots

Are DBT teams delivering all modes of DBT?

DBT Functions & Modes

- Enhance capabilities
  - Skills training
- Improve motivation
  - One-to-one intervention
- Assure generalization to natural environment
  - One-to-one intervention
  - Phone coaching
- Structure the environment
  - One-to-one intervention
  - Phone coaching
  - Skills training
- Enhance therapist capabilities and motivation to treat effectively
  - Therapists' Consultation Team

DBT Modes Provided



Consultation Team: Enhancing Therapist Motivation & Capabilities

	Yes	Some	Planned	No
Does your team meet weekly?	**73.5%(36)**	**6.1 %(3)**	**4.1%(2)**	**16.3% (8)**
Do you have a designated team leader?	**79.6%(39)**	**14.3 %(7)**	**2.0%(1)**	**4.1% (2)**

Administrative Support

Does your admin provide:	Yes	Some	Planned	No
Ongoing financial support for DBT leaders to obtain consultation & training	38.0%(19)	28.0%(14)	6.0%(3)	22.0%(11)
DBT manual for trainees	70.0%(35)	14.0%(7)	4.0%(2)	10.0%(5)
Time for training as a basic job expectation	62.0%(31)	24.0%(12)	0%	12.0% (6)

DBT Adherence & Fidelity Assessment

Are programs closely tracking the treatment they are delivering?

Ongoing Self-Assessment of Adherence & Fidelity

- DBT TEAMS:
  - 40% conduct self-assessment of DBT program adherence
  - 16% of DBT team leaders and consultants review fidelity performance data
  - 20% of programs give adherence data to teams & supervisors for quality improvement purposes when individual DBT adherence data is collected

At the Bottom

- Tracking treatment outcomes:
  - Only 34% consistently use nationally recognized outcome measures that have documented reliability/validity
  - Only 28% of DBT team leaders consistently monitor treatment completion rates
- Consultation team:
  - Only 29% of DBT teams implement clear contingencies for any DBT provider failing to gain knowledge, skills and/or attend consultation teams

Qualitative Inquiries

1. What were your organization's primary objectives/goals for doing DBT?
2. What were your team's most significant accomplishments?
3. What barriers interfered with implementation of DBT?
4. If you could do one thing over/differently, what would it be?

Organization Goals & Objectives

1. Reduce Stage 1 Target Behaviors (n=19)
2. Provide Comprehensive DBT (n=10)
3. Provide an evidence-based treatment that is effective for BPD and others with Emotion Regulation problems (n=8)

Most Significant Accomplishments

1. Lives of our patients who received DBT have significantly improved (n=12)
2. Built a DBT program despite real obstacles and haven't given up (n=7)
3. Have a comprehensive and adherent DBT program (n=5)
4. Trained a large number of staff in DBT (n=3)
5. Consultation team continues to meet (post-intensive; n=3)
6. First in region/area to successfully implement DBT (n=3)

Factors that Helped Reach Implementation Goals

- Strong communication, motivation, and commitment amongst consultation team members (n=36)
- Administrative support (n=12)
- Intensive training: (n=9)

DBT Intensive Objectives:

Did DBT Teams Achieve Top Goals?

19%	Attained 100% of goal
39%	Attained 80-99%
28%	Attained 60-79%
4%	Attained < 60%

Barriers to Implementing DBT

- Funding constraints*: 12 % (n=14)
- Staff turnover: 10% (n=12)
- Time constraints: 9% (n=10)
- Lack of accurate understanding of DBT amongst staff or administration, or unsupportive statements about DBT made by staff or administration: 7% (n=8)

*lack of funding for ongoing training, lack of financial support for after hours coaching

What Team Leads Wish They Could "Do Over"

- Better overall planning before Intensive Training (n=9)
  - Selecting who should attend (preference to behaviorally trained; dialectical thinkers)
  - Include administrators on team
- Get additional clinicians in our agency Intensively trained by BTECH (n=8)

What Team Leads Wish They Could "Do Over"

3. Get commitment from administration at outset to do DBT to fidelity; devote sufficient time for strategic planning (n=6)

4. Have ongoing consultation with DBT experts following completion of the intensive (n=3)

The Wonderful

1. DBT programs survive past the initial intensive training (>74%).
2. DBT programs report high rates (≥75%) of program fidelity across modes of treatment.
3. Program objectives map squarely with intensive training goals:
   - Reduce Stage 1 behaviors
   - Create/maintain DBT program with high fidelity.
   - Improve the lives of multi-diagnostic , complex individuals by means of enhancing capabilities throughout their lives.

The Work

- The greatest reported challenges continue to be receiving financial / other means of support from administration to provide DBT to fidelity.
- In retrospect, greater emphasis should be placed on:
  - Selection of members to the DBT team
  - Enhancing decision-makers' commitment to supporting implementation efforts beyond training phase.

DBT programs are resilient.

Limitations & Future Directions

We need…

1. Outside reports of program fidelity and treatment adherence

   In order to…

   - Decrease risk for social desirability bias
   - Examine concordance of observer and self-reports of DBT modes/adherence

Limitations & Future Directions

We need…

2. More rigorous design (RCT) that compares treatment delivered by intensively trained vs. non-intensively trained staff

   In order to..

   - More closely assess whether Intensive training (among a host of others factors) is a chief factor in the success of subsequent DBT implementations.

Thank you for attending!

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