



# Matching Training To Setting: A New Implementation Model For Dialectical Behavior Therapy

Helen Best, M.Ed., Kate Comtois, Ph.D. &  
Nancy McDonald, MS, CAC, LPC

May 16<sup>th</sup>, 2013

- Working with Chester, Montgomery and Delaware Counties (PA) out patient community mental health services
- Structural and funding support from Magellan Behavioral Health of PA (Montgomery and Delaware Counties) and Community Care Behavioral Health (CCBH - Chester County).
- 11 teams participating (4 Chester, 3 Delaware, 4 Montgomery)
- Second DBT initiative with Chester County in the last 10 years.

- Each county identified potential providers who were invited to submit applications for participation in the training sequence.
- Each county (in collaboration with Magellan and CCBH) determined where services were to be established and selected providers who agreed to commit staff time and structural support to implement comprehensive programs.
- Teams were then reviewed by Treatment Implementation Collaborative (TIC) trainers and contacted regarding team structure, administrative support, clinician buy in, etc.

## Biggest Challenge is Balancing Two Rigid Requirements

- DBT requires specific parameters programmatically in order to maintain fidelity to the treatment goals and data.
- Most systems implementing DBT have rigid policies and procedures that don't match up with DBT program structures.
- Quandary – Fitting DBT into the system versus fitting the system into DBT.

## Three Levels of Development:

- Developing clinicians relevant and necessary expertise (self study, training, practice and consultation)
- Establishing comprehensive programs (DBT Team)
- Structuring program context to support DBT (Provider Organization executive and clinical leadership understanding of treatment requirements, policy, funding, staffing, logistics, etc.)

## Goal: Develop A Base From Which Organizational And Clinician Expertise Could Grow:

- Leadership Orientation – clear identification of goals and barriers – plans for both
- Wide spread orientation to the treatment
- Focused training on the skills component of DBT - expectation that each provider agency established DBT skills groups prior to sending a team through TIC's Core Clinical Training in Dialectical Behavior Therapy© (CCT)

# Emphasis Was On Entering The System *And* Developing Clinician Expertise Through One Component Of Treatment

- Based on experience we focused heavily on the development of DBT skills training groups before providing in depth training to clinical teams tasked with establishing comprehensive DBT programs:
  - Individual Treatment
  - **Weekly Skills Training**
  - Consultation Team
  - Generalization (Coaching)
  - Structuring the environment/auxiliary treatments



## Outcomes:

- Two introductory trainings orienting the participants to DBT (Intro and Skills) and three advanced trainings (CCT) that required:
  1. June - Skills group started
  2. Oct - Individual therapy started (at least 5 sessions)
  3. Dec - Comprehensive written test of DBT material
- 11 teams participated representing 48 clinicians/managers
- Requirements met:
  1. June - 10 teams had skills group started on time and 1 started in July
  2. Oct - 11 teams had individual therapy started on time
  3. Dec – 11 teams completed exams on time



## Outcomes:

- For trainings in Oct and Dec, participants were required to complete 12 assignments each including the DBT test of material
- Results
  - October training: 88% did all assignments (average completion 96%)
  - December training: 70% did all assignments (average 94%)
  - Comprehensive DBT test of material:
    - Average score without use of notes nor team to help: 71%
    - Average score with use of notes and team to help: 94%

## Outcomes:

- One year after starting groups in May/June 2012, of the 11 teams who started the training
  - 8 have all components of comprehensive DBT (although some use a crisis system for calls after hours)
  - 1 comprehensive program of 3 members lost clinicians and has closed temporarily and is scheduled to reopen
  - 1 strong comprehensive team with 8 members was closed by agency (hoping to find a way to re-open)
  - 1 comprehensive program that was a combination of clinicians from three separate programs within one agency has divided into two DBT-informed programs
  - Two DBT clinicians moved from one program to another

## Chester County:

- County and MCO (CCBH) asked for application and credentials, requested only those therapists who are comfortable working with trauma and difficult behaviors in addition to BPD. Rejected 25% of applicants. One provider dropped out after first core training.
- MCO did a financial impact analysis prior to implementation. Currently doing claims analysis on pre and post DBT services.

## Chester County Support:

- County and MCO attended full training
- Supported a *significant* rate increase
- Gift of a mindfulness bell and public recognition throughout network
- Chart review every 6 months for fidelity
- Plans for refresher training, support to train additional team members
- Managed Care company fully involved and supportive

## Chester County Outcome Data:

- Total # of admissions since Sept 2012 = 52
- Total unduplicated members retained for 5 months = 36
- Adolescent program most successful.
- 5 providers trained, 4 of them with active programs serving 36

# Monthly Collection Of Linehan's 8 Variables Outcomes, Census

- Suicide attempts = 0
- Self Destructive Behavior = 40% of members: issues range from cutting, to smoking weed, to running away, school detention, purging, DUI, etc.
- ER visits = 1 member out of 52
- Med floor visits = 0
- # inpatient admits = 0
- # inpatient days = 0
- # school/work days missed = 15 days for 4 members
- # days homeless = 90 days for 1 member (eventually withdrew)



## Impact Analysis: estimated \$341,000 Additional Dollars For One Year:

- Recovery of \$341,000 equates to approximately 420 Inpatient Days (Average of \$800/day)
- \$341,000 equates to approximate 52 Members served
- 2012 Chester County had 267 admissions with average LOS 8 days equals 2200 Days

## Additional Targeted Outcomes Under Review:

- Current review of data (not yet at one year mark) to determine if additional cost is offset by:
  - in reduced hospital stays
  - increased consumer satisfaction
  - increased referrals for the right treatment
  - increased tenure in treatment
  - increased successful discharge



## Impact Analysis: estimated \$341,000 Additional Dollars For One Year:

- Admit 52 DBT Members since September (not at full census)
- Capacity at 40 active cases
- Retained 36 current members
  - Of the 36, 18 have completed 6 months of treatment (0 inpatient days)
  - Of the 36, 12 were diverted from hospitalization during treatment
- Saved 96 hospital days for savings of \$76,800