Lehigh Valley Health Network

LVHN Scholarly Works

Efficacy of a Dialectical Behavioral Therapy Training Across a Large Health Network

Alisha Agrawal

Katherine B. Martin MD

Efficacy of a Dialectical Behavioral Therapy Training Across a Large Health Network

Alisha Agrawal, BA, Katherine Martin, MD

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- DBT shows efficacy in the treatment of Borderline Personality Disorder (BPD) and several other psychiatric disorders[1]
- A full DBT can be difficult to implement in large health networks, which have multiple clinical settings, patients from diverse backgrounds, and clinicians with different educational credentials[2]
- LVHN's Department of Psychiatry received funding to hold a 4-day DBT skills training for 75 masters levels therapists in 2019

Problem Statement

- How will a DBT skills training program at LVHN influence clinician attitudes towards patients with BPD and use of DBT overall?

Methods

- Project deemed exempt by the institutional IRB
- A 31-question survey, based on a prior survey[3], was developed
- DBT training took place in February and March of 2019
- Survey was administered to 75 participants immediately prior to and after the training as well as 3 months and 6 months post training
- Participants came from 3 ED's, 2 inpatient units, 3 partial hospitalization programs, 1 residential program, 5 outpatient mental health practices, and multiple primary care practices.
- Project REDcap was used for survey distribution and results were analyzed using descriptive statistics

Results

Table 1: Response rates.

| Pre-trainng	Post-training	3-Month Post	6-Month Post
100% (n=75)	92% (n=69)	92% (n=69)	80% (n=60)

Figure 1: Shifts in Clinician Attitudes Towards Patients with BPD, Confidence in DBT, and Use of DBT over 6-Months. On the Likert-type scale "strongly disagree" (value of 1) to "strongly agree" (value of 5), the mean response for "I have a positive attitude towards working with patients with BPD" went from 3.61 pre-training to 3.69 immediately post-training to 3.74 three months post-training to 3.63 six months out. The mean response for "I feel confident that DBT is an effective treatment" went from 4.22 to 4.36 to 4.45 to 4.35. The mean response for "I use components of DBT in my practice" went from 3.72 to 4.29 to 4.21 to 4.25.
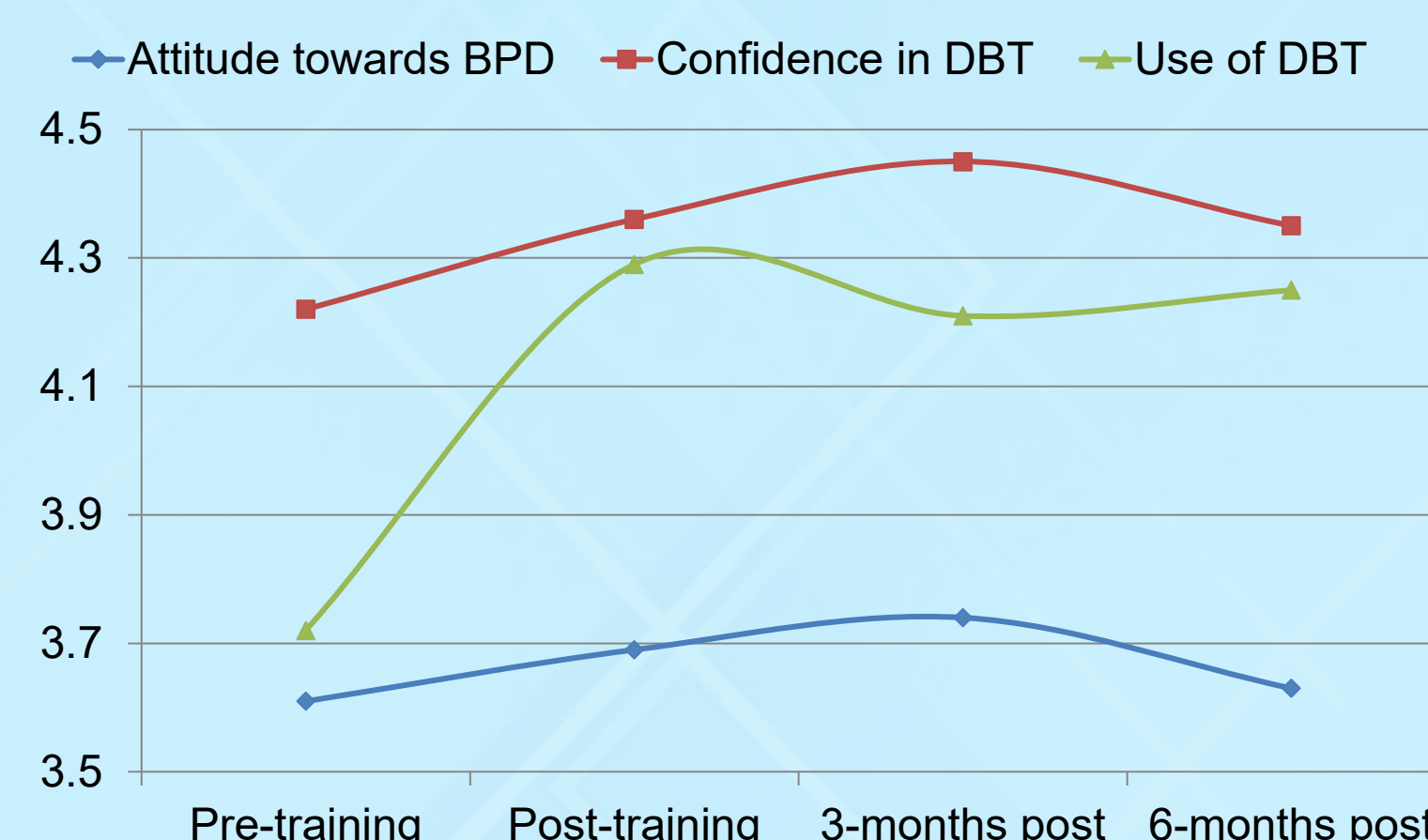
Table 2: Shifts in Extent of Use of DBT-Specified Components with Patients over 6-Months. On the scale "never" (value of 1) to "always" (value of 5), the greatest change in use of DBT individual components was for dialectical strategies (2.78 to 3.37 to 3.54 to 3.48).

DBT component	Pre	Post	3-months	6-months
Behavior therapy	**3.32**	**3.68**	**3.38**	**3.48**
Consumer agreements	2.36	2.22	2.12	2.07
Daily diary cards	**1.73**	**1.81**	**1.96**	**1.86**
Dialectical strategies	**2.78**	**3.37**	**3.54**	**3.48**
Problem solving	**3.70**	**4.03**	**3.93**	**3.76**
Protocol around SIB	3.48	3.75	3.35	3.23
Therapist agreements	2.45	2.36	2.35	2.10
Treatment targets	3.11	3.37	3.27	3.03
Validation	3.93	4.11	4.00	3.87

Figure 2: What are your largest concerns prior to/since the training? Over the course of the study, there was a decrease in concerns involving implementation (21% to 33% to 17% to 10%) and learning the material (27% to 33% to 23% to 18%) but an increase in concerns involving support (9% to 7% to 23% to 20%).
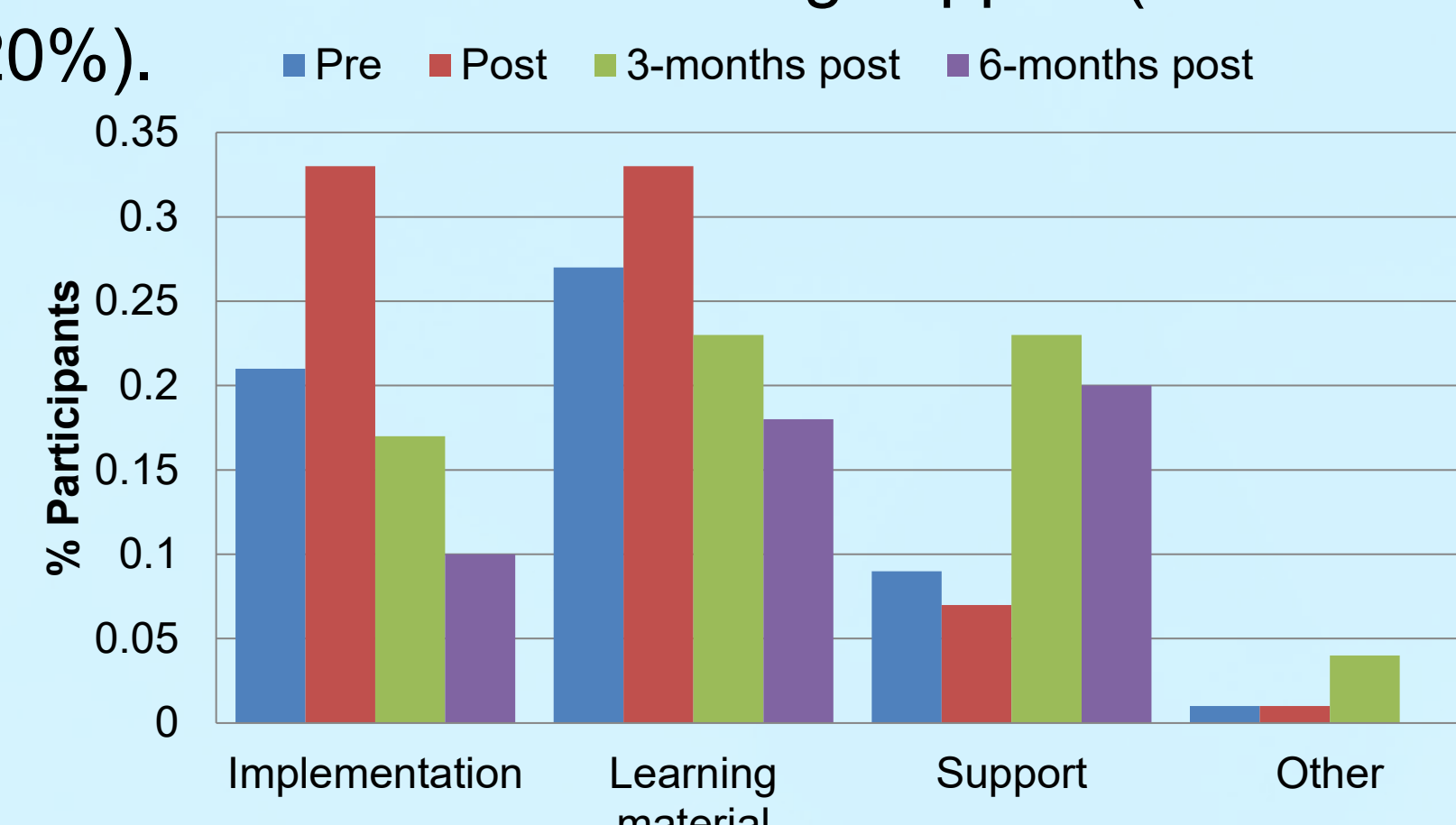
Discussion

- Positive shift from pre to post-training that leveled off by 3 months for most outcomes
- Clinically significant increase in use of dialectical strategies but not the other DBT-specified components
- Limitations:
  - Survey was not tailored to our department and participating in DBT training was voluntary
- SELECT Health Systems Domain:
  - PDSA cycle
  - Iron Triangle
- Future Directions:
  - Studying patient outcomes after DBT groups skills training using DERS[4]

Conclusions

- There was an improvement in clinicians' attitudes towards working with patients with BPD, an increase in their confidence in DBT as an effective treatment, and an increase in their overall use of DBT
- Holding department-wide trainings for clinicians can be an effective and efficient way to disseminate the use of DBT across a large continuum care

REFERENCES

1. Dimeff LA, Linehan MM. Dialectical behavior therapy for substance abusers. *Addict Sci Clin Pract.* 2008;4(2):39-47
2. Landes SJ, Rodriguez AL, Smith BN, et al. Barriers, facilitators, and benefits of implementation of dialectical behavior therapy in routine care: results from a national program evaluation survey in the Veterans Health Administration. *Transl Behav Med.* 2017;7(4):832-844
3. Herschell AD, Lindhiem OJ, Kogan JN, Celedonia KL, Stein BD. Evaluation of an implementation initiative for embedding Dialectical Behavior Therapy in community settings. *Eval Program Plann.* 2014;43:55-63.
4. Gratz KL, Roemer L. Multidimensional Assessment of Emotion Regulation and Dysregulation: Development, Factor Structure, and Initial Validation of the Difficulties in Emotion Regulation Scale. *J Psychopathol Behav Assess.* 2004;26:41-54.

SELECT
Scholarly Excellence. Leadership Experiences. Collaborative Training.
Experiences for a lifetime. A network for life.™

USF HEALTH | MORSANI COLLEGE OF MEDICINE UNIVERSITY OF SOUTH FLORIDA

Lehigh Valley Health Network