**INTRODUCTION**

While there is preliminary evidence to support the effectiveness and sustainability of real-world DBT healthcare settings\(^1\), few to no studies have conducted a systematic review of DBT implementations on a larger scale. This study assesses a sample of DBT programs nationwide, in order to gain a more systematic understanding of implementation barriers amongst active and inactive programs. The current study builds on earlier research on the DBT Intensive Training Model\(^2\,^3\) by including quantitative and qualitative methodologies, including a feedback loop follow-up interview.

**SAMPLE**

*Phase 1:* A random sample of 50\% of all teams (Final N=78) who completed Dialectical Behavior Therapy Intensive Training™ by Behavioral Tech, LLC from 2008-2011

*Phase 2* (1 year later): Contacted the other 50\% of teams (Final N=77) to assess implementation obstacles for inactive programs

**METHODS & PROCEDURE**

*Phase 1 (ACTIVE programs):*
- **DBT Program Elements of Treatment Questionnaire\(^4\)** (PETQ: Schmidt, Ivanoff, & Linehan, 2009)
- **Follow up telephone interview:**
  - Review and synthesis of current status: program strengths, weaknesses, and next steps

*Phase 2 (INACTIVE programs):*
- **Barriers to Implementation Questionnaire\(^5\)** (BTI: Knox & Dimeff, 2001)
- **Follow-up consultation as requested**

**SURVEY: Are teams still doing DBT?**

- **Yes = 74\%** (N=58)
- **No = 10\%** (N=8)
- **Unknown = 16\%** (N=12)

**SURVEY: Are teams delivering the four modes of DBT?**

- **Intervention:**
  - **DBT:** 84.1\% (N=11)
  - **Skills:** 51\% (N=11)
  - **Coaching:** 74.1\% (N=11)
  - **After Hours:** 74.5\% (N=11)

- **Designated team leader?**
  - **Yes = 90\%** (N=8)
  - **Some = 10\%** (N=8)

- **Teams meet weekly?**
  - **Yes = 74\%** (N=8)

**Quality Assurance: Are programs tracking treatment delivered?**

- **40\%** conduct manual-based self-assessment of DBT program adherence
- When collected, **20\%** of programs give individual DBT adherence data to teams & supervisors for quality improvement purposes
- **16\%** of DBT team leaders and consultants review fidelity performance data

**DISCUSSION**

- This study integrates implementation science and QI research in order to enhance and personalize the customer training experience
- Generally high rates (75\%-98\%) of delivering DBT modes
- DBT programs are resilient: Only 15 \% (N=16) of the 105 teams reached reported an inactive status
- Top barriers to implementation similar across active and inactive programs, with exception of inactive programs voicing lack of administrative support/conflict

*Looking Forward:*
- Examine links: adherence & client outcomes
- DBT on administration: use data to leverage commitment, strategic planning
- DBT commitment strategies for staff prior to attending intensive-more systematic screening processes needed
- Additional attention needed in several implementation domains, such as ongoing outcome assessment, supervision & adherence assessment, team selection and cohesiveness
Strengths and Limitations in DBT Implementations: A Mid-Stream, Mixed Methods Examination of Successes and Failures

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References


