

Evaluation of a Pilot Project Implementing Dialectical Behavior Therapy in DASA-Supported Adolescent Substance Abuse Treatment Programs

EXECUTIVE SUMMARY

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This report presents the results of a demonstration/pilot project evaluating the implementation and preliminary outcomes of Dialectical Behavior Therapy (DBT) in four adolescent treatment programs supported by the Division of Alcohol and Substance Abuse (DASA). DBT is a comprehensive cognitive-behavioral treatment that focuses on five processes: (1) motivating the client to change (typically addressed in weekly individual therapy); (2) enhancing behavioral skills (addressed in weekly skills training groups); (3) ensuring the generalization of these skills (using phone consultations with outpatient treatment; or, milieu therapy for inpatient programs); (4) structuring the treatment environment to support client and therapist capabilities; and (5) enhancing therapist capabilities and motivations (required attendance at a weekly DBT consultation team meeting). Each of these elements is seen as a crucial part of a DBT program, part of the best practices of DBT.

DBT was originally developed as an outpatient treatment for those with chronic suicidality, borderline personality disorder, and those with disorders co-occurring with borderline personality disorder. It has also been modified to treat a variety of other populations, including substance abuse. It was thought that DBT might be an appropriate and effective treatment for adolescent substance abusers, particularly those having other co-occurring mental health issues.

DBT was introduced to the staff of four adolescent treatment programs: Daybreak-Spokane, Daybreak-Vancouver, Northwest Indian Treatment Center - Youth Recovery Services in Shelton, and the Healing Lodge of the Seven Nations in Spokane. Goals included addressing the needs of youth with co-occurring disorders and dealing more effectively with treatment-interfering behaviors. Staff received intensive training in DBT principles and techniques and DBT, following best practices guidelines, was integrated into these treatment programs.

Results of Process Evaluation

Results of a process evaluation of the implementation indicated that:

- It is possible to successfully train counselors in DBT principles and techniques
- It is possible to successfully integrate DBT into clinical program structures, although the complexity of the approach, staffing issues, and administrative issues may impact on the process of implementation
- Counselors appear accepting of, enthusiastic about, and satisfied with DBT as a treatment approach
- Counselors and administrative staff felt that the incorporation of DBT positively affected the interaction between clients and staff, led to an improved therapeutic atmosphere, and contributed to better treatment outcomes

- Ongoing training of new staff and development of skills with continuing staff, as well as ongoing clinical supervision, is likely needed to maintain counselors' skills and adequate adherence to best practices of DBT in the programs.
- Despite staff receiving DBT training, staff changes and administrative challenges to having an identified team leader and advocate for the implementation of DBT illustrated how critical this aspect was in adopting DBT as a method to improve treatment outcomes

Result of Outcome Evaluation

Preliminary results examining more objective measure of DBT's impact on client behavior suggest that after the implementation of DBT:

- Treatment completion rates increased
- Discharges for disciplinary reasons decreased
- Indicators of client disruptive behavior suggested decreased frequency or rates of occurrence
- Staff responses to disruptive incidents appeared to increase in their rated use of DBT principles and in the rated "positiveness" of the interaction and outcomes

Recommendations

- DASA could proceed with further dissemination of DBT into adolescent treatment centers, but should do so in a planful manner. For DASA to encourage widespread adoption at this time provides a "stamp of approval" beyond what the data warrants
- Recommendations for implementation include a number of program-specific variables to consider:
 - a group size of six to eight participants works well
 - Inpatient programs may be better able to adopt DBT since there is already a "team" concept
 - Average length of stay should be 60 days or more to maximize the probability of impact
 - It would be most effective to train a team of individuals, not just a single counselor
- There are also population variables to consider in implementation
 - The ideal population is one with borderline traits or repeated acts of self-harm
 - The population must be developmentally and cognitively able to handle the materials as they are complex.
 - Adolescent-specific materials should be used.
- Program attitudes are important for implementation of DBT
 - Administrative support for training, for establishment and maintenance of a therapist consultation group, and for establishing ways to bill for services is all important.
 - Recognition and provision of the necessary time, effort, and money.
 - Stability of key staff
 - A DBT advocate on site
 - Follow guidelines from the technology transfer literature
- There are other implementation considerations
 - Implement DBT in programs where successful implementation is likely

- Proceed with implementation in a way that allows for the collection of objective, persuasive data.
- Continue to develop methods and promote efforts at measuring success of treatment agencies across the state
- Create a long term evaluation plan with a focus in four areas—adherence, fidelity, program/staff evaluations, and both short-term and long-term client outcomes.

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