

3-20-2018

Implementation of Dialectical Behavior Therapy in a residential setting: Dissemination and evaluation

Amber M. Holbrook

West Chester University of Pennsylvania, aholbrook@wcupa.edu

Susan Hunt

Resources for Human Development, Inc, Philadelphia, PA

Jehan Morsi

West Chester University of Pennsylvania

Follow this and additional works at: https://digitalcommons.wcupa.edu/swgrad_facpub



Part of the [Social Work Commons](#)

Recommended Citation

Holbrook, A. M., Hunt, S., & Morsi, J. (2018). Implementation of Dialectical Behavior Therapy in a residential setting: Dissemination and evaluation. *Implementation Science, 13*(3) Retrieved from https://digitalcommons.wcupa.edu/swgrad_facpub/14

This Conference Proceeding is brought to you for free and open access by the College of Education & Social Work at Digital Commons @ West Chester University. It has been accepted for inclusion in Social Work (Graduate) by an authorized administrator of Digital Commons @ West Chester University. For more information, please contact wcrestler@wcupa.edu.

A130 Implementation of Dialectical Behavior Therapy in a residential setting: Dissemination and evaluation

Amber Holbrook¹, Susan Hunt², Jehan Morsi¹

¹ West Chester University, West Chester, PA, USA; ²Resources for Human Development, Inc, Philadelphia, PA, USA

Correspondence: Amber Holbrook (aholbrook@wcupa.edu)

Background

The use of evidence-based practices (EBPs) in social services is gaining momentum as the standard of care. However, many residential settings employ individuals without advanced formal education and training as Direct Service Professionals (DSPs). Typically, these lower-level workers provide the majority of daily care to the more challenged clients, often leading to poorer quality of client care, staff burnout, and high staff turnover rates [1]. The use of EBPs has the potential to mitigate poor client and staff outcomes in such settings when appropriate training can support fidelity to the intervention model. Dialectical Behavior Therapy (DBT) is demonstrated to be an effective intervention for a growing number of behavioral health disorders [2]. However, training is required to successfully implement DBT, and maintenance relies on reinforcement by the program milieu in which it is delivered [3]. Provision of training on EBPs, such as DBT, is important for both quality of client care and workforce development. This paper presents a DBT training delivery model and a process evaluation designed to provide feedback on the implementation of the model. The DBT training initiative sought to create a “DBT-informed program culture” through staff training and program-level consultation in four phases. Results from the first phase of staff training are presented.

Materials and Methods

Five residential programs participated in the training initiative from 2013-2015. Staff knowledge retention was measured post training through administration of an 18-question assessment of principles and skills associated with the four DBT modules: emotional regulation, distress tolerance, interpersonal skills, and mindfulness.

Results

Fifty-eight staff completed a knowledge retention quiz. Staff were predominantly female (82.8%), African-American (72.7%), and with a mean age of 34.8 (SD=8.4). Many had completed some college (40.4%), with a total of 57.9% of the sample attaining less than a

four year degree at the time of training. Mean score was 83.2% with 77.6% of the sample scoring 83.2% or higher.

Conclusions

Results of the first phase of the training initiative suggest that it is feasible to train DSPs in the principles of DBT in a cost-effective manner, but attention is required to uneven knowledge retention.

References

1. Connor DF, McIntyre EK, Miller K, Brown C, Bluestone H, Daunais S, et al. Staff retention and turnover in a residential treatment center. *Resid Treat Child Youth*. 2003;20(3):43-53. doi:10.1300/j007v20n03_04
2. Burroughs T, Somerville J. Utilization of evidenced based Dialectical Behavioral Therapy in assertive community treatment: examining feasibility and challenges. *Community Ment Health J*. 2012;49(1):25-32. doi:10.1007/s10597-012-9485-2
3. Swales MA, Taylor B, Hibbs RAB. Implementing Dialectical Behaviour Therapy: programme survival in routine healthcare settings. *J Ment Health*. 2012;21(6):548-55. doi:10.3109/09638237.2012.689435.