Dialectical Behavior Therapy as an Acute Psychiatry Inpatient Milieu Model: Training for Child Psychiatry Staff Psychiatrists and Fellows

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INTRODUCTION

Background
- Adolescents admitted to the University of Iowa Hospitals and Clinics’ (UIHC) Child Psychiatry unit regularly present with maladaptive behaviors born out of emotion dysregulation.
- Behaviors include suicide attempts, self-injurious behavior, aggression, and drug/alcohol use.
- Seclusion and restraint (S/R) incidents, caused by unsafe behaviors, were elevated beyond acceptable limits.
- These behaviors, and their accompanying provocative attitudes, trigger non-therapeutic responses from the multi-disciplinary treatment team.
- Staff Psychiatrists and Fellows are key members of the treatment team due to the leadership role they fulfill.

Needs Assessment
- The milieu was in need of a therapy model to guide management of the patients; nursing staff were trained in Dialectical Behavior Therapy (DBT) as Phase 1 of this Quality Improvement (QI) Project.
- The patients were in need of a therapy model to restructure thinking and modify behavior; a DBT program was implemented as Phase 2 of this project.
- The Staff Psychiatrists and Fellows were in need of training in a therapy model with strategies tailored to manage this population; DBT was chosen to correspond with a model already in place on this unit as Phase 3.

Evidence-Based Practice
- DBT is effective in treating adolescents exhibiting maladaptive behaviors (Katz, Cox, Gunasakara, & Miller, 2004; Miller, Ratliff, & Leichsen, 2007).
- DBT effects positive change for both the patient and the treatment team in residential and inpatient treatment settings (Katz, Cox, Gunasakara & Miller, 2004; McDonnell, et al., 2010; Trupin, Stewart, Beach, & Boosky, 2002; Wasser, Tyler, McManey, Taplin & Henderson, 2008).
- References available upon request.

METHODS

Training: Two (2) proficient DBT trainers created a DBT training program for five (5) Child Psychiatry Staff Psychiatrists and three (3) Child Psychiatry Fellows. The training consisted of a total of eighteen (18) components:
- Precepto DBT video sessions (8)
- Adolescent DBT program manual (1)
- Online DBT training module through behavioraltech.org (1)
- Shadow DBT individual therapy sessions (4)
- Shadow DBT skills groups (4)

Social Learning Theory (the theoretical basis for learning):
- The shadow experiences provided role modeling by trained clinicians
- The learning experiences of Fellows were to be strengthened through role modeling of Staff Psychiatrists as the latter grew in their knowledge, attitudes, and skillset
- Self-regulation of learning was emphasized by encouraging autonomy and allowing individuals access to all didactic training materials at their convenience

Measures:
- Pre- and post-training survey measuring attitudes about DBT and knowledge of DBT
- Post-training survey measuring barriers and assistive aspects of the training
- Seclusion/restraint data

COMPLETION RATES

SECLUSION INCIDENTS 2011 – 2014

PRACTICE IMPLICATIONS

- A SUBSEQUENT PILOT IS ADVISED WITH A LARGER N AND HIGHER COMPLETION RATES.
- Knowledge about, and attitudes toward, DBT cannot be measured due to almost nil completion rates.
- A potential measure for future evaluation of this training may be pre- and post-training data, regarding S/R incidents (or even emotion dysregulation), that occurs immediately following patient sessions with Psychiatrists.
- With only four completed post-training surveys, the data is not robust, but recommendations for a future pilot include:
  - Train Staff Psychiatrists prior to training
  - Schedule all components of the DBT training
  - Clearly delineate expectations
  - Problem-solve obstacles as they occur vs. waiting

- In the absence of a champion who holds authority, even a well-executed QI project can suffer.

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CONCLUSION

While disappointing that the purpose and objectives of this project were not met, this QI project was not unsuccessful. On the contrary, it initiated a much-needed process of improving psychotherapy training in this population, and key decision-makers indicate that ongoing efforts will ensure to improve completion rates of this DBT training program.

RESULTS AND EVALUATION

Knowledge acquisition:
- 100% of post-training survey (PTS) respondents (n=4) disagreed that they became proficient in their knowledge and use of DBT

Attitude Improvement:
- Unable to assess

Seclusion/restraint impact:
- The downward trend of S/R incidents was maintained
- A correlation between S/R rates and the physician training cannot be made due to very low N, the low completion rates, and several uncontrolled variables

Additional post-training survey results (n=4):
- Agreement that shadowing groups and individual therapy sessions were both effective training measures
- Agreement that learning would be enhanced if the Staff Psychiatrist leading the treatment team during their rotation was DBT trained.
- Strong agreement that other demands on time and a lack of clear expectations played a role in the poor completion rates.