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Investigating Bang for Your Training Buck: A Randomized Controlled Trial Comparing Three Methods of Training Clinicians in Two Core Strategies of Dialectical Behavior Therapy

Linda A. Dimeff
Melanie S. Harned
Eric A. Woodcock
Julie M. Skutch
Kelly Koerner
Marsha M. Linehan
Behavioral Tech Research, Inc., Seattle

The present study examined the efficacy of online training (OLT), instructor-led training (ILT), and a treatment manual (TM) in training mental health clinicians in two core strategies of Dialectical Behavior Therapy (DBT): chain analysis and validation. A randomized controlled trial compared OLT, ILT, and TM among clinicians naïve to DBT (N = 172) who were assessed at baseline, post-training, and 30, 60, and 90 days following training. Primary outcomes included satisfaction, self-efficacy, motivation, knowledge, clinical proficiency, and clinical use. Overall, ILT outperformed OLT and TM in satisfaction, self-efficacy, and motivation, whereas OLT was the most effective method for increasing knowledge. The conditions did not differ in observer-rated clinical proficiency or self-reported clinical use, which both increased to moderate levels after training. In addition, ILT was particularly effective at improving motivation to use chain analysis, whereas OLT was particularly effective at increasing knowledge of validation strategies. These findings suggest that these types of brief, didactic trainings may be effective methods of increasing knowledge of new treatment strategies, but may not be sufficient to enable clinicians to achieve a high level of clinical use or proficiency. Additional research examining the possible advantages of matching training methods to types of treatment strategies may help to determine a tailored, more effective approach to training clinicians in empirically supported treatments.

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Address correspondence to Linda A. Dimeff, Ph.D., Evidence-Based Practice Institute, LLC, 814 29th Avenue, Seattle, WA 98122; e-mail: linda@ebpi.org.

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The considerable divide between research on empirically supported treatments (ESTs) and clinical practice is a widely recognized problem in current mental health care (e.g., APA Presidential Task Force on Evidence-Based Practice, 2006; Insel, 2009). Although numerous ESTs now exist for a variety of psychological disorders and problems, these powerful treatments have remained largely inaccessible to consumers of mental health services (e.g., Freiheit, Vye, Swan, & Cady, 2004). Given the persistent underutilization of ESTs, policymakers and funding agencies have become increasingly focused on the urgent need to promote the use of ESTs in clinical practice. Beginning in 2008, for example, the National Institute of Mental Health (NIMH) announced a 5-year strategic plan that includes a specific effort to fund research that will "help close the gap between the development of new, research-tested interventions and their widespread use by those most in need" (U.S. Department of Health & Human Services, 2008; p. 28). Similarly, organizations (e.g., Department of Veterans Affairs, 2008) and states (e.g., Nakamura et al., 2011) have begun to launch initiatives designed to increase consumers' access to ESTs.

One of the primary obstacles to disseminating ESTs has been a shortage of clinicians who are trained to deliver these treatments (e.g., Weissman et al., 2006). The increasing demand for evidence-based care has therefore led to the development of clinician training programs that are now being rolled out at the national, state, and individual treatment developer levels (McHugh & Barlow, 2010). Although this increased attention to training clinicians in ESTs is a sign of progress in many ways, it also brings with it a new set of problems. In particular, these dissemination programs often utilize training methods of unknown efficacy. Indeed, research on how best to train mental health professionals in ESTs is a relatively new field, with two recent reviews finding fewer than 10 studies of therapist training that utilize methodologically rigorous randomized controlled trial (RCT) designs (Beidas & Kendall, 2010; Herschell, Kolko, Baumann, & Davis, 2010).

Within leading dissemination programs, the most commonly utilized didactic training methods include the distribution of training materials (e.g., treatment manuals), workshops, and online training (McHugh & Barlow, 2010). The extant research indicates that online trainings and in-person workshops, particularly when they include active learning methods (e.g., practice opportunities, role-plays), are generally superior to treatment manuals that rely on passive learning strategies (Beidas & Kendall, 2010; Dimeff et al., 2009; Dimeff, Beadnell, Woodcock, & Harned, 2011; Sholomskas & Carroll, 2006). Studies comparing online training and workshops have yielded mixed results, with the majority finding no differences in knowledge gains across the two training methods (Beidas, Edmunds, Marcus, & Kendall, 2012; McDonough & Marks, 2002; Sholomskas et al., 2005; Weingardt, Villafranca, & Levin, 2006), whereas one study found that online training outperformed workshops in increasing clinician knowledge (Dimeff et al., 2009).

Although some research has evaluated the utility of these common training methods, no studies have yet examined the possible advantages of matching training methods to particular types of content. Didactic training in ESTs typically covers a wide variety of treatment strategies, including protocol-based strategies (i.e., those administered in a structured, step-by-step manner in specific, prescribed circumstances) as well as principle-based strategies (i.e., those that are implemented flexibly according to the overarching theory and proposed mechanisms of the treatment). In addition, didactic training in ESTs often requires learning strategies from different theoretical backgrounds, such as change-based interventions from behavior therapy and acceptance-based interventions derived from Western contemplative and Eastern Zen practices. These different types of strategies may require different types of learning and, therefore, different approaches to training.

The present study had two aims. First, given the paucity of research on methods of training clinicians in ESTs, we sought to replicate existing research utilizing a methodologically rigorous RCT design. To that end, we examined the relative efficacy of three methods (online training, OLT; instructor-led training, ILT; and a treatment manual, TM) of training clinicians in two core strategies of dialectical behavior therapy (DBT; Linehan, 1993): chain analysis and validation strategies. This study design is consistent with prior research evaluating methods of training clinicians in DBT skills (Dimeff et al., 2009), and extends this work to evaluate the efficacy of these training methods for novel content areas within DBT. Consistent with Kirkpatrick's (1998) multilevel model of evaluating training programs, the present study assessed learners' satisfaction with the training and barriers encountered (Level One), knowledge, self-efficacy, and motivation to use the training content (Level Two), and clinical proficiency and use (Level Three). We hypothesized that OLT and ILT would result in comparable outcomes across all three levels at posttraining and follow-up, and that both conditions would be superior to TM.

Second, we sought to extend prior research by conducting exploratory analyses to examine whether the efficacy of these training methods varied