



Which training method works best? A randomized controlled trial comparing three methods of training clinicians in dialectical behavior therapy skills

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A B S T R A C T

Keywords:

Dissemination
Empirically-supported treatments
Training
Dialectical behavior therapy

This study evaluated the efficacy of three methods of training community mental health providers ($N = 150$) in Dialectical Behavior Therapy skills, including a written treatment manual; an interactive, multimedia online training (OLT); and a two-day instructor-led training workshop (ILT). A hybrid design was utilized that incorporated aspects of efficacy and effectiveness trials. Assessments were completed at baseline, post-training, and 30- and 90-days following training. The results indicate that learner satisfaction with the training was highest in OLT and ILT, and both resulted in significantly higher satisfaction ratings than the manual. OLT outperformed ILT and the manual in increasing knowledge of the treatment, whereas ILT and the manual did not differ. All three training methods resulted in comparable increases in clinicians' ability to apply course content in clinical simulations. Overall, the results provide strong support for the efficacy of technology-based OLT methods in disseminating knowledge of empirically supported treatments to community mental health providers, suggesting that OLT may be a high-quality, easily accessible, and affordable addition to traditional training methods.

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Despite increasing attention to the need for evidence-based practice (EBP) in mental health treatment (e.g., *APA Presidential Task Force on Evidence-Based Practice, 2006; Insel, 2009; New Freedom Commission, 2003*) and the growing number of available empirically supported treatments (ESTs), ESTs continue to be widely underutilized in routine clinical practice. The considerable gap between research and practice has been labeled the “dissemination problem” (*Bebbington et al., 2000a; Bebbington et al., 2000b; Kessler et al., 2003; Marks, 2004*) and numerous barriers to successfully disseminating ESTs have been identified (*Addis, 2002; Barlow, Levitt, & Bufka, 1999; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Shafraan et al., 2009; Street, Niederehe, & Lebowitz, 2000*). One of the most common barriers to the dissemination of ESTs is the lack of effective training opportunities available to treatment providers (e.g., *Weissman et al., 2006*).

At present, standard methods of training community mental health providers in ESTs include the distribution of therapy manuals for self-study and/or brief (e.g., half- to two-day)

instructor-led trainings (ILTs). Such training methods have been widely evaluated in medical settings and have not been found to effectively change the behavior of primary care providers (*Sohn, Ismail, & Tellez, 2005*). Although less research has examined the efficacy of these training methods for psychological treatments, the available data suggest that both therapy manuals and ILTs are likely to improve clinicians' knowledge of ESTs, but are less likely to change clinician behavior or impact client outcomes (*Miller & Mount, 2001; Miller & Rollnick, 1991; Miller, Yahne, Moyers, Martinez, & Pirritano, 2004*). Various technology-based training methods, such as Web-based or online training (OLT), have been proposed as alternatives to these standard training methods and are suggested to offer a number of advantages for disseminating ESTs (*Weingardt, 2004*). In contrast to therapy manuals, OLT can elicit greater learner engagement via dynamic, interactive designs and the provision of realistic models of simulated therapist–client interactions. Similarly, OLT offers several advantages over ILTs such as allowing learners to progress at their own pace, individually tailoring the course content to specific learner needs, and extending the availability of high-quality training to clinicians who live in rural areas or otherwise have limited access to in-person ILTs (*Weingardt, 2004*).

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Research comparing OLT to traditional training methods for EST dissemination

Several recent studies have formally evaluated the effectiveness of technology-based training as a method of disseminating ESTs to mental health providers. McDonough and Marks (2002) compared the efficacy of 90 min of solo computer instruction versus group face-to-face tutorial teaching in exposure therapy for phobias among a sample of medical students. The results indicated that the two training methods produced comparable gains in knowledge, although the computer instruction was rated as less enjoyable.

Sholomskas et al. (2005) compared the relative efficacy of three methods of training community clinicians to implement a cognitive-behavioral treatment (CBT) for cocaine addiction: manual only, manual plus an OLT, or manual plus a 3-day didactic seminar and supervision. At post-training, the three conditions did not differ significantly in knowledge of the treatment. However, the seminar plus supervision condition significantly outperformed the manual only condition in the ability to demonstrate CBT techniques via role plays and in meeting the criterion for certification based on demonstrated clinical skills. Although the OLT condition tended to outperform the manual-only condition on both of these measures, the differences were not statistically significant. Limitations of this study are that the OLT was fairly rudimentary and highly text-based (e.g., it did not include multimedia features or interactivities) and it involved fewer hours of training than the seminar plus supervision condition. These factors may have accounted for the lack of significant differences between the OLT and manual-only conditions.

A second study by Sholomskas and Carroll (2006) compared the efficacy of a therapy manual versus an interactive, computer-assisted training program plus a manual in training substance use clinicians in Twelve-Step Facilitation (TSF). At post-training, clinicians who received the computer-assisted training demonstrated greater knowledge of TSF and ability to implement key TSF techniques than those in the manual-only condition. Finally, Weingardt, Villafranca, and Levin (2006) compared the efficacy of 60 min of an interactive, multimedia OLT, a face-to-face training workshop or a delayed training control condition in training substance abuse counselors in a CBT for cocaine addiction. Participants in the OLT and workshop conditions demonstrated equivalent improvements in knowledge, whereas the control participants did not significantly improve.

Taken together, these studies suggest that technology-based training methods, particularly when developed using the latest multimedia and interactive design formats, may be more effective than manuals alone and as effective as ILTs in disseminating ESTs to community mental health providers.

The present study

The present study compared three methods of training clinicians in ESTs: (1) written treatment manual, (2) an interactive, multimedia OLT, and (3) a two-day ILT. The OLT used in this study significantly advances the existing literature on technology-based training of ESTs in three ways. First, its development during formative and summative evaluation phases (described below) was guided by instructional design process models that are currently considered 'gold standards.' Second, it utilized cutting-edge technology such as various forms of multimedia (e.g., animated sequences, audio narration, Flash graphics) and interactivities (e.g., providing extensive opportunities for learners to participate in simulated client-therapist interactions in which they can determine the therapist's behavior). Finally, its duration (approximately 20 h) was comparable to a standard continuing education two-day workshop.

A notable strength of the present study was its use of a hybrid design that combines aspects of both efficacy and effectiveness

research. Such an approach has been described by Carroll and Rounsaville (2003) as a way of increasing emphasis on the utility and practicality of efficacy research. In the present study, the design retained the essential features of efficacy research by virtue of its use of randomization, subject matching, thorough assessments on a variety of outcomes, and an approach to data analysis that utilized an intent-to-treat sample. However, the design also included a number of features typically associated with effectiveness research, including having the training take place in uncontrolled, naturalistic settings, not artificially balancing conditions on time and attention, setting few exclusion criteria, and using a sample of treatment providers from routine clinical settings.

This study also adds to the existing literature by focusing on Dialectical Behavior Therapy (DBT; Linehan, 1993a, 1993b), a comprehensive, cognitive-behavioral treatment that has been identified as an EST for borderline personality disorder (BPD) by both the American Psychological Association Division 12 Task Force and the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices (for a review of DBT's evidence base, see Lynch, Trost, Salsman, & Linehan, 2007). DBT is an excellent candidate for dissemination due to its widespread popularity among clinicians and the resulting high demand for training, including several state-mandated DBT implementation initiatives (Swenson, 2000; Swenson, Torrey, & Koerner, 2002). As with other ESTs, the primary methods of disseminating DBT to community clinicians have included self-study via the two DBT treatment manuals (Linehan, 1993a, 1993b) and various ILTs ranging from one to fifteen days in duration. We are not aware of any research to date that has examined the efficacy of self-study via the DBT treatment manuals. Although there is some preliminary (uncontrolled and/or non-randomized) research suggesting that DBT ILTs are effective in increasing knowledge of DBT (Hawkins & Sinha, 1998) as well as improving client outcomes (Trupin, Stewart, Beach, & Boesky, 2002), the demand for these workshops currently exceeds the availability of expert instructors and the cost of attending (including registration, travel, and missed work days) prohibits participation for many clinicians.

We sought to develop and rigorously evaluate the efficacy of an online DBT skills training course that could provide a high-quality, easily accessible, and affordable addition to the existing methods of disseminating DBT to community mental health providers. DBT is a complex, multi-modal treatment and the training evaluated in the present study focused solely on the group skills training component of DBT. This DBT component was chosen given that there is a separate manual devoted entirely to describing the strategies and structure of DBT skills training (Linehan, 1993b) and this component of DBT is often the first to be implemented within community practice settings. Consistent with Kirkpatrick's multi-level evaluation model (Kirkpatrick, 1998), the present study included outcome measures to assess learners' satisfaction with the training material and any problems encountered (Level 1), knowledge of the training content and self-efficacy in implementing the content with clients (Level 2), and ability to apply knowledge in performance-based role plays (Level 3). We hypothesized that OLT and ILT would result in comparable outcomes across all three outcome levels at post-training and follow-up, and that both conditions would outperform the manual.

Method

Procedures

Recruitment and screening

All procedures were approved by the Western Institutional Review Board. Participants were recruited via email list serves of

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