

# Dialectical Behavior Therapy Implementation and Initial Outcomes at the Baltimore and DC VA Medical Centers

Drs. Lea Didion (DC), Jessica Grossmann (Baltimore), and Peter Phalen (Baltimore)


# Disclosures

The presenters have no disclosures to make.

This material is the result of work supported with resources and the use of facilities at the VA Maryland Health Care System, Baltimore, Maryland, and the Washington DC VAMC, Washington, DC. The contents do not represent the views of the US Department of Veterans Affairs or the United States Government.

# Components of DBT

Based on biosocial theory & transactional model to improve individuals' ability to tolerate distress and regulate intense emotions (Linehan, 1993)



3 main components: CBT, validation, and awareness of dialectics



Overall goal is to help patients move towards a "life worth living"

# DBT Skills Group

One two-hour group, held weekly, is required as part of comprehensive DBT programming

Group focus is skills-training

4 modules of skills:

Mindfulness

Distress  
tolerance

Emotion  
regulation

Interpersonal  
effectiveness

# Comprehensive DBT v DBT-Informed

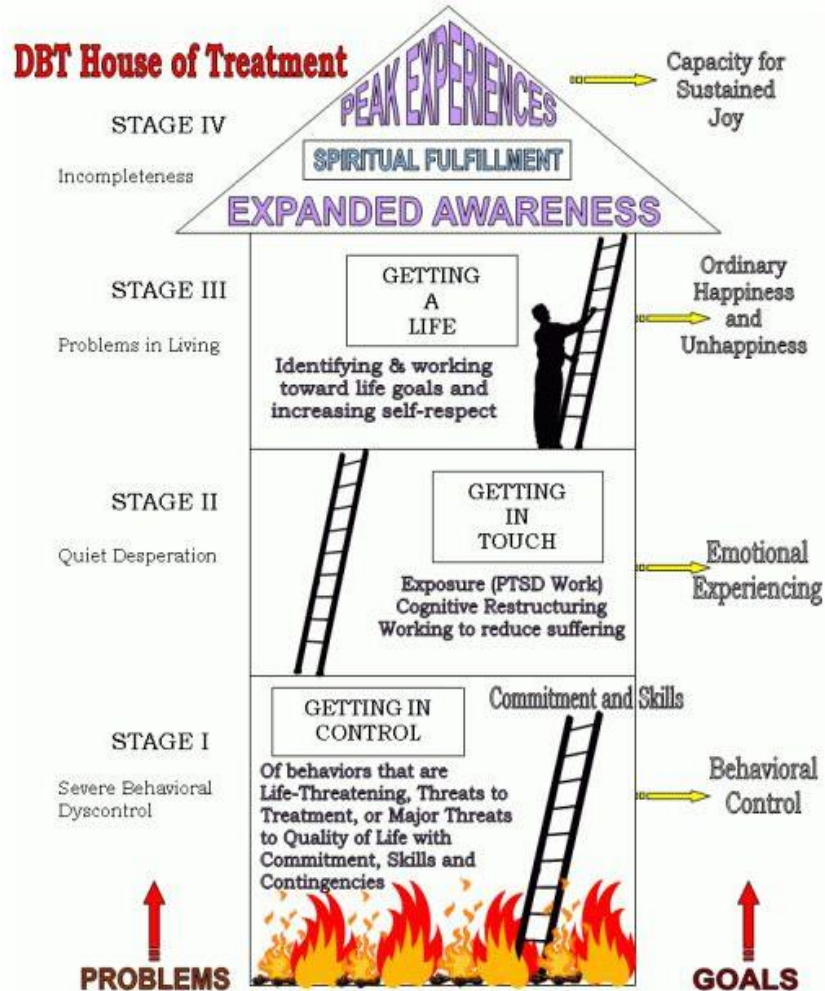
## Comprehensive DBT:

- An intensive outpatient treatment including weekly individual and group therapy, plus phone coaching as needed, for patients, and interdisciplinary training and consultation for providers
- 5 stages (Sanderson, 2008):
  - Pretreatment: orienting to treatment, setting goals
  - Stage 1: Identify target behaviors
  - Stage 2: Expressing emotions/Trauma-focused
  - Stage 3: Building an ordinary life, solving ordinary problems
  - Stage 4: Moving toward a life of completeness/connection

## DBT-Informed:

- May include elements of comprehensive DBT, such as skills-based training, using diary cards to enhance self-monitoring, or weaving in dialectical strategies to the therapeutic relationship
- May be a “holding” space while veterans prepare for comprehensive services or to build engagement/willingness for treatment
- May also be used as a prep or phase-based approach to treating other conditions, such as PTSD or OCD

# Comprehensive DBT Treatment Stages



SHAWL: Suicide and Hospitalization As a Way of Life  
Outside of the Treatment House  
Created by: Dr. Charles Swenson

Comprehensive DBT starts here

# Why Apply DBT to Veterans?

Veterans account for 20% of suicide-related deaths in US. There are 5 suicide-related deaths/day among Veterans using VA services (VA/DOD, 2013)

Up to 21% of Veterans in VA are diagnosed with PTSD (Gates et al., 2012) and emotion regulation difficulties are related to impulsivity in Veterans with PTSD (Miles et al., 2016)

DBT has been used in conjunction with PTSD exposure-based treatments (Becker et al., 2001) and treatments for complex trauma (Landes et al., 2013)

DBT reduces service utilization over time and DBT significantly reduced VA mental health service utilization and associated costs (Meyers et al., 2014)

“DBT has been shown to be effective in the Veterans Health Administration (VHA). Studies indicate that it was effective in reducing suicidal ideation, hopelessness, depression, and anger expression (Koons, 2001)...” (Landes, 2016)

# DBT in VA



Not yet a rolled-out EBP in VA  
(Karlín et al., 2013)

- Skills groups are offered at 143 VAMCs
- SharePoint site generates discussion among VA providers

There are 38 comprehensive  
DBT Programs across VAs in  
the country

- Up from 13 in 2013



# Comprehensive DBT Services – Creation in the Baltimore VA

Small grant in collaboration with the VA Maryland Healthcare System (VAMHCS) MIRECC



December 2018: Grant provided funding for a 3-day DBT training within VA

- Intensive training in implementing DBT model + program development support
- 12 months of consultation with certified DBT provider



February 2019: Consult opened, initiating recruitment for program

- Veterans began pre-treatment for DBT
- Veterans can be referred from any VAMHCS site, but the group is held in Baltimore



March 2019: Began the first DBT skills group

# Comprehensive DBT Services – Creation in the DC VA

## DBT Skills Groups in March 2018

- Clinic-specific, no specific eligibility criteria



## Needs assessment to expand services (Feb 2019)

- “We 100% need DBT services for patients ...”
- “I have come across approximately 6-8 patients in the past 6 months for whom a full DBT program would be the treatment of choice...”



## Applied for MIRECC grant to bring DBT Training to the DCVA

- Trained ~20 providers for DBT-informed treatment general skills
- 8 DBT-CT members (cross-clinics) + trainees currently
- 12 months of weekly consultation



First veterans  
enrolled in  
comprehensive  
DBT: October 2019

# DBT Criteria – Baltimore VA

## Eligibility Criteria

- Veterans referred to DBT must demonstrate at least TWO of the following:
- History of multiple psychiatric hospitalizations in the past 5 years, with at least one hospitalization in the past year;
- History of suicide attempts and/or non-suicidal self-injury within the past 5 years;
- Emotion dysregulation or impulsivity that is currently interfering with life functioning.

## Exclusionary Criteria

- Unwilling to commit to attending regularly for 6 months
- Significant (moderate to severe) cognitive impairment
- Primary diagnosis of Antisocial Personality Disorder
- Currently in need of medical detox
- No active MHTC or medication provider

# DBT Criteria - DCVA

## Eligibility Criteria

- Full diagnosis of BPD
- In the past year, at least 2: suicide attempts, non-suicidal self-injury, or psychiatric hospitalization for suicidality
- Willingness to commit to 6 months of treatment
- Identified target behaviors appropriate for DBT and willingness to address them

## Exclusionary Criteria

- Unwilling to commit to attending regularly for 6 months
- Ready for other evidence-based treatment
- No chronic suicidal ideation, multiple hospitalizations, suicide attempts, or non-suicidal self-injury
- Diagnosis of: ASPD or NPD (in most cases)
- Substance dependence without concurrent participation in substance use treatment



# Baltimore VA

Program Evaluation Data

# Quality Improvement Data from Baltimore

Since February 2019 (beginning of data collection)

63 consults received:

- 28 attended screenings for program
  - 24 engaged
  - 6 screenings are scheduled

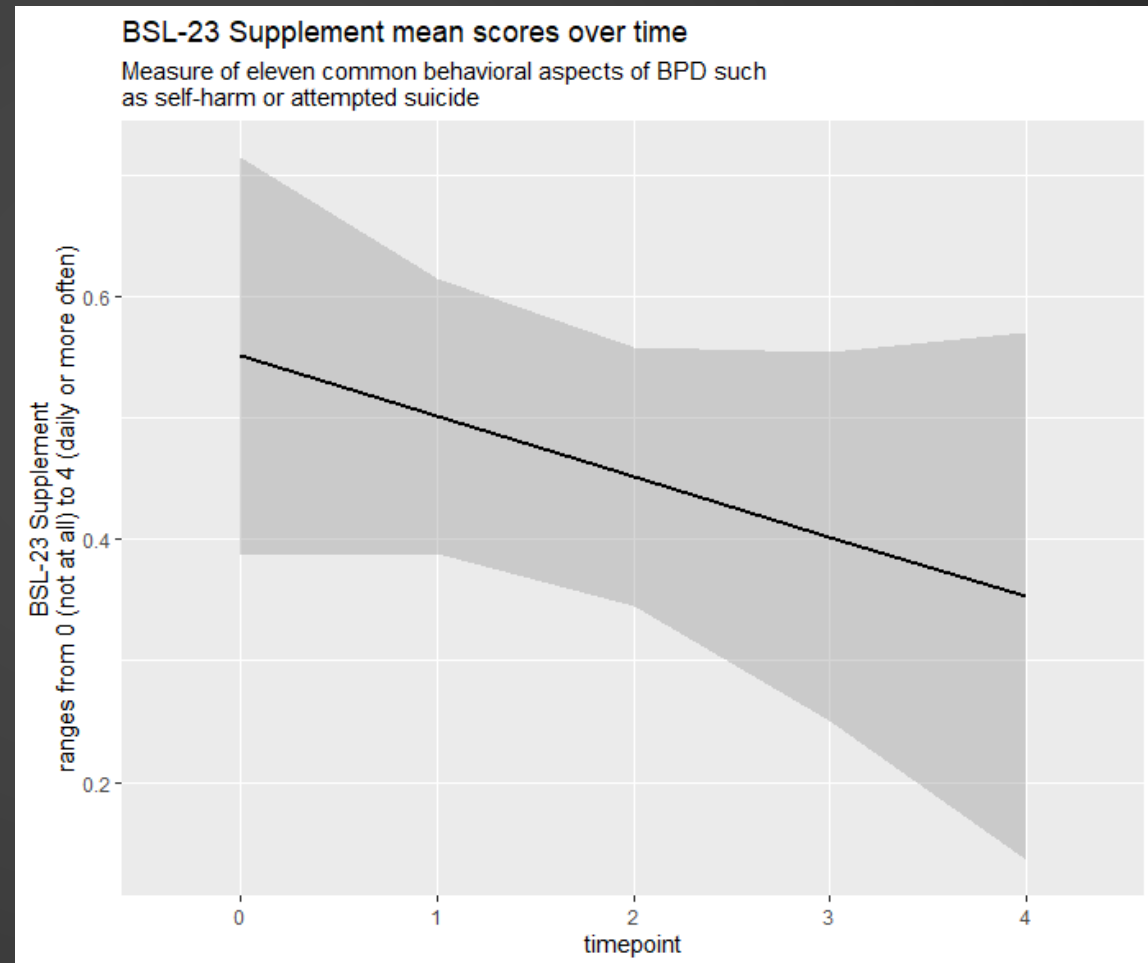
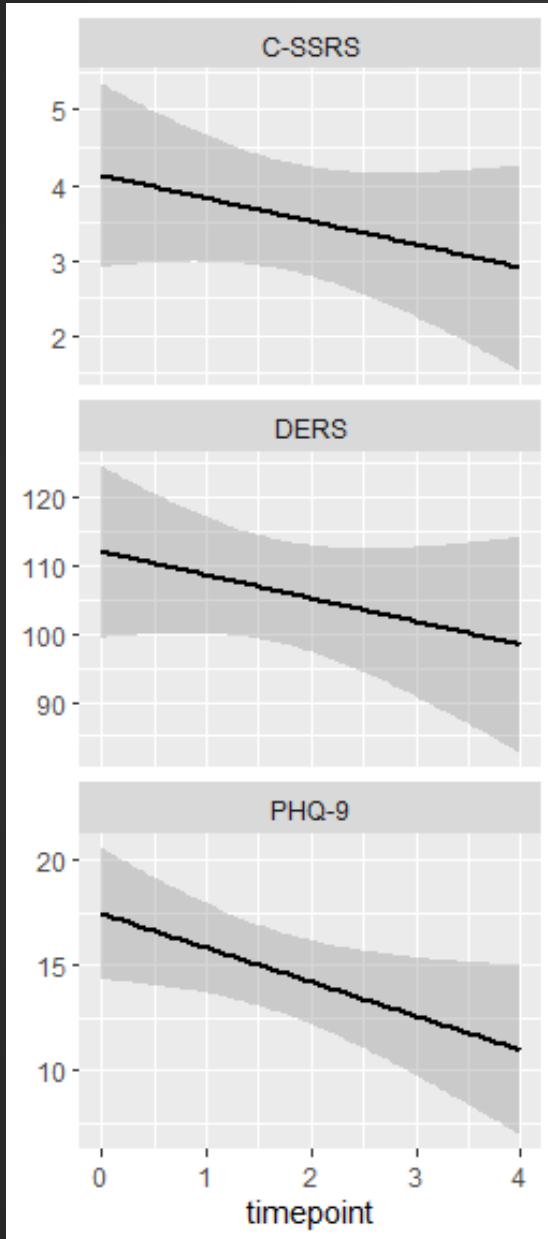
Among consults not screened  
(*n*=29):

- 8 declined; 8 ineligible; 6 engaged in other programs; 7 lost to follow-up

Full enrollment in the program  
(*n*=24):

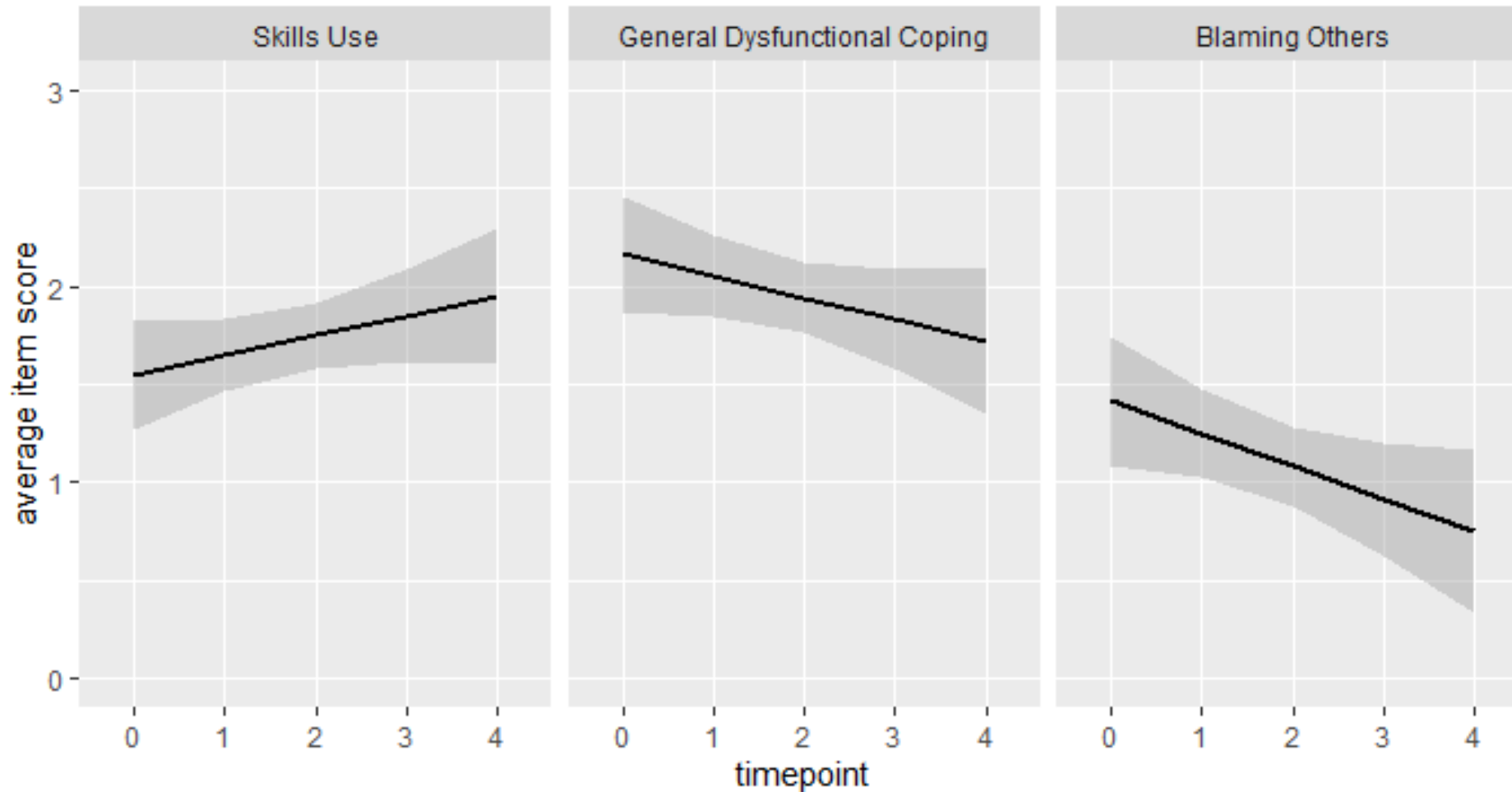
- 9 graduates, 7 four-missed, 8 currently active
- 0 hospitalizations, 0 suicide attempts

# Data from Baltimore



## DBT-Ways of Coping Checklist (DBT-WCCL) mean scores over time

Asks about specific coping strategies from past month.  
Ranges from 0 = 'never used' to 3='regularly used'







# DC VA

Program Evaluation Data

# Initial Quality Improvement Data on DBT Completers - Qualitative data from DC

“I would say this program saved my life”

## How have you used skills?

“...Being able to effectively describe how I feel so that I am understood better, reducing my drinking”

“...Situations where my anxiety is elevated – I’ve been able to keep it from spiraling by using opposite action and problem solving.”

“Being more in the present; improving my relationship with [family member]; expressing what I want/need with my family.”

“Getting my needs met by articulating my thought in a wise mind... not judging, especially myself.”

# Initial Quality Improvement Data on DBT Completers - Qualitative data from DC (skills-only)

Data collected/analyzed on completers for 1-year prior through group and 6 months post-group completion (~June 2019)

50% ( $n=7$ ) had a Category 1 Flag either before or during their time in DBT

- 0 have had a flag since completing DBT (6+ months)

43% ( $n=6$ ) had a referral to Suicide Prevention

- 0 have had a referral to Suicide Prevention post DBT

7% ( $n=1$ ) were hospitalized

- 0 since completion

7% ( $n=1$ ) had a suicide behavior report listed in their chart

- 0 since completion

# Quality Improvement Data from DC

Since ~June 2019 (comprehensive DBT Services initiate)

51 referrals/  
consults received

- 16 enrolled/6 pending (43%)
- 11 (22%) non-responders or declined DBT
- 18 (35%) ineligible

Of 16  
enrolled

- 5 (31%) dropped
- 4 (25%) completed
- 1 (6%) completed then re-enrolled
- 6 (38%) currently enrolled

Of 16  
enrolled

- 2 hospitalizations
- 2 suicide behaviors
- 0 hospitalizations from completers
- 0 suicide behaviors from completers

# Lessons Learned

- Org Chart with a dedicated lead
  - Admin Time is important in program development
- Training Opportunities and Using a Consultant
- Consultation to referring providers and enhancing engagement in DBT
- Implement, Prove, Ask
- Eligibility Criteria pros + cons
- Building a strong team
  - Team days and refreshers
  - CBOC providers
- Inviting trainees
- Data collection

Adapting to COVID-19 and Telehealth

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graph TD; A[Adapting to COVID-19 and Telehealth] --> B[Telehealth has not interfered with the delivery of DBT]; B --> C[Recommendation: fillable forms, fillable measures]; C --> D[Sending in mail materials: diary cards, group materials, measures];
```

Telehealth has not interfered with the delivery of DBT

Recommendation: fillable forms, fillable measures

Sending in mail materials: diary cards, group materials, measures

# Future Directions

# Contact & Resource

- Tiffany Bruder (DBT Services Coordinator, Baltimore) • [Tiffany.Bruder2@va.gov](mailto:Tiffany.Bruder2@va.gov)
- Lea Didion (DBT Services Coordinator, DC)
  - [Lea.DidionMattice@va.gov](mailto:Lea.DidionMattice@va.gov)
- Jessica Grossmann
  - [Jessica.Grossmann@va.gov](mailto:Jessica.Grossmann@va.gov)
- Peter Phalen
  - [Peter.Phalen2@va.gov](mailto:Peter.Phalen2@va.gov)
- DBT SharePoint Site
  - <https://vaww.portal.va.gov/sites/OMHS/dbt/default.aspx>

# DBT at the Baltimore & DC VAs – Engagement Process

