

## Integrating Empirically-Supported Therapies within ACT: Examination of an Innovative Training Approach on Dialectical Behavior Therapy (DBT) for ACT Providers

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Persons with severe and persistent mental illness (SPMI) commonly experience borderline personality disorder (BPD), resulting in serious personal costs and public health concerns. These individuals have been deemed as *in greatest need* and represent the estimated 20 to 40 percent of the total group of persons with SPMI for whom Assertive Community Treatment (ACT) is the recommended service approach. Although ACT is effective for persons with SPMI, it is less clear the extent to which this approach adequately meets the needs of individuals with BPD.

Dialectical Behavior Therapy (DBT) is the only treatment with demonstrated efficacy for BPD across seven published randomized controlled trials in four different service settings. Despite this fact, there is no known effective alternative treatment for treating individuals with both SPMI and BPD. This current state of affairs continues to place ACT providers in the position of trying to handle the challenging behaviors and complex needs of many individuals who cannot be effectively treated elsewhere. As a result, many ACT teams across the U.S. have begun integrating DBT approaches and have been clinically successful with this application. Furthermore, ACT teams in several states and Canada (e.g., California, Florida, Michigan, North Carolina, Pennsylvania, Utah, and Ottawa, Ontario) have initiated DBT training in order to more effectively work with their BPD consumers and create competence in DBT within the structure of ACT. While this particular integration has not yet been systematically evaluated, the combined use of ACT and DBT has been identified as a promising approach and fits with the current trend to integrate other evidence-based treatment approaches within ACT.

With funding through the National Institute on Drug Abuse (NIDA), we developed and pilot-tested a highly interactive computer-based training program aimed at teaching ACT providers various DBT approaches to more effectively respond to difficult situations that arise with individuals with BPD. Using an iterative process of development, we developed the course using extensive feedback from 18 DBT and ACT experts and 29 providers from ACT teams in six different states. Formative evaluation data demonstrated the usability, relevance, and acceptability of this training program. Findings from the randomized controlled trial with ACT providers in Oklahoma and Washington (N=32) confirmed *all* hypotheses. Specifically, ACT providers who participated in the DBT-ACT computer-based training demonstrated significantly greater increases in knowledge, recall, and self-efficacy from baseline to post-test compared to ACT providers who participated in a control computer-based training. Additionally, ACT participants reported high satisfaction and acceptability, and found the content

relevant to their work with consumers on their teams.

In addition to further discussing the results of this pilot study, we will discuss the implications of this research. Specifically, we will examine (1) the extent to which DBT may be an important approach for ACT providers to further apply with a subpopulation of consumers they serve and (2) the implications of leveraging technology for further training and implementation of evidence-based practices, including ACT.