Evaluation of an Internet-Based Training System for Improving Peer Supervisor Ratings of Therapist Performance in Dialectical Behavior Therapy

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Introduction

Therapist continuing training in empirically supported treatments (ESTs) is costly and not widely available, limiting training opportunities and access to evidence-based care. Existing trainings typically lack efficacy data. This study evaluated an Internet-based system designed to improve a peer supervisor’s ability to accurately discriminate more effective from less effective therapist in-session behaviors in Dialectical Behavior Therapy (DBT). In DBT, providing peer supervision is an essential skill, and better supervision ultimately improves therapy delivery and success.

Method

Participants & Measures

Participants were recruited via email, and by word of mouth. They were offered 12 continuing education credits, or a cash payment. The 57-item DBT Therapist Behaviors Rating Form was used to assess therapist in-session behaviors. Its six subscales are: 1) session structure; 2) acceptance strategies; 3) change strategies; 4) dialectical strategies; 5) in-session behavior management; and 6) mindfulness (see Figure 1).

Procedure

A final pool of 8 videos was selected from 22 recorded, covering a broad range of DBT client and therapist behaviors (see Figure 3). Participants watched and provided feedback on the mock DBT sessions, which were assigned in random order. After each, they were shown expert feedback and analysis of the same session, and compared that with their own to improve their own discrimination and rating skills as peer supervisors.

Results

Descriptives

77 DBT therapists completed all 8 videos: 64 completed part of the training. 87% identified as Caucasian, 86% as female. 73% were based in the United States, 32% identified as Social Worker/Case Manager, and 29% as Psychologist. 52% requested continuing education credits, 16% cash payment, and 32% no incentive. None of these variables predicted # of sessions rated. We examined our record of if and how participants had watched the videos for which they provided ratings. ~4% of ratings failed our internal validity checks.

Outcomes Analyses

Our main analytical strategy was multilevel regression modeling, which allowed us to simultaneously test for a serial position, or learning, effect while modeling differences between videoed sessions as well the fact that ratings of the different videos by the same participants were interdependent.

The central dependent variable was a participant’s rating skill or accuracy, measured based on the agreement with expert consensus ratings on a given video. We computed Pearson r correlations between participants’ and experts’ ratings across all items of the DBT Therapist Behaviors Rating Form for a given video.

Predictors of Initial Rating Quality

Fewer experienced DBT therapists on a participant’s DBT consultation team predicted greater improvement, F(3, 679) = 4.07, p = .01. For example, improvement on teams with no experienced therapists was 12% greater than on teams with 5 or more, b = .04, se = .01, p = .01. This is likely due in part to lower initial ratings and a corresponding greater room for improvement.

Discussion

This study explored whether a participant’s skill at evaluating therapist in-session behaviors improved as a result of our Internet-based DBT training program. This was the case: measured in terms of increases in shared variance of their ratings with experts, participants showed improvement as they rated videos themselves and compared their ratings with expert consensus ratings.

Participants overwhelmingly indicated that they believed that useful learning occurred and the results of a post-training knowledge quiz supported this. Therapists in DBT training-poor environments tended to benefit the most from the training.

A potential downside to the present training was the relatively large participant time commitment involved. It may be that fewer sessions would represent the most productive use of time. This could be evaluated in a future study.

The results provide strong support for the utility of this approach to training DBT peer supervisors to help to increase the supply of DBT clinicians doing DBT well. Participants liked the training, and were generally satisfied with its level of sophistication, follow-through was high, and development costs were low.

Our findings need to be replicated in follow-up studies with different videos, representing a broader range of client presentations and therapist interventions, and more, less experienced participants.