

Weill Cornell Medicine Psychiatry Psychology Grand Rounds



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Financial Disclosure: Dr. Tebbett-Mock has no relevant financial relationship(s) with ineligible companies to disclose and DOES NOT INTEND to discuss off-label or investigational use of products or services.

Alison Tebbett-Mock, PhD is a Lead Psychologist at Northwell, Zucker Hillside Hospital in Queens, NY. She is an Associate Professor of Psychiatry at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. She is the Dialectical Behavior Therapy (DBT) team leader for the acute-care adolescent psychiatric inpatient unit and engages in research, program development, consultation, the provision of psychotherapy for adolescent inpatients and their families, supervision of psychology trainees, and teaching and mentoring of multidisciplinary team members. Her interests include dissemination and implementation of empirically based treatments for youth and their families particularly DBT, trauma specific cognitive behavioral therapies, and milieu interventions. Dr. Tebbett-Mock earned her Ph.D. in Clinical Psychology with a specialization in Child Clinical Psychology at St. John's University, NY. She is a Board member of the International Society for the Improvement and Teaching of DBT (ISITDBT) and a member of ABCT and APA Division 53.

EFFICACY AND SUSTAINABILITY OF DIALECTICAL BEHAVIOR THERAPY FOR INPATIENT ADOLESCENTS

ABSTRACT

Prior research on the evaluation of mental health treatments has largely ignored patient perspectives, instead relying on the reduction in symptom severity scores. We explore patient-reported outcome measures in the context of treatments for depression, specifically what symptom changes patients value and the trajectory of side effects during the course of antidepressant treatment. We also attempt to provide some insight into a patient's satisfaction with their course of treatment for depression, using only their depression symptom severity scores. Dialectical Behavioral Therapy (DBT) is an internationally recognized evidence-based treatment that directly addresses suicidal behavior and other forms of self-injury (Linehan, 1993) and has been adapted for adolescents (i.e., DBT-A; Miller et al., 2007). Informed by an implementation science framework (Moullin et al., 2020), Tebbett-Mock and colleagues outlined phases of development and implementation of a comprehensive DBT program for acute-care adolescent inpatients. For inpatient adolescents, patients who received DBT had significantly fewer constant observation (CO) hours for self-injury; incidents of suicide attempts and self-injury; restraints; and days hospitalized compared to patients who received treatment as usual (Tebbett-Mock et al., 2020). DBT patients also had significantly lower levels of depression upon discharge when controlling for admission scores, compared with patients who received TAU (Saito et al, 2020). A cost analysis determined that \$251,609 less was spent on staff time for CO hours with DBT compared to TAU over an 8-month period (Tebbett-Mock et al., 2020). Reductions of CO for self-injury, restraints, and days hospitalized were maintained at 1 year follow-up (Tebbett-Mock et al., 2021). However, without ongoing DBT training for staff, incidents of suicide attempts and self-injury are at risk of increasing (Tebbett-Mock et al., 2021). Adaption considerations, limitations, and future directions will be discussed.

LEARNING OBJECTIVES

1. Identify the various modes of Dialectical Behavior Therapy (DBT) treatment utilized in inpatient settings for adolescents.
2. Describe three evidence-based outcomes in which DBT demonstrates significantly greater effectiveness compared to Treatment As Usual (TAU).
3. Discuss two common challenges associated with implementing DBT in inpatient adolescent settings.

REFERENCES

1. Tebbett-Mock, A. A., Saito, E., McGee, M., Woloszyn, P., & Venuti, M. (2019). Efficacy of dialectical behavior therapy versus treatment as usual for Acute-Care Inpatient Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(1), 149-156. <https://doi.org/10.1016/j.jaac.2019.01.020>
2. Tebbett-Mock, A. A., McGee, M., & Saito, E. (2021). Adapting Dialectical Behavior Therapy for Acute-Care Inpatient Adolescents. *Evidence-Based Practice in Child and Adolescent Mental Health*, 7(4), 403-418. <https://doi.org/10.1080/23794925.2021.1981179>
3. Waitz, C., Tebbett-Mock, A., D'Angelo, E., & Reynolds, E. K. (2021). Dialectical Behavior therapy in Inpatient and Residential Settings for Adolescents: A Systematic review. *Evidence-Based Practice in Child and Adolescent Mental Health*, 6(4), 497-515. <https://doi.org/10.1080/23794925.2021.1970052>

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