

## Dialectical Behavioral Therapy

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### *What is the practice?*

Dialectical behavioral therapy (DBT) is an evidence-based practice developed by Marsha M. Linehan that was originally designed to support clients who were diagnosed with borderline personality disorder (BPD). Research has shown that DBT is also effective in treating other severe and persistent mental health and substance use disorders including post-traumatic stress disorder (PTSD), depression, substance dependence, and eating disorders. DBT includes individual psychotherapy, group therapy, DBT skills training, phone coaching on demand, and therapist consultation.

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### *What outcomes does this practice produce?*

DBT was originally designed to treat multi-diagnostic, complex individuals with BPD who struggled with chronic suicidality and self-harming behaviors. Repeated data through twenty-one randomized control trials demonstrates comprehensive DBT's effectiveness with decreasing suicidal ideation and self-harming behaviors, accessing crisis services, frequency and length of inpatient hospitalizations, hopelessness, anger, substance use, as well as decreased dropout rates of clients. DBT focuses on dealing with the client's daily situations and provides skills to work with emotional vulnerability, emotion invalidation, and emotion dysregulation and to reduce self-harm and parasuicide (Linehan, 1993).

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### *What is the evidence for this practice?*

Over 50 randomized control trials (DBT and DBT adaptations) have now been conducted with a wide range of:

- Clinical populations (e.g., BPD, eating disorders, complex PTSD)
- Age groups (children through older adults)
- Treatment settings (e.g., university and community clinics, hospitals)
- Levels of care (e.g., outpatient, residential, inpatient)

Provider reports (e.g., mental health professionals, school teachers, self-help)

DBT is an enhanced form of cognitive behavioral therapy (CBT).

DBT has also been used in multiple international locations outside of the United States and results replicate cross-culturally.

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### *How is this practice implemented?*

#### *In what contexts is this practice implemented (e.g., schools, clinical)?*

DBT was originally designed to be an outpatient treatment, but there are a growing number of adaptations where it is being implemented in nearly every level of care from residential treatment centers and intensive outpatient programs (IOPs) to forensic and correctional settings, schools, and community-based treatments.

#### *What is the dosage of this practice (e.g., one-time training, six-week curriculum)?*

DBT is designed to have an initial treatment dosage of weekly individual psychotherapy and a weekly skills training group (approximately 2 hours in length) for approximately 12 months.

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***How is the practice delivered (e.g., online, in-person)?***

DBT is a multimodal approach with four distinct components to the treatment. As originally designed, individual and skills training groups were delivered in person, but recent events and research show that it can be delivered via telemedicine with no appreciable decrease in efficacy. In addition to the individual and group component, there is the mode of telephone consultation, which provides clients the ability to get skills coaching and support 24/7 to help intervene before any self-injurious acts or other behaviors that would normally require higher levels of care. Finally, the clinical team meets on a weekly basis. This too can be done in person, live, or via a Health Insurance Portability and Accountability Act–compliant video platform.

***What infrastructure or readiness is needed to implement this practice (e.g., capacity for data analysis, individual full-time equivalent [FTE])?***

Of principal importance is that DBT is a team approach and is not conducted as an individual provider. Programs need to support clinicians to see clients individually on a weekly basis. Skills groups are longer than your typical group therapy, usually lasting 2 to 2.5 hours. Groups also have two facilitators with one clinician attending to the current content of the group and the other attending to group process and any in-the-moment clinical needs of the clients. Programs need to support the therapist’s consultation team, which usually meets for 90 to 120 minutes on a weekly basis. Finally, there needs to be the capacity to do the telephone consultation component typically done by the individual therapist.

It is recommended to have a research/data gathering component to conduct outcome studies as well as monitor current cases.

Furthermore, delivering comprehensive DBT requires an initial comprehensive training as well as ongoing training, supervision, and development practices.

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***For which population(s) can this practice be implemented?***

***For which population(s) is this best or promising practice (BPP) intended? Has it been adapted for diverse groups? If so, which ones?***

There have been adaptations made for several different clinical populations, including substance use, eating disorders, and PTSD. Adaptations also exist for a variety of different age groups, including older adults, adolescents and their families, and caregivers and their children. There are also adaptations for individuals who have cognitive deficits. DBT is being applied in schools as well as in juvenile and adult correctional and forensic settings. There are adapted applications intended to provide friends and families skills to regulate their own emotions, as well to better support their loved ones.

***With which specific populations has this practice been successfully implemented?***

See above description regarding the populations this practice has been successfully implemented for.

***For which populations, if any, is this practice NOT a good fit?***

DBT is not a primary treatment for diagnoses such as psychosis, other personality disorders such as narcissistic personality disorder, or conduct disorder. Individuals with intellectual disabilities will typically require significant modifications to benefit from components of DBT and would not be best served within a comprehensive model.

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***Who can implement this practice?***

***What expertise is needed to implement the practice?***

The practice of DBT is typically implemented by individuals who have, at a minimum, a master’s degree, though clearly DBT skills can be taught by those with bachelor’s degrees and with degrees outside of mental health, including education or occupational therapy.

***What specific training or certification is required to implement the practice?***

The practice of DBT is typically implemented by individuals who have, at a minimum, a master's degree, though clearly DBT skills can be taught by those with bachelor's degrees and with degrees outside of mental health, including education or occupational therapy. For those interested in practicing comprehensive DBT, it is recommended that you participate in 40 hours of didactic training and ongoing clinical supervision. As a mindfulness-based cognitive behavioral therapy, it is expected that DBT therapists maintain their own mindfulness practice. Required readings include Marsha Linehan's original text and skills training manual. Ongoing training and development practices are highly recommended given the breadth of research emerging on best practices related to this treatment and the associated adaptations.

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***What costs are associated with delivering this practice? What costs and commitments are associated with becoming trained in this practice?***

DBT trainings are usually multiple days and usually cost approximately \$300 or more per day of training. Initial comprehensive training is usually at least 5 days with ongoing implementation and supervision fees after that. Other costs include additional trainings in adaptation for specific age or population groups, ongoing continuing education credits, reading materials, etc. Certification from the Linehan Board of Certification can cost upward of \$1,000 dollars. Certification of a comprehensive program can cost approximately \$4,000.

***Are there recognized providers of training in this practice?***

Recognized providers of training for DBT include:

- Behavioral Technology Transfer Group
  - Treatment Implementation Collaborative
  - Portland DBT Institute
  - Linehan Board Certified Clinicians
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***Does the practice have an associated fidelity assessment?***

A fidelity assessment can be found on the Linehan Board of Certification website. In order to become board certified by the Linehan Board of Certification as an individual clinician, there is an adherence coding measure used, although this is not publicly available for review.

[DBT®-Linehan Board of Certification: DBT-LBC Program Certification \*\*Self-Assessment\*\*](#)

[DBT®-Linehan Board of Certification: Getting ready to apply for \*\*Individual Certification\*\*](#)

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***What resources or references are useful for understanding/implementing the practice? Where should you go for more information?*****Reading materials:**

- Linehan, M.M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. The Guilford Press.
  - Linehan, M. M. (2015). *DBT Skills Handouts and Worksheets*. The Guilford Press.
  - Linehan, M. M. (2015). *DBT Skills Training Manual (2<sup>nd</sup> ed.)*. The Guilford Press.
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- Koerner, K. (2012). *Doing Dialectical Behavior Therapy: A practical guide*. The Guilford Press.
- Sayrs, J. H. R. & Linehan, M. M. (2019). *DBT Teams: Development and Practice*. The Guilford Press.
- Dimeff, L. A., Rizvi, S. L., & Koerner, K. (2020). *Dialectical Behavior Therapy in Clinical Practice: Applications across disorders and settings*. The Guilford Press.

**Websites:**

- Behavioral Technology Transfer Group <https://behavioraltech.org/>
- Treatment Implementation Cooperative [DBT Training: Treatment Implementation Collaborative, LLC](#)
- Portland DBT Institute <https://www.pdbti.org/>
- Linehan Board-Certified Clinicians [DBT®-Linehan Board of Certification: Find a Certified Clinician](#)
- Search for Dialectical Behavior Therapy in:
  - MHTTC Training and Events Calendar: <https://mhttcnetwork.org/centers/global-mhttc/training-and-events-calendar>
  - MHTTC Product & Resources Catalog: <https://mhttcnetwork.org/centers/global-mhttc/products-resources-catalog>

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**Reference**

Linehan, M.M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. The Guilford Press.

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*For more information, contact your local MHTTC Regional National or Focus Area Center. Visit <https://mhttcnetwork.org/centers/selection> to find your center.*

