What is Dialectical Behavior Therapy (DBT)…

Dialectical Behavior Therapy (DBT) was developed by Marsha Linehan, PhD, at the University of Washington. DBT is currently being used to treat males and females with multiple, difficult ti treat problems. In several, randomized controlled clinical trials (RCT's), DBT was found to be effective in treating females diagnosed with borderline personality disorder (BPD) who were suicidal and/or self-harming. In those studies, clients who received DBT had significantly fewer suicide attempts, self-harm episodes, visits to emergency departments, psychiatric inpatient days and fewer drop outs from therapy. Because those original studies were so effective, research was done with other populations and problems: substance abuse, geriatric depression, binge eating, bulimia, PTSD, stalking, adolescents (especially those with suicide and self-harm). There is currently research being conducted with bipolar disorder, developmental disabilities, anorexia, with individuals, couples and families, to name a few. In every cost analysis completed on DBT, the financial burden to systems and clients has been showed to be about 1/2 that of treatment as usual or no treatment at all. DBT is now considered to be a treatment for multiple problem people.

DBT is classified as a cognitive behavioral therapy (CBT) which means that it focuses on changing emotions, thoughts and actions that are currently interfering with a client's ability to have the life that they want; what DBT calls a Life Worth Living. Early on in the development of DBT, however, Linehan found that standard CBT was not sufficient to help people who were emotionally sensitive and easily dysregulated. Validation strategies were added to DBT to keep the client in therapy, keep the therapeutic relationship intact and to help clients (and therapists) be regulated enough for the treatment to work. Linehan also added mindfulness strategies with roots in eastern meditation into the treatment to be practiced by the client, the therapist and the team of DBT clinicians and treaters who are the community that supports the treatment providers. Finally, to bring the disparate theories of acceptance (validation and mindfulness) and change (CBT) together, Linehan introduced dialectics, a way of balancing the strategies, moving the therapy when it was at an impasse and modeling fluidity of thinking.

DBT is offered in a variety of settings from outpatient (standard DBT) to inpatient, intensive outpatient, partial hospitalization, residential, schools, forensics and corrections. Standard DBT is provided in 6 month or 1 year programs and requires weekly individual psychotherapy, psychoeducational skills training group, and coaching via telephone, text, email as needed. In addition, anyone providing any mode of DBT (individual psychotherapy, skills training, coaching, case management and/or prescribing) attends a weekly meeting called a consultation team meeting, The consultation team meeting is considered "therapy for the therapists" and is DBT support for anyone working with highly dysregulated clients. There is some evidence that DBT can be effective without individual psychotherapy or with non-

DBT individual psychotherapy with less dysregulated clients, e.g. not suicidal or self-harming.

Non-standard (other than outpatient) settings can offer DBT by creating services that meet the function of the services in standard DBT. For example, residential or inpatient units offer shorter lengths of stay and provide group skills training, some individual psychotherapy and coaching by any staff on the unit, e.g. line staff, nursing staff, activity therapy, psychiatry. No matter what the services, any one providing any piece of DBT attends the weekly consultation team.

Although, DBT was originally researched as a treatment for females with life threatening behaviors, there is evidence that it is effective used alone or in conjunction with other milieu based cognitive and/or behavioral treatments to decrease out of control behaviors and increase emotional, cognitive and behavioral control in clients/consumers. Not only does the research show positive changes in clients but also changes in treaters such as decreased burn out, attrition and increased staff satisfaction.

For more information on DBT or training please contact:

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