Dialectical Behavior Therapy (DBT)

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Dialectical* Behavior Therapy  
* Debate intended to logically resolve a conflict between two contradictory or apparently contradictory ideas or parts, establishing truths on both sides rather than disproving one argument (Encarta 2007).

Dialectical Behavior Therapy (DBT, Linehan, 1993) is a systematic cognitive-behavioral support oriented and collaborative approach proven to work effectively with borderline personality disorder (BPD) patients, especially those with chronic patterns of suicidal or other dangerous behaviors. DBT is a melding of acceptance, validation and behavior therapy change strategies, guided by rational investigation of triggers, resultant behaviors and their natural consequences. Texts describing the fundamental treatment methodology and theory include: 

- Cognitive-Behavioral Treatment for Borderline Personality Disorder (1993), New York: Guilford Press, and 

Patient Populations

In treating chronically parasuicidal BPD and adolescents, DBT was more effective than community based treatment-as-usual in reducing incidence and severity of parasuicidal acts (including suicide attempts), therapy drop-outs, inpatient psychiatric days, and self-reported anger, and in increasing interpersonal and global adjustment (Linehan, 1991, 1993, 1994, 2006, Miller et al 2006). Intensive (three weeks, daily treatment) DBT for Outpatients with BPD who were in crisis resulted in high treatment completion, and a significant drop in depression and hopelessness measures (McQuillan et al, 2005). Research indicates that DBT might have some effect in stabilization of spectrum mood disorders including self-injury and dissociative disorders and traumatic brain injury (TBI). DBT was adapted for use in BPD opiate-users (DBT-S) with promising initial pilot data. The major modifications to standard DBT are the addition of 1) specific targets relevant to drug use, 2) a set of attachment strategies, 3) a drug replacement program 4) weekly urinalysis, and 5) case management. Several studies have demonstrated the efficacy of DBT in stabilization of eating disorders (Bulimia and Binge Eating Disorder).

Program Structure and Training
POSITION STATEMENT

DBT is effective when used by professionals specifically trained in its technical procedures. The recommended training in the treatment includes all three elements of the standard DBT structure: 1) one-on-one individual therapy, 2) group skills training, and 3) therapist consultant teams. According to Linehan, there is not enough evidence supporting the efficaciousness of treatment with only one or two of these components alone. A study that compares those that get the full package to those that only get group skills training and those that only get DBT individual training is under way. The standard DBT treatment program typically meets 3-5 times a week and works most effectively if applied over a period of 3 months to a year. A full DBT Program typically covers four modules including training and practice sessions: Mindfulness, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness.

Linehan recommends, as a minimum DBT training standard, that therapists should attend at least one of the DBT Intensive Training Programs in which they attend seminars for one week, spend six months implementing a program and then return for another week of seminars and feedback. In addition, continued program oversight or consultation is recommended with someone experienced in DBT. There is presently no licensing authority regulating certification in DBT. Linehan’s group has a website where they post resource tools for clinicians and consumers.

Conclusions and Recommendations

DBT is effective in the treatment of *chronically parasuicidal patients* (multiple suicide gestures, attempts, threats, self-injurious behaviors or inpatient admissions). Other potential indications that are currently under investigation include *BPD opiate-use disorder, stabilization of eating disorders, posttraumatic stress disorder, dissociative disorders, traumatic brain injuries* and *BPD-in crisis*.

Once approved by an MHN Medical Director, MHN authorizes DBT for the treatment of patients identified as *chronically para-suicidal*. The treatment authorization could last from 3 months to a year. Outpatient DBT treatment programs should include: 1) Program oversight by a senior clinician who has completed the Linehan training; 2) individual therapy, 3) group skills training, 4) a consult team for the therapists, and 5) medication management as needed. Treatment should occur at a minimum 3-5 times a week. While authorization would typically be issued for the expected duration of the program, MHN care managers periodically evaluate treatment progress and remain available for aftercare planning.

Website Resources

http://depts.washington.edu/uwbrtc/about-us/dialectical-behavior-therapy/
http://www.behavioraltech.com/resources/tools_clinicians.cfm

References


