Dialectical Behavior Therapy (DBT)¹

The purpose of this document is to provide a brief overview of Dialectical Behavior Therapy based on the information available in The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). The content presented in this brief was retrieved from SAMHSA’s NREPP. For detailed descriptions of the outcomes and research mentioned, the quality of research rating, full program information, and a list of studies reviewed, visit http://www.nrepp.samhsa.gov/.

What is it?

Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought, processes, and behavioral styles used in the treatment strategies. DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients. Therapists follow a detailed procedural manual.

DBT has five components:
1. Capability enhancement (skills training);
2. Motivational enhancement (individual behavioral treatment plans);
3. Generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment);
4. Structuring of the environment (programmatic emphasis on reinforcement of adaptive behaviors); and,
5. Capability and motivational enhancement of therapists (therapist team consultation group).

Who is it for? What presenting problems does it address?

Adaptations of DBT have been developed for:
1. Suicidal adolescents
2. Individuals with substance use disorders
3. Individuals with eating disorders
4. Individuals with comorbid HIV and substance use disorders
5. Developmentally delayed individuals
6. Older adults with depression and one or more personality disorders
7. Individuals with schizophrenia
8. Families of patients
9. Women experiencing domestic violence
10. Violent intimate partners
11. Individuals who stalk
12. Inpatient and partial hospitalization settings for adolescents and adults
13. Forensic settings for juveniles and adults

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What outcomes are addressed in the research?
1. Suicide attempts
2. Nonsuicidal self-injury (parasuicidal history)
3. Psychosocial adjustment
4. Treatment retention
5. Drug use
6. Symptoms of eating disorders

How much does it cost?
Implementation materials, training, technical assistance/consultation, and quality assurance materials: Contact Developer

For additional information and resources on Dialectical Behavior Therapy, visit:

- SAMHSA’s National Registry of Evidence-based Programs and Practices: Dialectical Behavior Therapy
- Behavioral Tech, LLC
  http://www.behavioraltech.org
- University of Washington: Behavioral Research & Therapy Clinics
  http://blogs.uw.edu/brtc/

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