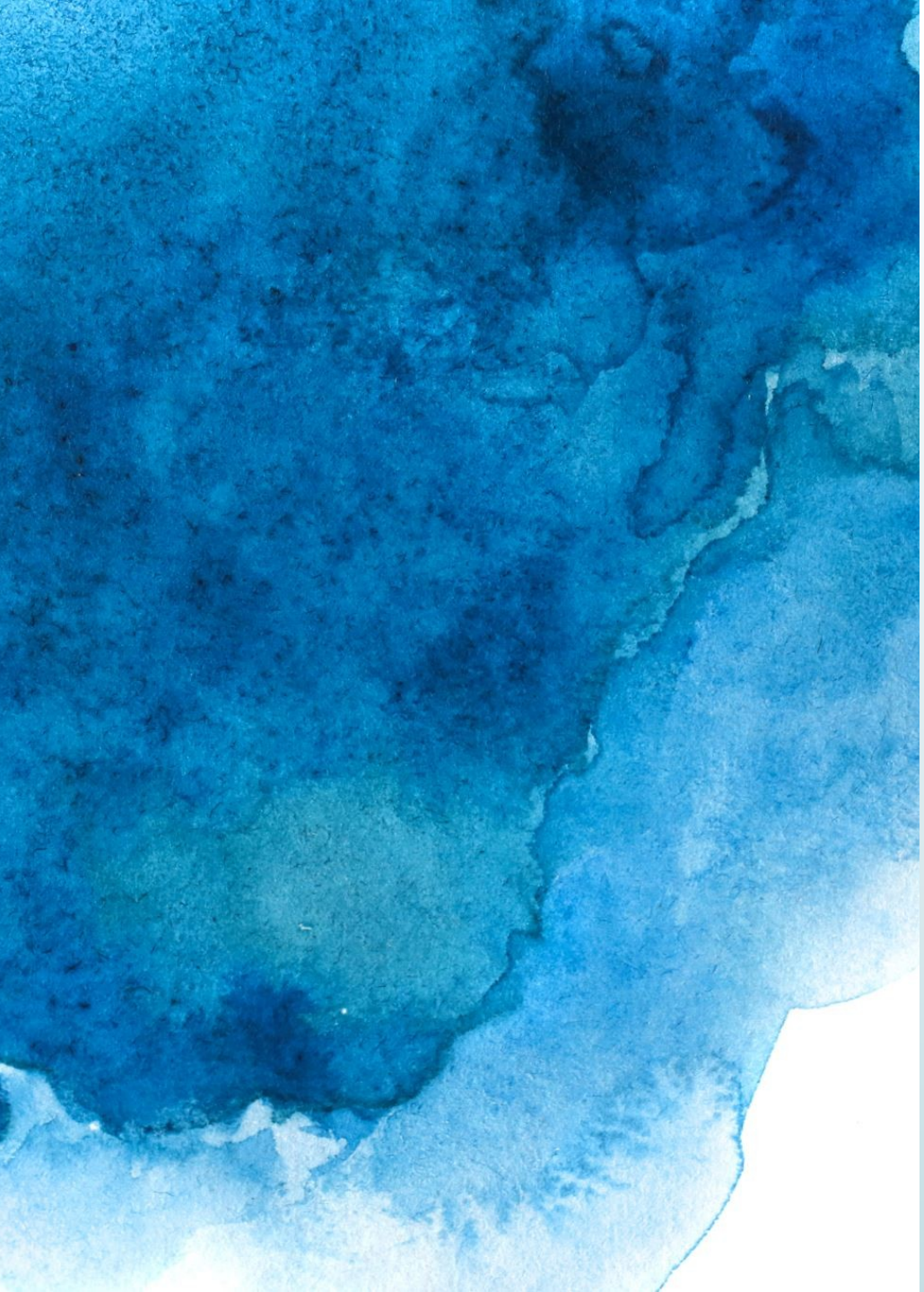

Why Provide DBT:

Latest updates on effectiveness and clinical applications

Spring Training Institute

May 8, 2025

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Missouri Dept of Mental Health

What is DBT?

An Empirically Based Treatment (EBT) that includes four components:

1) **Individual** DBT-Based Therapy (1 hour a week)
2) DBT **Skills Training** Group (2 hours a week)
3) **Coaching Calls** (24/7 limited by therapist)
4) **Consultation Team** Meetings (2 hours a week)

Central Change Strategies

- Skills Training—Generalize, Strengthen, Teach in individual therapy
- Cognitive Modification—address powerful thoughts interfering in adaptive behavior
- Contingency Management-–identify and treat factors reinforcing maladaptive behavior and those punishing adaptive behavior
- Informal exposure—collaboratively address powerful conditioned responses that are maladaptive and block client from reaching goals.

An Empirically Based Treatment

73 Randomized Controlled Trials (RCTs)

Standard DBT – 38 RCTs

DBT Skills Only - 32 RCTs

Adapted Skills Studies-3 RCTs

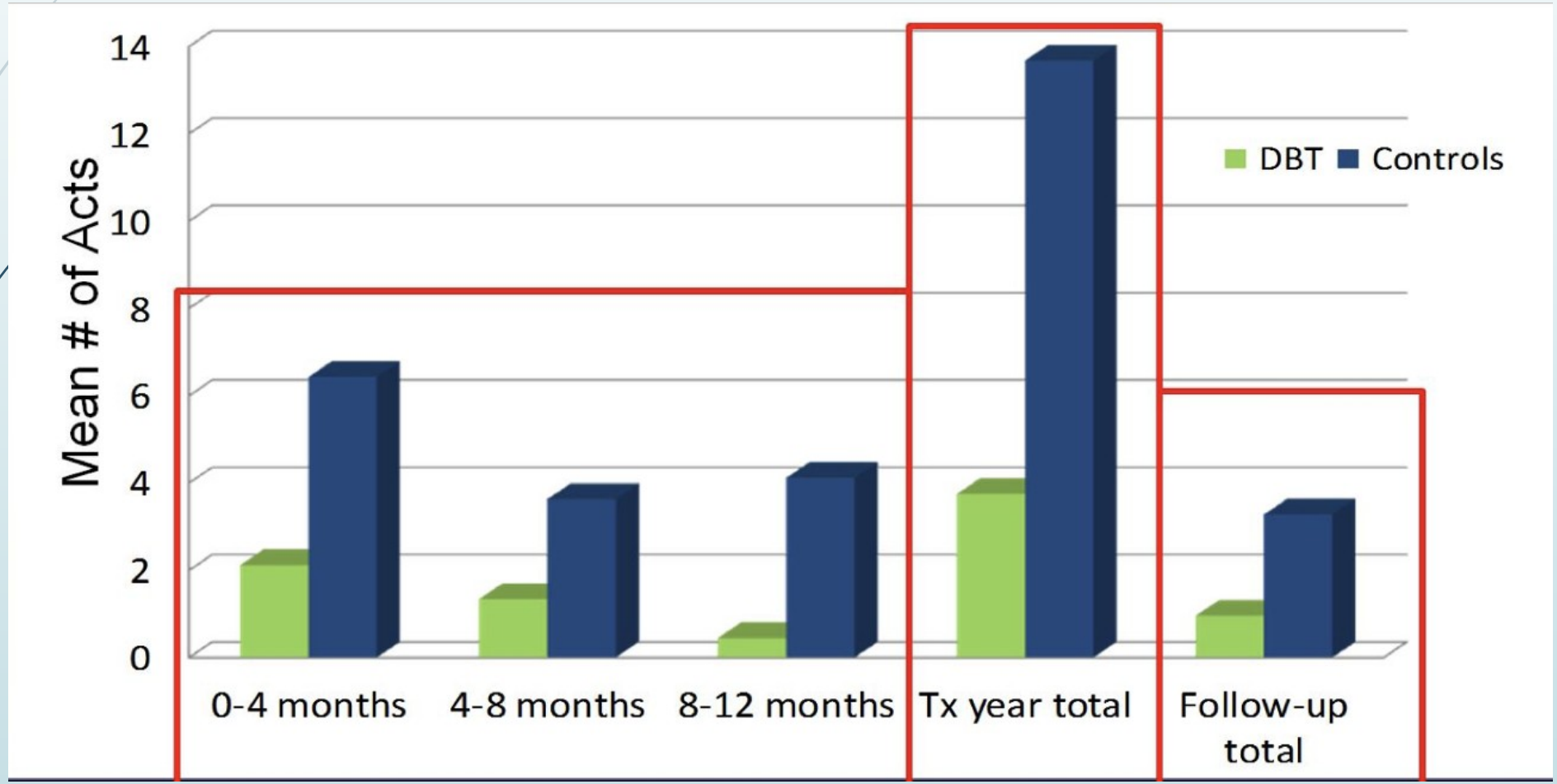
Recent DBT Skill RCTs

Citation	Population	DBT Intervention	Comparator	Primary Outcomes
Azevedo et al. (2024)	52 adults with bipolar disorder	DBT skills group (12 weeks) + TAU	TAU	Add-on DBT skills group improved bipolar recovery and QoL
Daros et al. (2024)	72 community adults with SUDs	Self-guided iDBT (12 weeks)	Delayed iDBT	iDBT > delayed iDBT in reducing substance use, depression, anxiety
de Andrade et al. (2023)	104 young adults with BPD symptoms	DBT-informed skills group (8 weeks)	DBT-informed individual + group (16 weeks)	No between-group differences
Jameson et al. (2024)	48 college students with test anxiety	Brief DBT skills (1 2-hour session)	Brain-training activity group	DBT > control in reducing test and state anxiety
Ulusoy et al. (2023)	32 adults with ADHD	Online DBT skills group (12 weeks) + medication TAU	Medication TAU	Add-on DBT skills group reduced ADHD symptoms

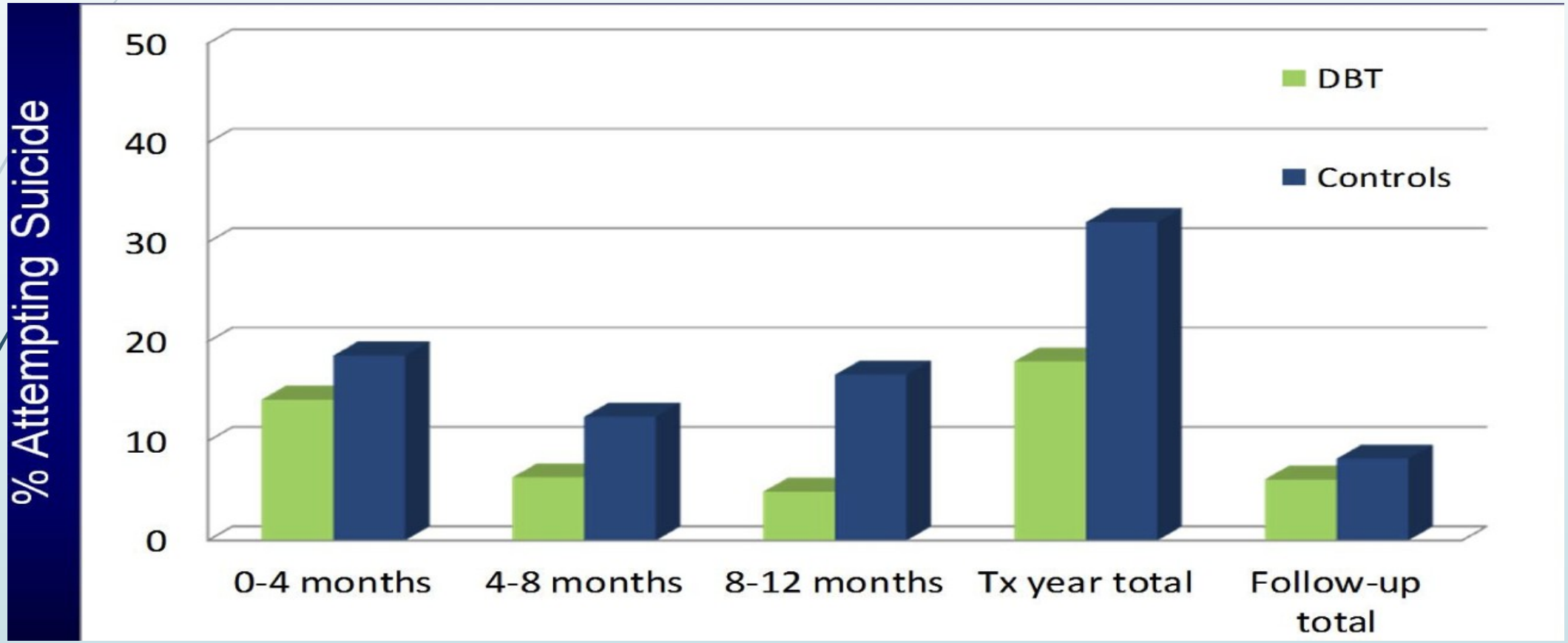
Recent Standard DBT RCTs

Citation	Population	DBT Intervention	Comparator	Primary Outcomes
Assmann et al. (2024)	164 adults with BPD	DBT (1.5 years)	Schema therapy	No between-group differences
Huntjens et al. (2024)	123 adults with autism	DBT (6 months)	TAU	DBT > TAU for reducing SI, suicide attempts, and depression
Kujovic et al. (2024)	53 inpatients with BPD	DBT (8 weeks) + intermittent theta burst stimulation (iTBS)	DBT + sham stimulation	No effect of add-on iTBS
Liu et al. (2024)	100 adolescents with depression and NSSI	DBT-A (12 weeks) + sertraline	CBT + sertraline	DBT > CBT for NSSI, depression, and anxiety
Schindler et al. (2024)	100 adults with BPD	DBT (1 year) within Assertive Community Treatment program	TAU	• DBT = TAU for self-harm, BPD, and psych symptoms • DBT > TAU for hospital days and employment

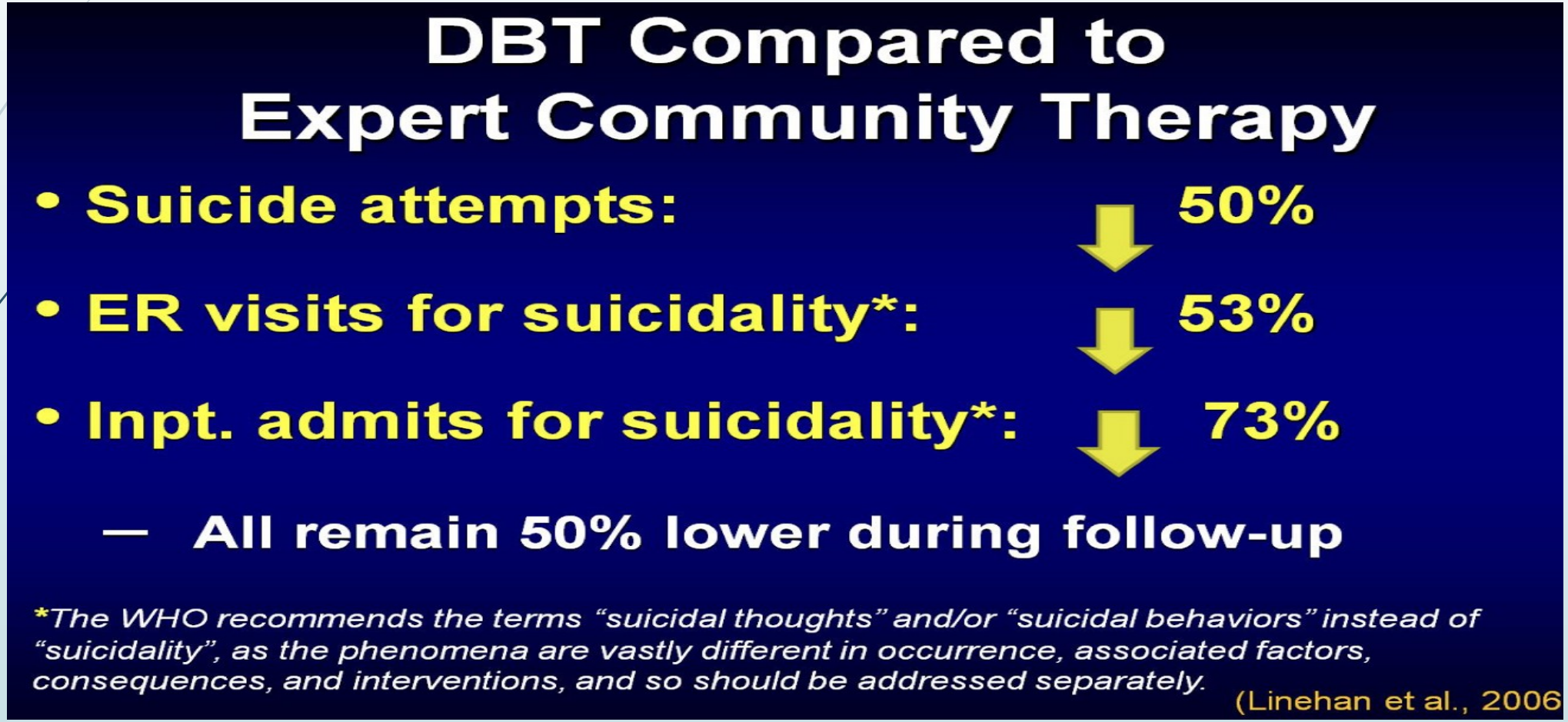
Suicidal and Intentional Self-Injurious Acts by Condition and Time



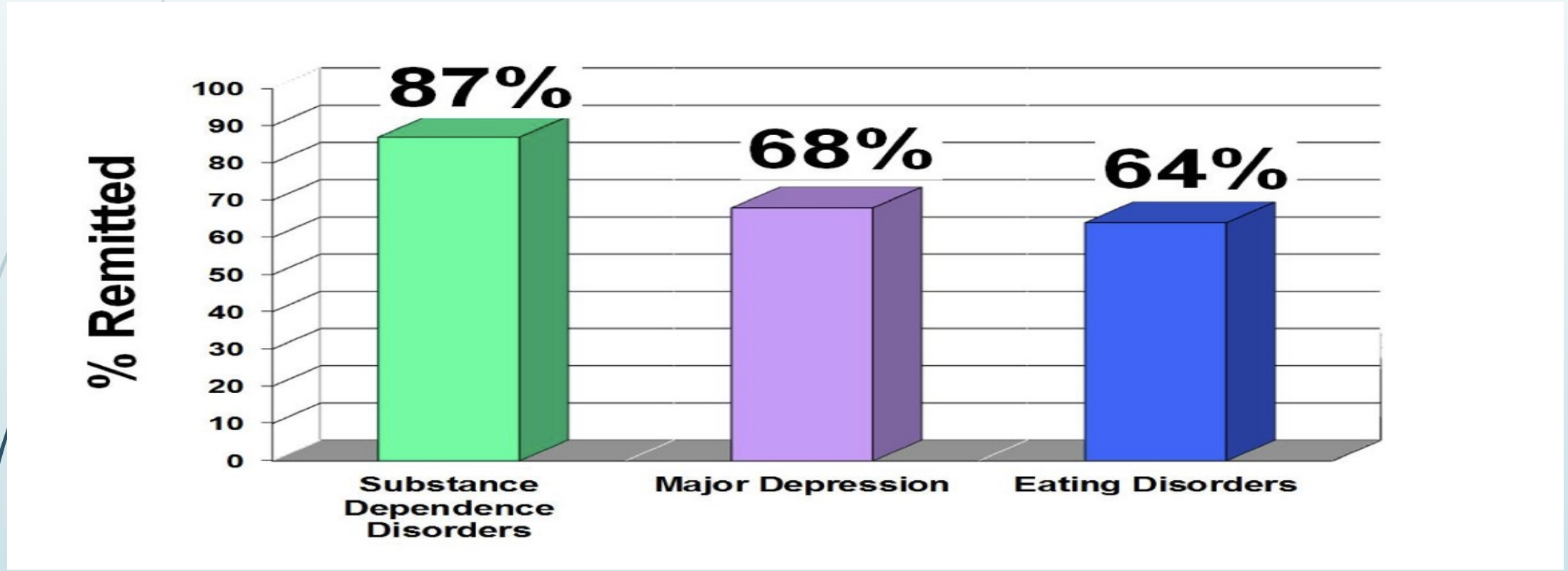
Percent Attempting Suicide by Condition and Time



DBT Compared to Expert Community Non-Behavioral Therapy



Improvements for Major Co-occurring Diagnoses



Effectiveness for BPD

Compared to Treatment as Usual (TAU) DBT has the following outcomes:

- Reduces suicide and self-harm behavior by 50% over TAU.
- Reduces admission to hospital ER departments by 50% over TAU.
- Reduces admission to inpatient units by 73% over TAU.
- Reduces self-harm post treatment by 62%, compared to 31% by TAU.

Further Benefits

For individuals with BPD, 1 year of DBT offers significant ***reductions*** in:

- Depression and self-attacking thoughts
- Substance dependence
- Use of psychotropic medications

And ***increases*** in:

- Self-affirmations/self-protection
- Life satisfaction

Who Benefits from DBT?

Individuals meeting criteria for:

- Borderline Personality Disorder
- Antisocial/psychopathy
- Eating disorders
- Eating disorders co-morbid with substance abuse
- Drug dependence co-morbid with BPD

Who Benefits from DBT?

Adolescents and Adults Meeting Criteria for:

- PTSD arising from Child Sexual Abuse
- Depression
- Veterans with BPD

Newest Research

DBT vs DBT + Second Generation Anti-Psychotic

DBT Alone vs. **DBT + Olanzapine**

(15-20mg/day)

< Depression

<Anxiety

Bi-Polar Adolescents

Original Investigation

September 13, 2023

Dialectical Behavior Therapy for Adolescents With Bipolar Disorder

A Randomized Clinical Trial

Tina R. Goldstein, PhD[1]; John Merranko, MS[1]; Noelle Rode, BS[1]; et al

» Author Affiliations | Article Information

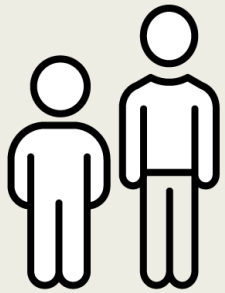
JAMA Psychiatry. 2024;81(1):15-24. doi:10.1001/jamapsychiatry.2023.3399

JAMA Psychiatry

RCT: Dialectical Behavior Therapy for Adolescents With Bipolar Disorder

POPULATION

15 Males, 85 Females



Adolescents with bipolar spectrum disorder (BP)

Mean age, 16.1 y

SETTINGS / LOCATIONS

1 Outpatient clinic in US

INTERVENTION

100 Individuals randomized

47 Dialectical behavior therapy (DBT)
1 y of DBT with standard components, 36 sessions (individual + DBT skills with family)

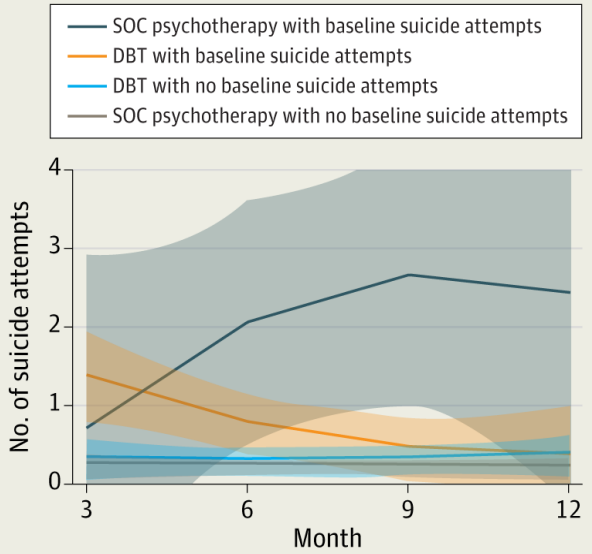
53 Standard of care (SOC) psychotherapy
1 y of Individual/family therapy with clinician trained in evidence-based treatments for youth with BP

PRIMARY OUTCOME

Suicide attempt (measured using Columbia-Suicide Severity Rating Scale Pediatric Version [CSSRS] and Adolescent Longitudinal Follow-Up Evaluation [ALIFE]) over 1 y and mood states (depression and hypomania/mania)

FINDINGS

Youth who received 1 y of DBT, compared with SOC psychotherapy, had significantly fewer suicide attempts over 1 y. There was no difference between groups in depression and hypomania/mania



DBT vs SOC, mean (SD) scores

ALIFE suicide attempts at follow-up: 0.2 (0.4) vs 1.1 (4.3); $P = .03$
C-SSRS suicide attempts at follow-up: 0.4 (0.2) vs 0.10 (0.3); $P = .03$

Goldstein TR, Merranko J, Rode N, et al. Dialectical behavior therapy for adolescents with bipolar disorder: a randomized clinical trial. *JAMA Psychiatry.* Published online September 13, 2023. doi:10.1001/jamapsychiatry.2023.3399

Neurodivergence

A broad term used to highlight many differences from neurotypical functioning:

Autism	Tic Disorders
Dyslexia	Dyscalculia
ADHD	Dev Language Disorder
Intellectual Disability	

Suicide Risk in Autism

	Youth	Adults
Suicidal Ideation	21%	53.8%
Suicide Attempts	7.3%	19.8%

Risk Factors for Suicidal Thoughts and Behaviors in Autism

Co-Occurring Psychiatric Conditions: Depressive disorder, anxiety disorder, bipolar disorder, psychotic disorder, PTSD, adjustment disorder

Social Factors: Interpersonal conflicts, loneliness, bullying and harassment, "masking"

Emotional, Cognitive, and Behavioral Factors: Emotion dysregulation, alexithymia, NSSI, substance misuse, executive functioning difficulties.

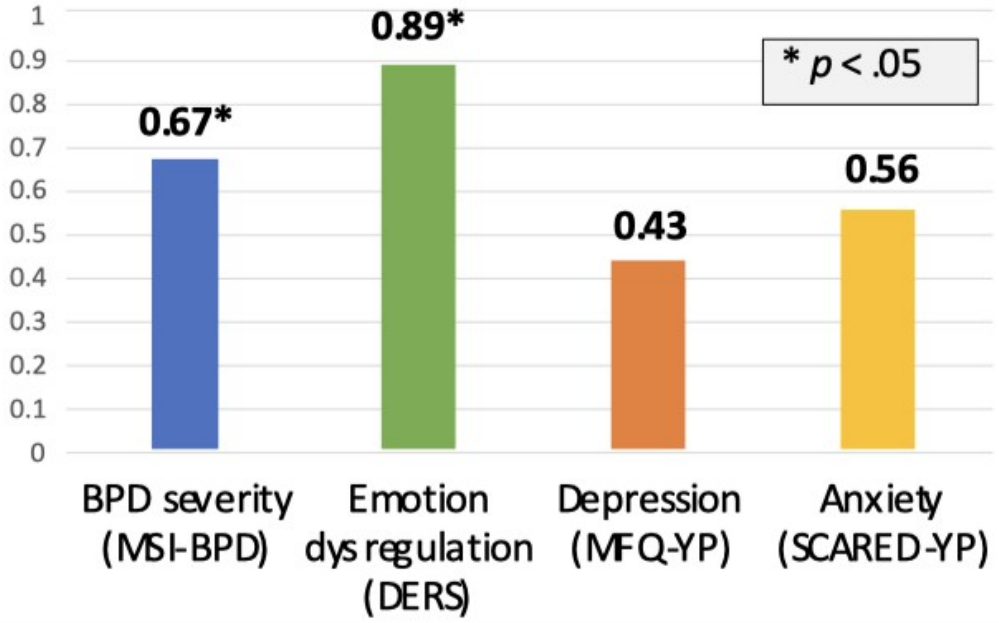
DBT to Treat Emotion Dysregulation in Autistic Adults Without Intellectual Disability

Study	RCT with DBT or Waitlist
Population	63 autistic adults, emotion dysreg, self-harm and/or suicidal behavior
Treatment Length	18 weeks
Adaptations	Therapy environment, decreased text/increased images on handouts
Outcomes	DBT >WL for emotion regulation, alexithymia, depression, QofL,

DBT-A for Autistic Adolescents with BPD and Self-Harm

7-year service evaluation of a standard (non-adapted) DBT-A program in the UK

Pre-post effect sizes (*g*) for those with autism spectrum conditions (n=21)



Key Details:

- 242 adolescents with emerging BPD and recent self-harm without ID
- 11% (n=27) with autism spectrum conditions (ASC)
- For those with ASC, there were significant pre-post decreases in BPD, emotion dysregulation, self-harm, and inpatient days, but not depression or anxiety.
- No significant differences in outcomes between those with and without ASC.

DBT may be a useful treatment model for adolescents with emerging BPD, self-harm, and autism spectrum conditions.

Phillips, Parham, Hunt, & Camp (2024). *Advances in Autism.*

DBT and ADHD

Treatment + methylphenidate	12 week DBT-ST virtual group 2.5 hours weekly with psychoed on ADHD, chain analysis, and skills of 4 units
Control Methylphenidate	Psychiatry e/2-3 months, no psychological therapy
Population	32 adults
Outcomes	Adding DBT-ST decreased ADHD sx compared to Rx TAU

Summary

- DBT continues to show benefit in reducing SI, NSSI, suicide behavior, BPD, PTSD, SUD, binge disorders and ADHD. These benefits are observed across numerous populations. The treatment reduces costs in high service users.
- The greater the fidelity of programs and adherence of providers, the better the outcomes.
- Newer studies show benefit for autistic individuals without ID and those with ADHD.