

Dialectical Behaviour Therapy (DBT) in practice: A clinician's guide

Natalie Mastrogiovanni



THE UNIVERSITY OF
SYDNEY
—
Matilda Centre



Acknowledgement of country and lived experience

I acknowledge the traditional owners of the land on which we meet today. I would also like to pay my respects to Elders past and present.

I acknowledge the lived and living experience present with us today and those who have informed this presentation.





Outline

01

**What is
DBT**

02

**DBT in
clinical
settings**

03

Evidence

04

**DBT skills
and
concepts**

05

**DBT
applied to
substance
use**



01

What is DBT?



THE UNIVERSITY OF
SYDNEY

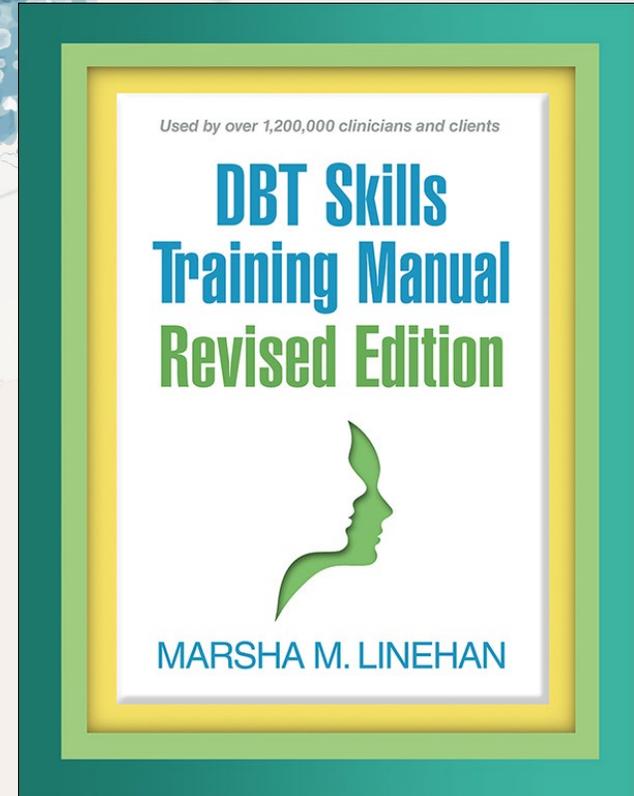
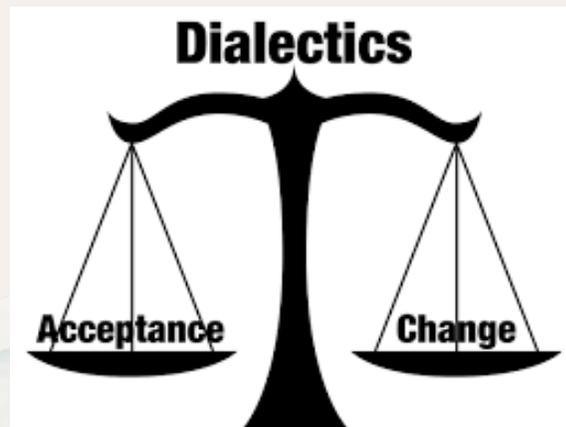
Matilda Centre

What is DBT?

Dialectical

Behaviour

Therapy

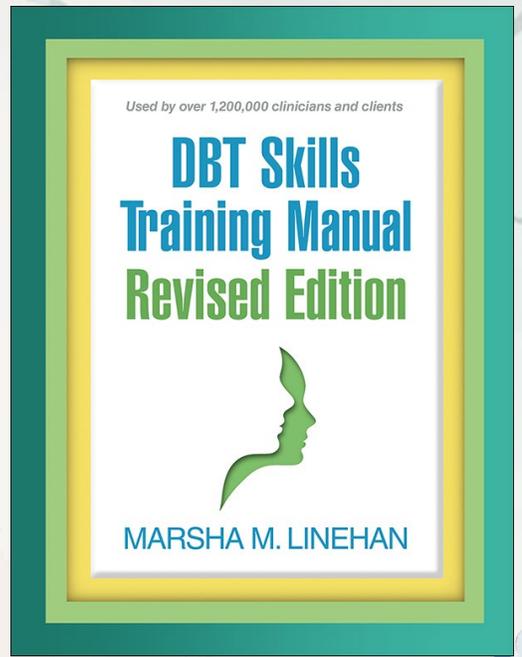
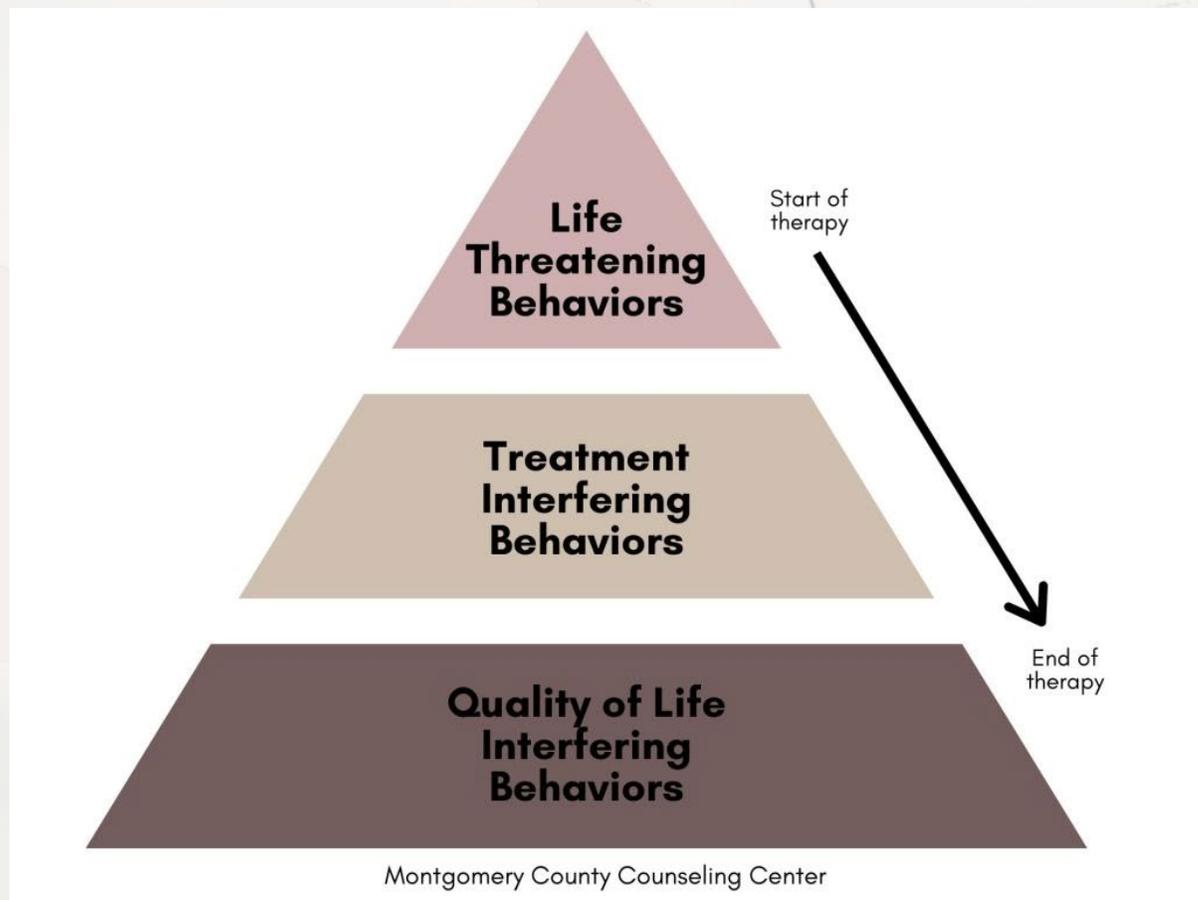


What is DBT?

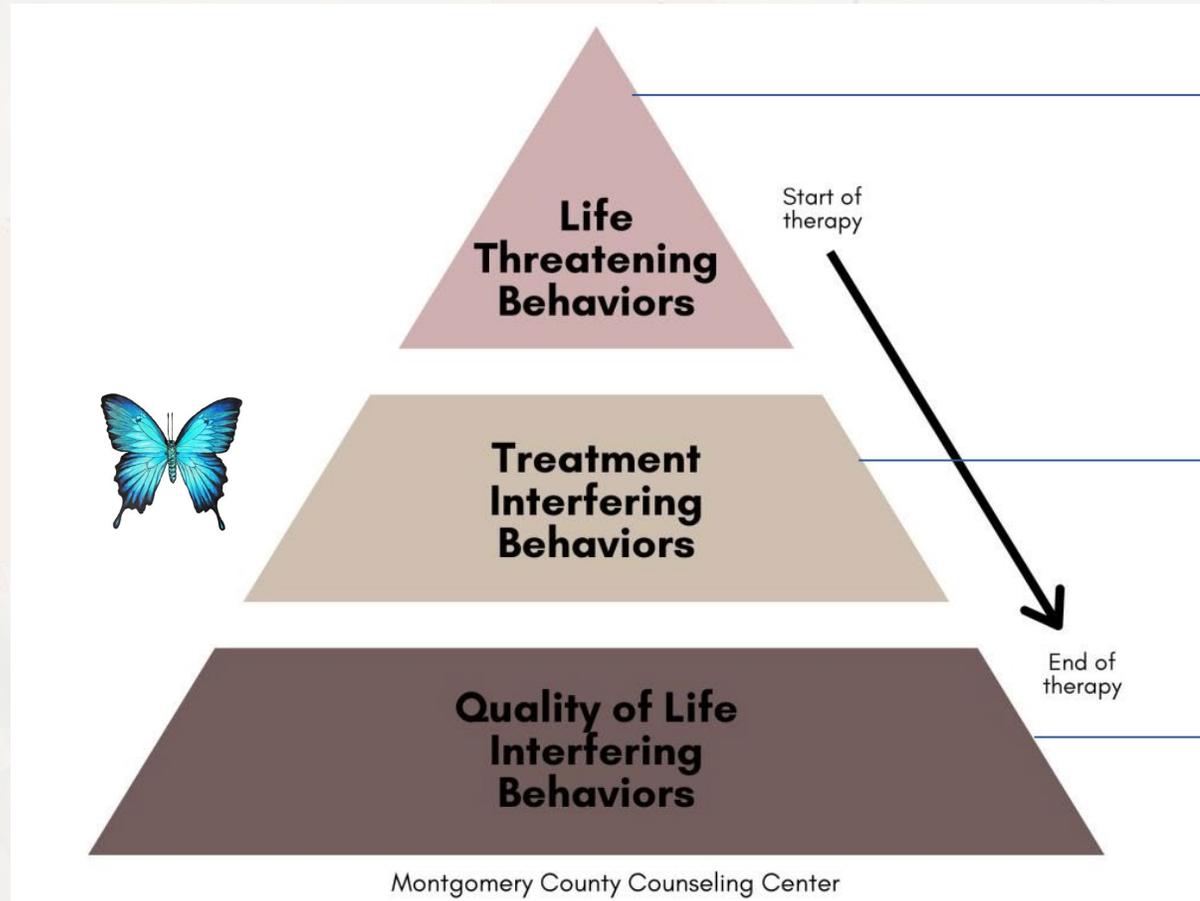
Dialectical

Behaviour

Therapy



DBT hierarchy applied to substance use



E.g. suicidal while on substances, using substances in a risky/life-threatening way

E.g. not turning up to sessions due to substance use, coming late, coming to sessions under the influence

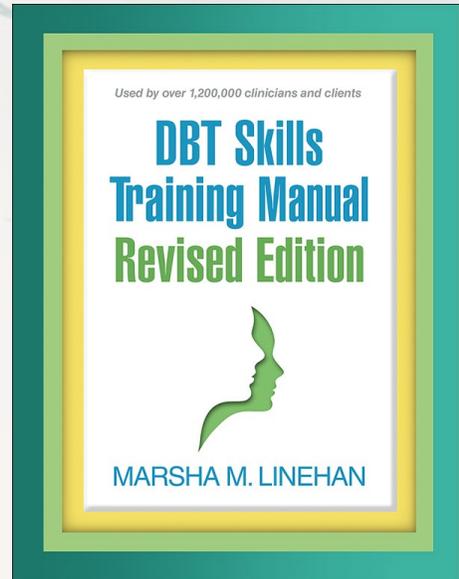
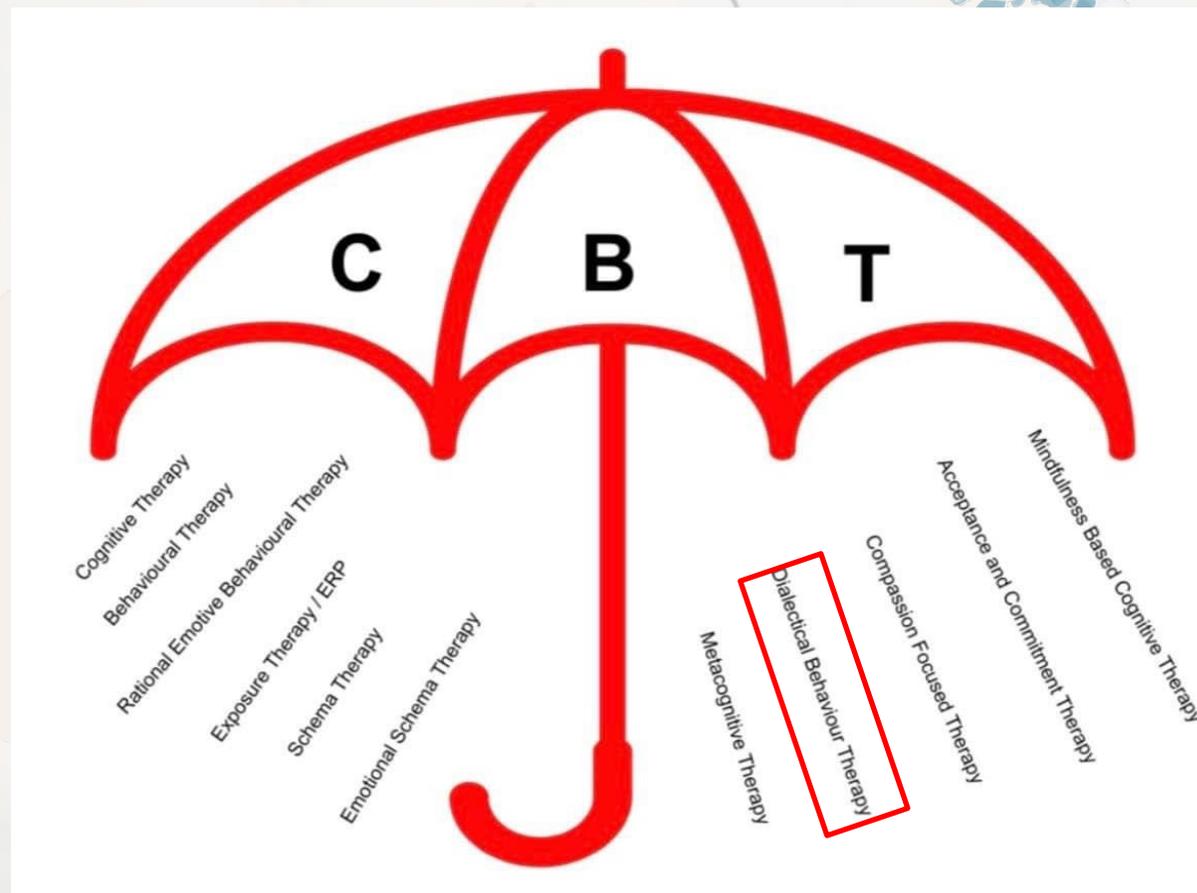
E.g. substances interfering with work, related to anger outbursts towards loved ones, no motivation, spends too much money on substances

What is DBT?

Dialectical

Behaviour

Therapy



DBT in clinical settings

02

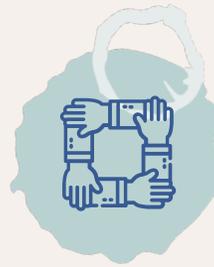


DBT in clinical settings



Comprehensive DBT program

Pre-treatment, skills group and individual sessions, DBT consult, phone coaching



Group only

Skills group, DBT consult



Individual setting

Incorporating DBT skills in treatment plan





03

Evidence for DBT

Evidence

- Originally developed by Dr Marsha Linehan to treat chronically suicidal clients, particularly in the context of Borderline Personality Disorder (BPD)
- Reviews and meta analyses show DBT is effective in reducing life threatening behaviours and BPD severity
- Gold standard treatment for BPD
- Skills group is a critical mechanism of change in the DBT model
 - Stand alone intervention for BPD
 - Depression, anxiety, binge eating disorder and bulimia
- Adaptations for adolescents (DBT-A), eating disorders (DBT-BED), PTSD (DBT-PTSD; DBT + DBT PE) substance use disorders (DBT-SUD), disorders of over control (RO-DBT)

Evidence for DBT substance use adaptation

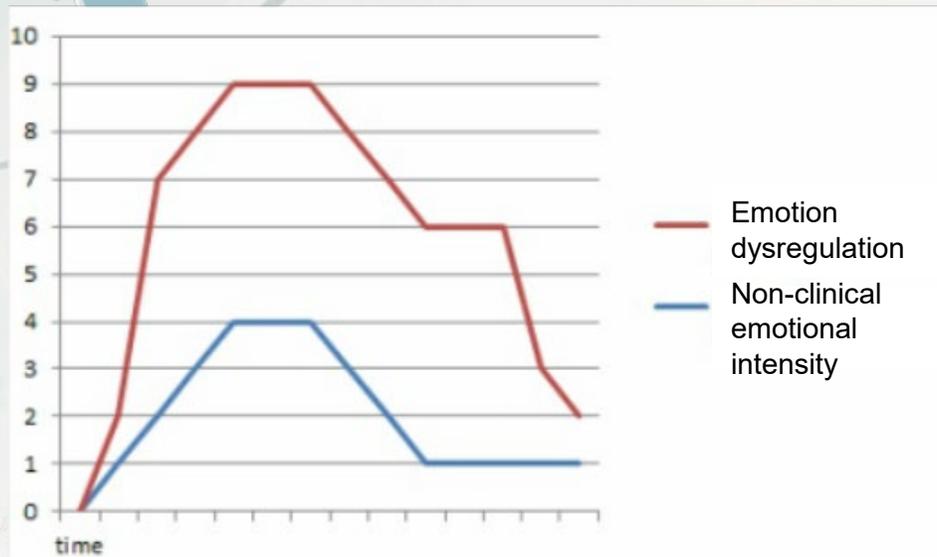
DBT for substance use disorders (DBT-SUD): adaptation of DBT to specifically target SUDs (Linehan & Dimeff, 1997)

- similar to traditional DBT with additional substance-use specific skills
- DBT-SUD primarily addresses substance use as a feature of emotion dysregulation
- primarily been tested in individuals with comorbid BPD and SUD rather than as a standalone treatment for SUD
- See Salsman et al., 2020 and Warner and Murphy, 2022 for a more comprehensive review of the evidence
 - Evidence for DBT-SUD is promising but samples are limited e.g. often include individuals with BPD and typically women
 - Lacks rigorous tests with active comparison control conditions including other evidence based treatments

04

**DBT skills
and
concepts**

Biosocial Theory



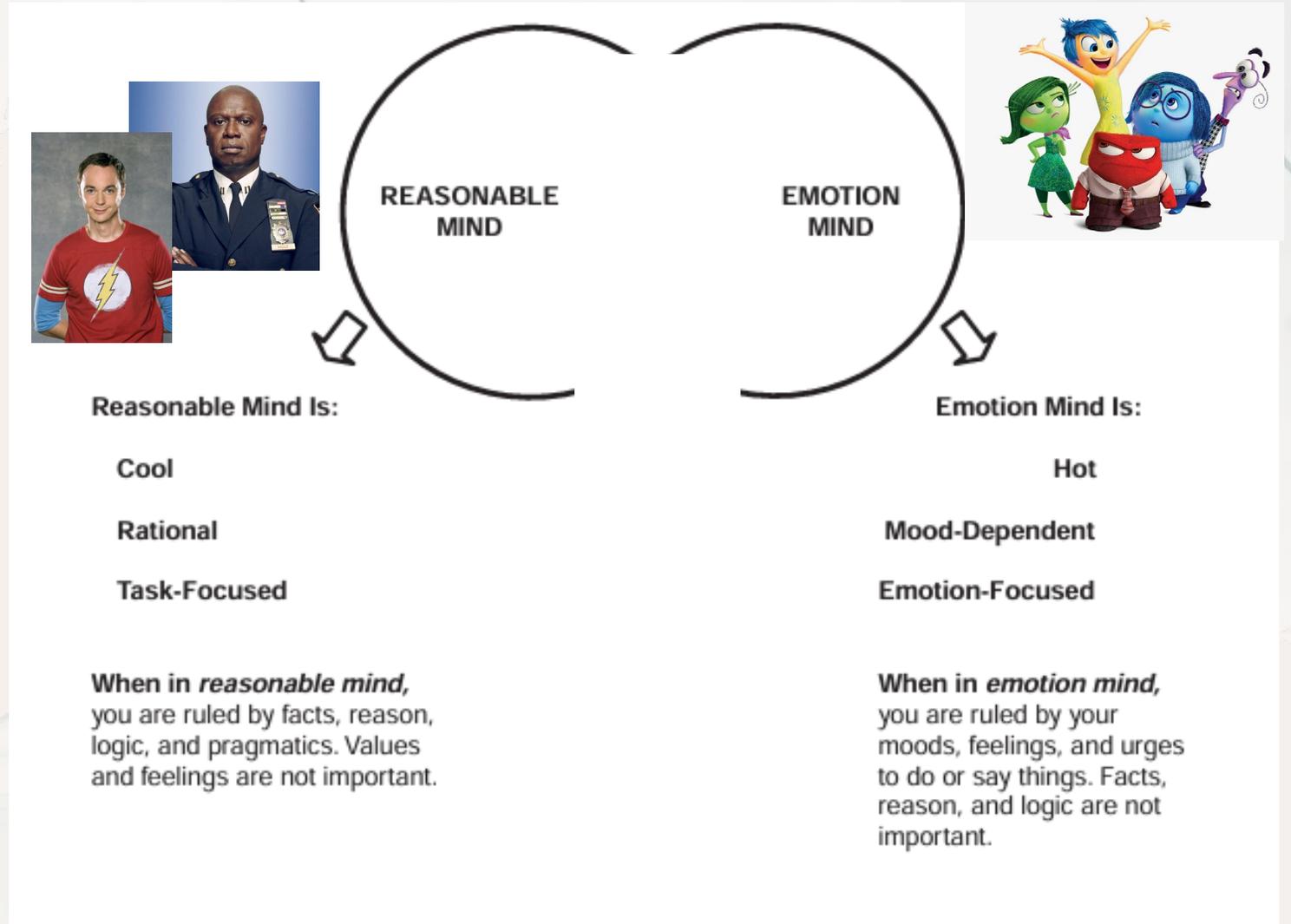


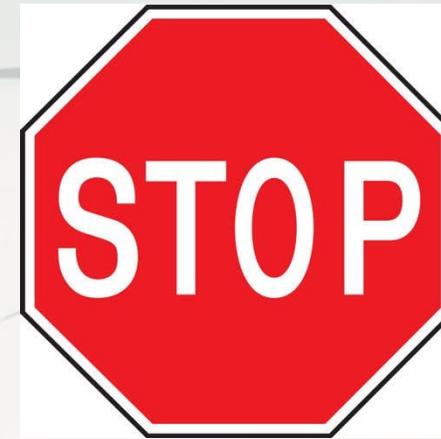
Skills



Mindfulness skills

- States of mind
- WHAT skills
 - Observe
 - Describe
 - participate
- HOW skills
 - Non judgementally
 - One mindfully
 - Effectively





Distress Tolerance Skills

Goal 1: survive a crisis without making things worse

- STOP skill
- TIPP skill
- Pros and cons
- Distract with ACCEPTS
- Self-soothe
- IMPROVE the moment

DIALECTAL BEHAVIOURAL THERAPY
THE TIPP SKILL

The infographic illustrates the four components of the TIPP skill: Temperature (represented by ice cubes), Intense Exercise (represented by a dumbbell and a heart with a pulse line), Paced Breathing (represented by a pair of lungs), and Paired Muscle Relaxation (represented by a flexed arm muscle).

Temperature Intense Exercise Paced Breathing Paired Muscle Relaxation

Image: TIPP Skill - Quintessential Health - A Premier Mental Health Provider

Distress Tolerance Skills

Goal 2: skills for accepting life as it is in the moment

- Radical acceptance
- Turning the mind
- Willingness and wilfulness
- Half-smiling and willing hands
- Mindfulness of current emotions



Emotion Regulation Skills

Goal 1: Understanding emotions

- Identifying the purpose of emotions
- Managing barriers to emotion regulation
- Function of emotions



Emotion Regulation Skills

Goal 2: Decrease emotional suffering

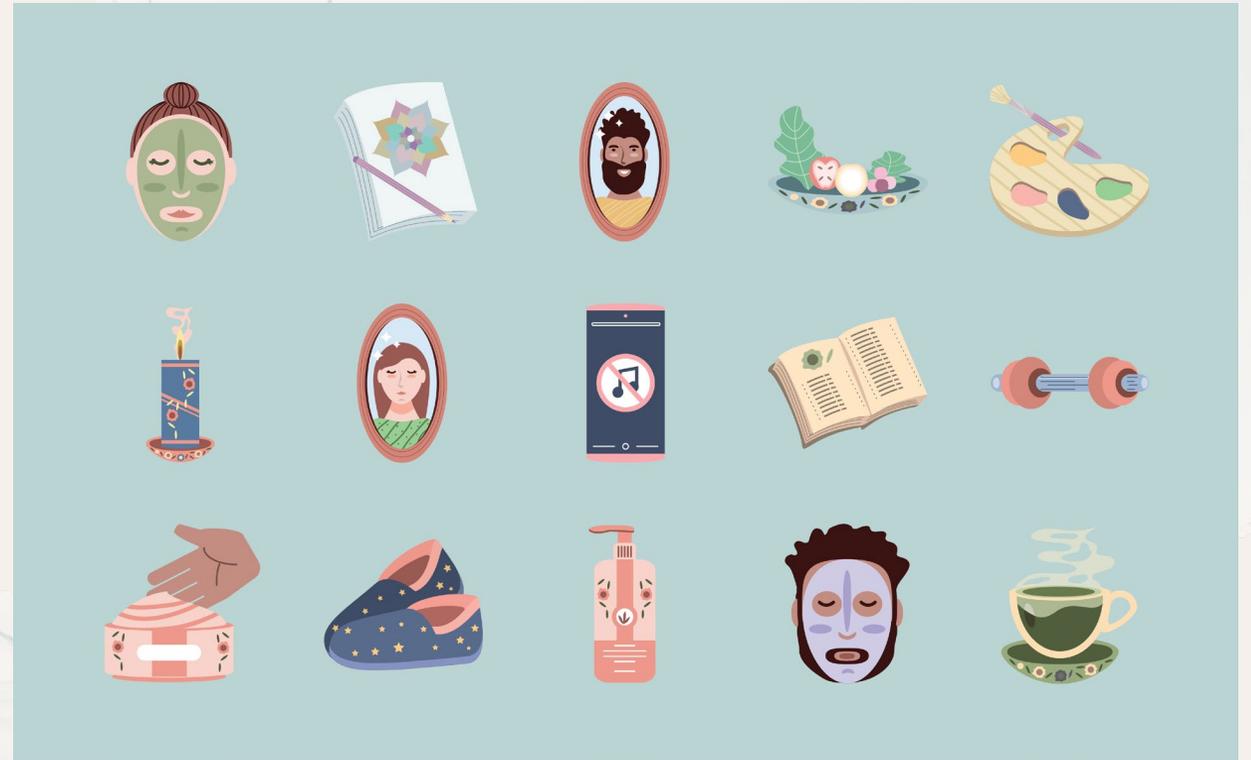
- Checking the facts
- Opposite action
- Problem solving



Emotion Regulation Skills

Goal 3: Reduce vulnerability to emotion mind

- ABC skills
- PLEASE skills



Interpersonal Effectiveness Skills

Deciding what your goals are:

- 1) Getting objectives/needs met in a relationship: DEARMAN
- 2) Getting or keeping a good relationship: GIVE
- 3) Keeping or improving self-respect: FAST

DEARMAN

*What does DEARMAN (or
DEAR MAN) stand for?*

Describe
Express
Assert
Reinforce

Mindful
Assertive
Negotiate





Core mindfulness



05

DBT applied to substance use

DBT adapted for substance use

DBT stance: building a life without addictions

- Foster abstinence from addictive behaviours
- Prevent relapse
- Maximise harm reduction if there is a relapse

Determining the scope of abstinence:

- Target the **primary** drug(s) of abuse
- Target other drugs that appear to **reliably precipitate** use of the primary drug of abuse
- Make sure treatment goals are attainable



Standard DBT strategies applied to substance-use



Module	Skill	Application
Mindfulness	Observe and describe	Help clients acknowledge and deal with urges
Distress tolerance	Pros and cons	Help clients identify short term and long term consequences of substance use – can be referred to when urge is strong
Distress tolerance	STOP + TIPP	Used to reduce impulsivity and therefore likelihood of acting on an urge to use substances TIPP as a replacement for the problem behaviour
Distress tolerance	Distract with ACCEPTS	Distract from urge
Distress tolerance	Self-soothe	Particularly helpful if function of substance use is to relax
Emotion regulation	Cope ahead	Planning ahead for high risk situations e.g. where substances are present
Interpersonal effectiveness	DEARMAN	Applied to saying no to substances Asking for what clients need from others to help them achieve their substance use goals
Interpersonal effectiveness	GIVE	Building new drug-free relationships

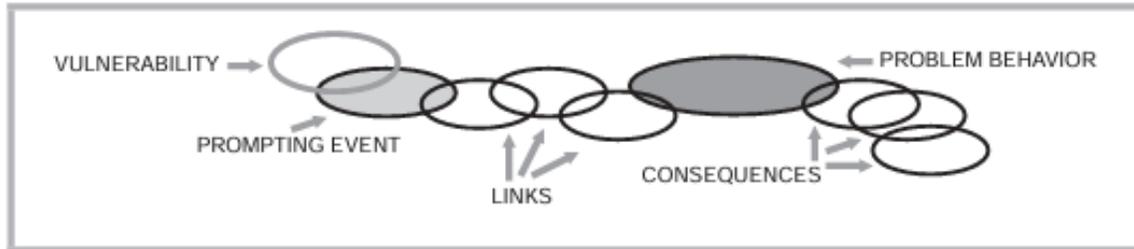
GENERAL WORKSHEET 2A (p. 1 of 3)

(General Handouts 7, 7a)

Example: Chain Analysis of Problem Behavior

Due Date: _____ Name: _____ Date: _____

Problem Behavior: _____



1. What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

Drinking too much and driving drunk

2. What **PROMPTING EVENT** in the environment started me on the chain to my problem behavior? Include what happened **RIGHT BEFORE** the urge or thought came into my mind.

Day prompting event occurred: Monday

My sister from out of town called me and said she was not going to come visit me the next week like she had said she would, because her husband had an important business party he wanted her to attend with him.

3. Describe what things in myself and in my environment made me **VULNERABLE**.

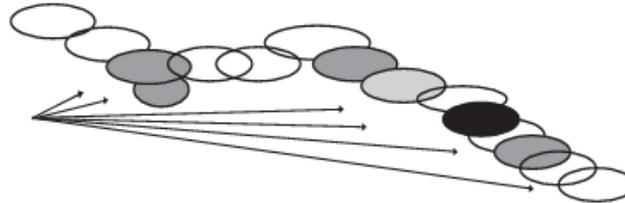
Day the events making me vulnerable started: Sunday

My boyfriend said he had to take a business trip sometime in the next month.

LINKS IN THE CHAIN OF EVENTS: Behaviors (Actions, Body sensations, Cognitions/Thoughts, Feelings) and Events (in the environment)

Possible Types of Links

- A. Actions
- B. Body sensations
- C. Cognitions/thoughts
- E. Events
- F. Feelings



4. List the **chain of events** (specific behaviors and environmental events that actually did happen). Use the ABC-EF list above.

1st. *I felt hurt and started sobbing on the phone with my sister and was angry with her.*

2nd. *I thought, "I can't stand it. No one loves me."*

3rd. *I felt very ashamed once I hung up from talking to my sister.*

4th. *I thought "My life is useless; no one will ever be here for me."*

5th. *Tried watching TV, but nothing was on I liked.*

6th. *I started feeling agitated and thought, "I can't stand this."*

7th. *I decided to drink a glass of wine to feel better, but ended up drinking two whole bottles.*

8th. *Got in my car to drive to a late-night concert.*

9th. *While I was bending down to pick up a piece of paper, car swerved. I was stopped by a cop and taken in on a DUI.*

6. List new, more **skillful** behaviors to replace ineffective behaviors. Use the ABC-EF list.

1st. *Listen to why my sister could not come.*

2nd. *Remember that my sister and my boyfriend love me.*

3rd. *Check the facts; is my sister going to reject me over this?*

4th. *Call my sister back and apologize for being angry (since I know she will validate how I feel).*

5th. *Download a movie, work on a puzzle, or call a friend instead.*

6th. *Try my TIP skills to bring down arousal.*

7th. *Walk down the street and have a dinner out, because I won't drink too much in public.*

8th. *Call my boyfriend and ask him to come over for a while.*

9th. *Take a long bath, try TIP skills again; Keep checking the facts; remember these emotions will pass; call my therapist for help.*

(continued on next page)



5. What exactly were the *consequences* in the environment?

Short-term: I had to spend the night in jail.

Long-term: My boyfriend has less trust in me; my sister is upset about it.

And in myself?

Short-term: I am ashamed and furious with myself.

Long-term: I will have to pay more for car insurance and may have trouble getting a job.

What *harm* did my problem behavior cause?

It hurt me by giving me a DUI record. My sister feels guilty because she upset me.

7. Prevention plans:

Ways to reduce my *vulnerability* in the future:

Make plans for how to cope whenever my boyfriend is out of town.

Ways to prevent *precipitating event* from happening again:

I can't keep the precipitating event from happening, so I need to practice coping ahead and have plans for how to manage when I am at home alone.

8. Plans to *repair*, correct, and overcorrect the harm:

Apologize to my sister and reassure her that she has a perfect right to change her plans.

Work with her to plan a new time for a visit. Ask if it would be easier for her if I came to visit her.



DBT substance-use specific strategies



Module	Skill	Application
Distress tolerance	Dialectical abstinence	<ol style="list-style-type: none">1) Strong commitment to abstinence2) Plan for how to stay abstinent3) Harm reduction plan if lapse4) Recommit to total abstinence
Distress tolerance	Clear mind	Have client characterise their different behaviours under each mind state Addict mind Clean/abstinent mind CLEAR MIND – making decisions from here
Distress tolerance	Community reinforcement	Making a lifestyle <i>without</i> the addictive behavior more rewarding than a lifestyle <i>with</i> that behavior. <ul style="list-style-type: none">- Search for people to spend time with who don't share the same addiction- Increase pleasant activities that do not involve addiction- Abstinence sampling- Deprive then reinforce

DBT substance-use specific strategies



Module	Skill	Application
Distress tolerance	Burning bridges and building new ones	Actively cutting off all connections to potential triggers for the addictive behaviour <ol style="list-style-type: none">1) Make commitment to get rid of everything that makes addiction possible2) List these things3) Get rid of them4) List and do things that will interfere with the addiction Building bridges <ol style="list-style-type: none">1) Create nonaddictive images and smells2) Look at moving images, surround yourself with new smells3) Urge surfing
Distress tolerance	Alternate rebellion	Finding other ways to satisfy wish to rebel in non - destructive ways
Distress tolerance	Adaptive denial	Convince yourself that you don't want to engage in the addictive behaviour when an urge hits/the addictivebehaviour is not a possibility

Further readings and resources

Summary of DBT applied to substance use:

Dimeff, L. A., & Linehan, M. M. (2008). Dialectical behavior therapy for substance abusers. *Addiction science & clinical practice*, 4(2), 39–47. <https://doi.org/10.1151/ascp084239>

*Dimeff, L. A., McMain, S., Sayrs, J. H. R., Wilks, C. R., & Linehan, M. M. (2021). DBT for individuals with borderline personality disorder and substance use disorders. In L. A. Dimeff, S. L. Rizvi, & K. Koerner (Eds.), *Dialectical behavior therapy in clinical practice: Applications across disorders and settings* (2nd ed., pp. 233–263). The Guilford Press.

DBT manual which discusses DBT skills and substance-use specific DBT skills:

Linehan, M. M. (2025). *DBT® skills training manual: Revised edition* (3rd ed.). The Guilford Press.

Comprehensive review of the evidence for substance-use DBT adaptation:

Salsman, N. L. (2020). Dialectical behavior therapy for individuals with substance use problems: Theoretical adaptations and empirical evidence. In J. Bedics (Ed.), *The handbook of dialectical behavior therapy: Theory, research, and evaluation* (pp. 141–174). Elsevier Academic Press. <https://doi.org/10.1016/B978-0-12-816384-9.00007-5>

Warner, N., & Murphy, M. (2022). Dialectical behaviour therapy skills training for individuals with substance use disorder: A systematic review. *Drug and alcohol review*, 41(2), 501–516. <https://doi.org/10.1111/dar.13362>



References

- Delaquis, C. P., Joyce, K. M., Zalewski, M., Katz, L. Y., Sulymka, J., Agostinho, T., & Roos, L. E. (2022). Dialectical behaviour therapy skills training groups for common mental health disorders: A systematic review and meta-analysis. *Journal of affective disorders, 300*, 305–313. <https://doi.org/10.1016/j.jad.2021.12.062>
- Dimeff, L. A., & Linehan, M. M. (2008). Dialectical behavior therapy for substance abusers. *Addiction science & clinical practice, 4*(2), 39–47. <https://doi.org/10.1151/ascp084239>
- Linehan M. Cognitive–behavioral treatment of borderline personality disorder. New York: Guilford Press; 1993
- Linehan, M.M., et al., 1999. Dialectical behavior therapy for patients with borderline personality disorder and drug-dependence. *American Journal on Addictions 8*(4):279-292.
- Linehan, M.M., et al., 2002. Dialectical behavior therapy versus comprehensive validation therapy plus 12-step for the treatment of opioid dependent women meeting criteria for borderline personality disorder. *Drug and Alcohol Dependence 67*(1):13-26.
- Linehan, M. M. (2015). DBT skills training manual (2nd ed.). New York: Guilford Press.
- Linehan, M. M. (2015). DBT® skills training handouts and worksheets (2nd ed.). The Guilford Press.
- Linehan, M. M. (2025). *DBT® skills training manual: Revised edition* (3rd ed.). The Guilford Press.
- Lynch, R.T. (2018). *Radically Open Dialectical Behavior Therapy: Theory and Practice for Treating Disorders of Overcontrol*. Reno, NV: Context Press, an imprint of New Harbinger Publications.
- NICE Guidelines. (2009). Borderline personality disorder: Recognition and management: Clinical guideline. London, UK: The National Institute for Health and Care Excellence [NICE Guideline No. 78]. Retrieved from www.nice.org.uk/guidance/cg78
- Rizvi, S. L., Bitran, A. M., Oshin, L. A., Yin, Q., & Ruork, A. K. (2024). The State of the Science: Dialectical Behavior Therapy. *Behavior therapy, 55*(6), 1233–1248. <https://doi.org/10.1016/j.beth.2024.02.006>
- Salsman, N. L. (2020). Dialectical behavior therapy for individuals with substance use problems: Theoretical adaptations and empirical evidence. In J. Bedics (Ed.), *The handbook of dialectical behavior therapy: Theory, research, and evaluation* (pp. 141–174). Elsevier Academic Press. <https://doi.org/10.1016/B978-0-12-816384-9.00007-5>
- Warner, N., & Murphy, M. (2022). Dialectical behaviour therapy skills training for individuals with substance use disorder: A systematic review. *Drug and alcohol review, 41*(2), 501–516. <https://doi.org/10.1111/dar.13362>



Thanks!

enquiries@comorbidityguidelines.org.au

CREDITS: This presentation template was created by **Slidesgo**, including icons by **Flaticon** and infographics & images by **Freepik**



THE UNIVERSITY OF
SYDNEY
—
Matilda Centre