

# Dialectical Behavior Therapy Skills Training & Youth Substance Use

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**Dialectical Behavior Therapy (DBT)** is an evidence-based treatment used to treat a variety of mental health challenges, including substance use.<sup>1-8</sup> While full adherence to the DBT treatment model is emphasized, **DBT Skills Training** alone has also been shown to produce clinical improvements and is more feasible to implement, especially, in community-based settings.<sup>9</sup> DBT-informed skills training interventions, targeting emotion regulation, have also shown to be promising for youth with co-occurring substance use and mental health disorders.<sup>4,10</sup>



To learn more about [Dialectical Behavior Therapy Skills Training](#) read the [Substance Use Practice Brief on Dialectical Behavior Therapy Skills Training in Youth through Youth Wellness Hubs Ontario](#).



## DBT skills particularly relevant for youth:



**Mindfulness** - The foundation of DBT and helps youth notice urges, triggers, and patterns without immediately acting on them.



**Distress Tolerance** - Offers crisis survival skills especially relevant for cravings, withdrawal, and triggers. It teaches how to survive crisis moments without using substances.



**Emotion Regulation** - Helps reduce vulnerability to lapses/slips by better identifying and managing emotions that often drive or follow substance use.



**Interpersonal Effectiveness** - Help young people communicate their needs and wants clearly and help repair and protect relationships.

The DBT skills outlined above can be delivered in both individual and group sessions, integrating practice with psychoeducation from the *DBT Skills Training Manual*<sup>11</sup>

It is important to identify youth who are likely to benefit from DBT informed skills or a full DBT program.

Providers can look at patterns of substance use, symptom presentation, risk factors, co-occurring conditions, treatment goals and conduct a comprehensive assessment to ensure youth are receiving the right level of care.

## Youth who present with the following may be ready to start DBT-informed skills:

- Desire/openness to reduce use/consider harm reduction strategies
- Commitment to attend regular sessions and complete out of session practice
- Readiness or ambivalence about change
- Without acute safety risks (e.g., active suicidality/self-harm, and high-risk substance use)
- Without major therapy-interfering behaviors (e.g., frequent between session crises, low attendance and homework completion, hostility/aggression, etc.).

## Practice-based Dialectical Behavior Therapy Skills Training considerations

Learn about more youth-specific considerations along with practical considerations for their implementation by reading the full practice brief using the QR code

- Each DBT skill should be presented to youth with a clear rationale, emphasizing its relevance to substance use and related symptoms, as well as its role in building coping capacity.
- DBT skills should be introduced and practiced during sessions, with youth encouraged to apply them between sessions and document their practice using worksheets.
- Youth-specific adaptations of DBT-informed care allows clinicians to thoughtfully adjust skills so that youth with substance use difficulties can develop effective coping strategies and make meaningful progress toward recovery goals.<sup>12,13</sup>
- Clarify expectations around abstinence during sessions (e.g., arriving sober and/or if they have used prior to group, participating effectively in group without disturbing others). When lapses are disclosed, address without shaming - emphasize harm reduction, nonjudgment, and repair after lapses rather than punishment.
- Incorporate substance use tracking (e.g., logs, diary cards, or weekly trackers) and address urges and use directly in session to support harm reduction planning.

## References

1. Dimeff, L. A., & Linehan, M. M. (2008). Dialectical behavior therapy for substance abusers. In D. A. Gorecki (Ed.), *Clinical Handbook of Psychological Disorders* (pp. 434-481). Guilford Press.
2. Haktanir, A., & Callender, K. A. (2020). Meta-analysis of dialectical behavior therapy (DBT) for treating substance use. *Research on Education and Psychology*, 4(Special Issue), 74-87. <https://doi.org/10.54535/rep.2020.specialissue>
3. Harned, M. S., Chapman, A. L., Dexter-Mazza, E. T., Murray, A., Comtois, K. A., & Linehan, M. M. (2008). Treating co-occurring Axis I disorders in recurrently suicidal women with borderline personality disorder: A 2-year randomized trial of DBT versus community treatment by experts. *Journal of Consulting and Clinical Psychology*, 76(6), 1068-1075. <https://doi.org/10.1037/a0014044>
4. Hawkins, E. H. (2009). A tale of two systems: Co-occurring mental health and substance abuse disorders treatment for adolescents. *Annual review of psychology*, 60(1), 197-227.
5. Linehan, M. M., Schmidt, H., Dimeff, L. A., Craft, J. C., Kanter, J., & Comtois, K. A. (1999). Dialectical behavior therapy for patients with borderline personality disorder and drug dependence. *American Journal on Addictions*, 8(4), 279-292. <https://doi.org/10.1080/105504999305686>
6. Miga, E. M., Neacsu, A. D., Lungu, A., Heard, H. L., & Dimeff, L. A. (2019). Dialectical behaviour therapy from 1991-2015: What do we know about clinical efficacy and research quality? In M. A. Swales (Ed.), *The Oxford handbook of dialectical behaviour therapy* (pp. 415-465). Oxford University Press.
7. Ritschel, L. A., Lim, N. E., & Stewart, L. M. (2015). Transdiagnostic applications of DBT for adolescents and adults. *American Journal of Psychotherapy*, 69(2), 111-128. <https://doi.org/10.1176/appi.psychotherapy.2015.69.2.111>
8. 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.13370>
9. Mattei, S. B., & Sposato, R. (2020). Skills only or comprehensive DBT: That is the question. *Clinical Neuropsychiatry*, 17(4), 204-212.
10. Henderson, J. L., Chaim, G., & Brownlie, E. B. (2019). Integrated treatment for youth with concurrent disorders: Evidence, challenges, and recommendations. *Canadian Journal of Psychiatry*, 64(6), 388-396. <https://doi.org/10.1177/0706743719830015>
11. Linehan, M. M. (2015). *DBT skills training manual* (2nd ed.). Guilford Press.
12. Halladay, J., Stead, V., McCarron, C., Kennedy, M., King, K., Venantius, M., ... & MacKillop, J. (2023). Initial insights from a quality improvement initiative to develop an evidence-informed young adult substance use program. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 32(3), 185.
13. Halladay, J., Syan, S. K., Mote, E., Eskandarian, S., Rahman, L., Stead, V. E., ... & MacKillop, J. (2025). Iterative development and clinical outcomes of an outpatient young adult substance use program. *Psychology of Addictive Behaviors*.