

Dialectical Behavioral Therapy for Adolescents Clinical Guideline

MVP Health Care, as part of its continuing Quality Improvement Program, adopted the following guideline. The full guideline is available at

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2685324>

Impact of The Condition

Dialectical Behavior Therapy (DBT) is an evidence-based practice effective for adolescents and adults with chronic suicidal or non-suicidal self-injurious behavior, along with mood and behavioral dysregulation.

Suicide is a leading cause of death among adolescents in the United States. With DBT, improved mental health outcomes are likely. According to behavioraltech.org, individuals receiving DBT are less likely to drop out of treatment, are less likely to engage in self-injury, have improvement in suicidal ideation, and have lower rates of hospitalization along with fewer days in the hospital when they are admitted.

The article highlights the role of (Dialectal Behavioral Therapy) DBT among at-risk adolescents for reducing suicide attempts and non-suicidal self-harm. DBT is a structured outpatient cognitive-behavioral therapy developed by Dr Marsha Linehan and is helpful for patients with severe problems in emotional regulation, complicated diagnostic pictures and those with challenges benefiting from traditional treatment interventions. It was originally indicated for adults with borderline personality disorder. However, it has since been proposed for both adults and teens with emotion dysregulation, depression, post-traumatic stress disorder, substance abuse, severe anxiety, and eating disorders. DBT for adolescents is developmentally modified to promote harm-reduction behaviors and decrease self-harm and suicidal ideation particularly in those teens with higher levels of emotion dysregulation

Summary of the Guidelines

DBT has 4 components for adolescents along with an additional requirement for the mental health provider:

- Skills training group (mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance.)
- Individual psychotherapy to address individual concerns
- Family therapy and multifamily skills training help tailor the treatment for adolescents rather than adults.
- Telephone consultation with skills coaching to assist with the generalization of skills from therapy sessions to their own environment.
- Therapist consultation team to support the therapist in order to maintain effectiveness and avoid burnout.

The structure allows for close monitoring of and intervention in crises that may develop.

Additional tools to assist providers with educating their patients on behavioral health conditions are included in the Provider Quality Improvement Manual under Behavioral Health.

For providers in New York State who care for children and adolescents with mild-to-moderate behavioral health needs, an additional resource, Project TEACH, is available. Project TEACH is funded by the New York State Office of Mental Health and aims to strengthen and support the ability of New York's pediatric primary care providers to deliver care to children and their families experiencing mild-to-moderate mental health concerns including anxiety, depression, and ADHD, in children, adolescents, and young adults up to age 22. Project TEACH offers providers consultations, referrals, and training at no cost. Project TEACH may be accessed at <https://projectteachny.org/>.

[Read about Project TEACH](#)

[Quality Programs and Initiatives | MVP Health Care](#)

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case Management program, please call the MVP Case Management Department at **1-800-852-7826**.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 2247**.