

# **Dialectical Behaviour Therapy Skills Group for Clients with Substance Use Disorder: A Pilot Intervention**

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Better and  
fairer care.  
**Always.**

# Disclosure of Interest

The authors of this project have no conflicts of interest to declare.

# Acknowledgements

## Acknowledgement of Country

- This presentation was prepared on Gadigal land, and we would like to pay our respects to elders past, present, and extend that to any Aboriginal and Torres Strait Islander peoples here today.

## Acknowledgement of Community

- We acknowledge the clients who took part in the pilot DBT group and current DBT group clients. We acknowledge the community of people who use drugs and thank them for their ongoing contribution to research and improving services.

# Project Objective

- Promote and support the integration of Dialectical Behaviour Therapy (DBT) skills group within outpatient Alcohol and Other Drug (AOD) treatment setting at St Vincent's Hospital.
- Demonstrate that effective implementation is feasible within existing service frameworks and resources.

# Background: What is DBT?

- DBT is a well-established, evidence-based treatment for individuals with severe mental health disorders.
- DBT targets:
  - Emotional distress and dysregulation
  - Suicidality and self-harming behaviours
  - Impulsivity and risk-taking
  - Interpersonal difficulties
- DBT typically includes multiple weekly components, the current focus is on a weekly skills-based group session



**DBT**  
Dialectical Behavioral  
Therapy

# Why Adapt DBT for AOD Settings?

**Effective:** Supports people with intense emotions, impulsivity, trauma, and difficulty regulating affect, including individuals with substance use disorder

**Need:** Clients with substance use disorder + complex mental health are over-represented in community and hospital settings

**Gap:** Traditional DBT groups often excludes clients with substance use disorder due to instability, resource limits, or abstinence expectations

**Solution:** Adapting DBT for AOD improves access, engagement, and relevance; aligns with harm-reduction and client-centred care

# Pilot Project Overview

8-12 participants  
per session

2 facilitators,  
per session

2-hour sessions  
22-week program

Roster of 7  
clinicians

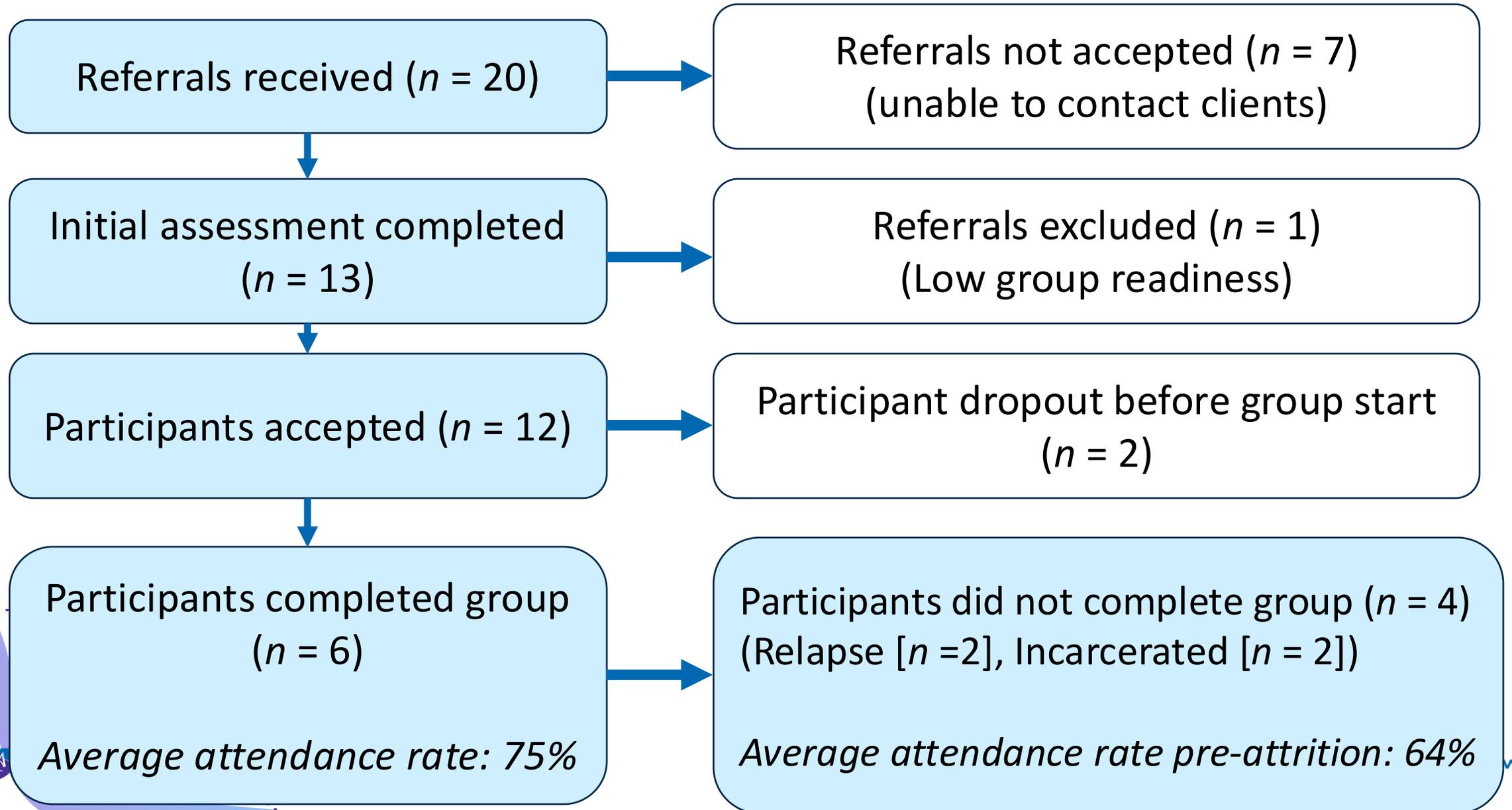


4 DBT modules

# The AOD-adapted DBT Group

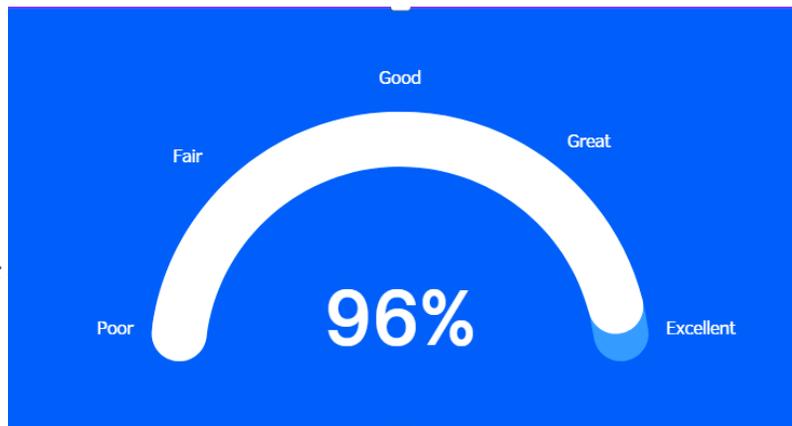
- **To increase accessibility** – closed group with multiple entry points
- **AOD-tailored content** to address challenges related to substance use
- **No abstinence requirements** – focus on harm minimisation, relapse prevention and individual goals (i.e., reduction or abstinence)
- Emphasises non-judgmental and dialectical stance – **balances motivation for substance use change with acceptance of lapse/relapse**
- **Relapse as part of recovery** – support ongoing engagement rather than exclusion
- **Service-wide initiative** - making this evidence-based support accessible to clients across St Vincent's AOD services, including younger participants and people who inject drugs.

# Effectiveness – Referrals and Attendance

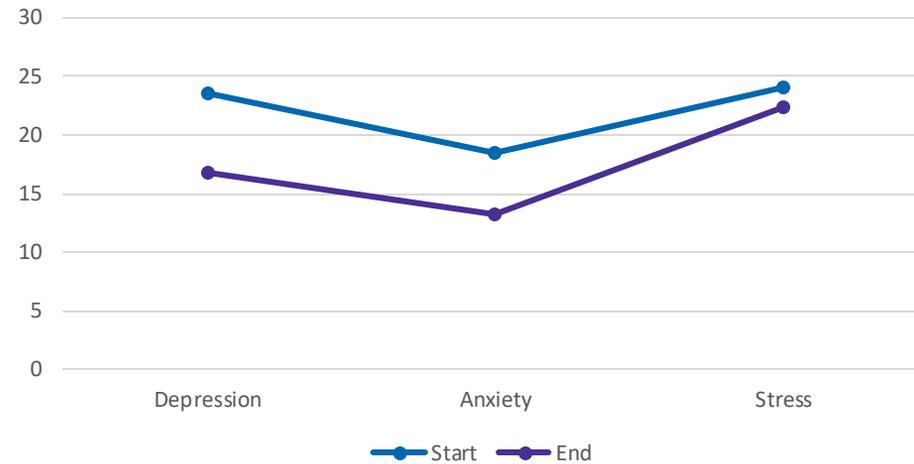


# Effectiveness – Outcome Measures

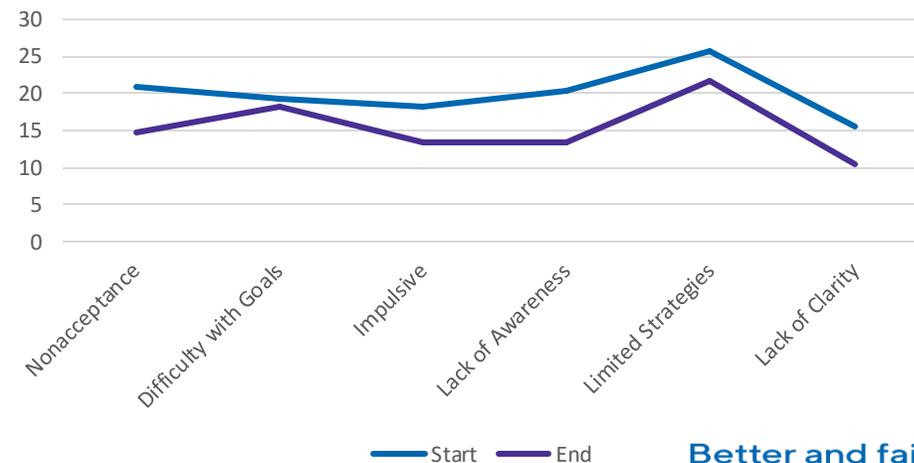
- Outcome Measures used
  - Depression Anxiety and Stress Scale (DASS-21)
  - Difficulties in Emotion Regulation Scale (DERS)
- Overall Satisfaction



DASS-21 Scores



DERS



# Conclusion

## What went well?

- 2 AOD-DBT groups delivered, and 3<sup>rd</sup> commenced with strong engagement and positive client feedback.

## Future directions

- **Evaluate:** Incorporate Australian Treatment Outcomes Profile (ATOP) alongside DERS and DASS-21 to track outcomes
- **Improve:** Refine referrals, assessments, and group delivery
- **Train:** Ongoing clinician development for program growth and sustainability
- **Collaborate:** Partner with St Vincent's MH DBT program to further bridge AOD & mental health gap

## Challenges

- Dropout rate
- Clinician's training
- DBT delivery added to day-to-day responsibilities of clinicians

# Thank you

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