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Dialectical Behavior Therapy for Dual Diagnosis: Treating Adolescent Substance Use Disorder and Co-Occurring Mood Disorders
Sponsor:Rebecca Lebeau (Psychology)

Dialectical Behavior Therapy (DBT) is a comprehensive, evidence-based treatment method that was originally established to treat individuals with Borderline Personality Disorder (BPD; Bedics, 2020). Research has since provided evidence that DBT can be useful for treatment of mood disorders, suicidality, and behavioral health issues such as self-iniury and Substance Use Disorder (SUD: Bedics, 2020). Based on these findings. DBT may be a promising treatment option for a variety of mental health conditions. This paper will review the literature and synthesize existing evidence in order to evaluate the potential of DBT as a successful treatment for adolescents diagnosed with SUD and a cooccurring Mood Disorder. It will also act as a foundation for the design of a therapeutic workbook that focuses on helping adolescents with this form of dual diagnosis to incorporate DBT into their lives. Research shows that there are notable similarities between individuals with BPD and typical adolescent behavior (Aguirre, 2014). Both populations appear to struggle with emotion regulation and impulsivity (Aguirre, 2014). Additionally, both groups have been associated with being at an increased risk for developing SUD when compared to the general population (Aguirre, 2014). These characteristic similarities among adolescence and BPD symptomatology indicate that DBT could be effective for adolescents as it has been for BPD. Further, research has shown DBT to have biological and psychological impacts on emotional regulation (Bedics, 2020). This, coupled with research showing that more than half of adolescents in community SUD treatment programs also meet diagnostic criteria for another mental health disorder, make DBT a strong choice for intervention in this dually diagnosed population (NIDA, 2021). Surprisingly, even with the research literature suggesting that many adolescents are dually diagnosed, less than one guarter of SUD programs, and even fewer mental health programs, actually meet criteria for services that are capable of treating those who are dually diagnosed (NIDA, 2021). This indicates a drastic need within this population for integrated treatment options that are adequate and effective.