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Review Article

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Feasibility and Effectiveness of a Professional Peer-Led Approach to DBT Skills Coaching

Sherry Warner

Peer Experience National Technical Assistance Center, USA

Corresponding author
Sherry Warner, Peer Experience National Technical Assistance Center, USA

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ABSTRACT
The Peer Support Coalition of Florida (PSCFL) and UF Health Medicine/Psychiatry (UF-HM) have joined forces to create a training and program delivery of professional, but non-clinical DBT Skills Coaching for individuals and groups. The Peer Support Coalition of Florida is a non-profit organization whose mission is to build communities that promote and support well-being through leadership, education, advocacy, and networking. We provide training and education for mental health awareness and recovery support with a focus on training and developing Certified Peer Recovery Specialists.

Keywords: Professional Peer-Led Approach, DBT Skills Coaching, Dialectical Behavior

Introduction

UF Health Medicine offers a variety of programs to treat a full range of mental health and substance use problems leading the clinical spectrum throughout Florida with numerous inpatient and outpatient treatment settings and services providing direct care for children, adolescents and adults.

In 2021, Cheryl Molyneaux, EdD, CRPS, Executive Director of PSCFL and Sherry Warner B.Ed., NCPS, Education Director of PSCFL, met with Dr. Allison Ventura, PhD, of UF-HM, who is one of 18 Linehan PSCFL Certified Clinicians in the state of Florida, to discuss the potential and likelihood of success with a peer-led approach to service delivery.

Although Dialectical Behavior Therapy Skills have been around for some time, its main use has been by clinicians in clinical settings. There is a recent movement in the mental health field to expand capacity and service delivery to individuals who are suicidal and/or emotionally dysregulated via a peer led, recovery-oriented approach. With a shortage of trained DBT clinicians, the idea of a professional peer-led delivery of DBT Skills Coaching offers a promising solution to expand access to these skills, particularly in underserved areas.

A training model was developed in collaboration amongst the 2 organizations to train non-clinical professionals working in recovery support. By integrating lived experience into the curriculum, the program is designed to be relatable, increasing engagement while building a community of support. This project aims to strengthen the therapeutic alliance, increase client engagement, and ultimately improve treatment outcomes. A research and development plan was strategically designed to measure feasibility and effectiveness. The first year of the pilot program concluded in September 2025 with remarkable quantitative and qualitative data that demonstrates affirmatively that the concepts and skills facilitated in this capacity are feasible, appropriate, beneficial, and replicable as an approach to support individuals in recovery. The goal of this collaboration and project is to incorporate evidenced and experience based, non-clinical, peer-led support techniques with clinical models to expand and increase patient outcomes.

DBT was developed in the 1970s by Marsha Linehan, an American psychologist and author. The approach focuses on relationships and skills. Dialectical means combining

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opposite ideas. The use of the skills work to help individuals strike a balance between validation and acceptance of who they are while also addressing challenges and the benefits of change. DBT is defined as a mindfulness and acceptance-based cognitive-behavioral intervention. When individuals can make positive, helpful changes in thinking patterns, and in the ways they respond to their environment, it can have a profound impact on life satisfaction.

The National Library of Medicine documents that DBT has been found to be an efficacious treatment for disorders characterized by high levels of emotional instability. Original research studies employing both experimental and quasi-experimental designs covered an approximate period of ten years. Joanna Briggs Institute checklist was used to assess the methodological rigor of the studies. Twelve studies conducted on adolescents with emotional dysregulation, and adults with borderline personality disorder, bipolar disorder, attention deficit hyperactivity disorder, and multiple sclerosis were selected. Results indicate that DBT has the potential to improve key cognitive functions such as attention, memory, fluency, response inhibition, planning, set shifting, tolerance for delayed rewards and time perception, as assessed by neuropsychological tests, self-report of cognitive functions, and neuroimaging techniques. Considering the review's findings that showcase the effectiveness of DBT in fostering improvements in cognitive functions, DBT may possibly be chosen as a preferred treatment to ensure that patients reach optimal levels of cognitive functioning.

The American Psychiatric Association documents that DBT helps to is create a space between the thoughts and the phenomena of the experience and behavior. This is where this idea of mindfulness comes in. For very impulsive people, this idea of being able to slow down and observe the mind at work is very important. The Behavioral Tech Institute explains that DBT assumes that many of the problems exhibited by clients are caused by skills deficits. In particular, the failure to use effective behavior when it is needed is often a result of not knowing skillful behavior or when or how to use it. The use of DBT skills has been found to fully or partially explain improvements in problems such as suicidal behavior, non-suicidal self-injury, depression, anger control, emotion dysregulation, and anxiety. In addition, improvements in emotion regulation, experiential avoidance, and assertive anger have been found to account for changes in outcomes such as substance use, depression, and social functioning during DBT. Findings suggest that DBT works because it successfully increases clients' ability to use effective coping skills, particularly strategies for expressing, experiencing, and regulating intense emotions.

There are 4 sets of core DBT Skills modules. 2 of the modules focus on acceptance while the other 2 focus on change. In the acceptance modules, individuals learn the concepts of mindfulness, being aware in the present moment without judgment and learn easy ways to practice skills of mindfulness. Individuals also learn about the concepts and skills for distress tolerance, as they learn to manage crises in their lives without worsening the situation and learning to accept reality as it is. In the change-focused modules, individuals learn about the concepts and effective skills for emotion regulation so that they can understand and reduce vulnerability to emotions as well as strategies for effectively changing their emotions. In the interpersonal effectiveness module, individuals learn concepts and skills that help them to effectively meet their needs while maintaining relationships and increasing their self-respect.

DBT's Biosocial Model is the theory of how symptoms arise and are maintained. An invalidating social environment and vulnerable biology produces behaviors such as lashing out, self-sabotage, high levels of conflict, and an inability to steer oneself in desirable directions. Understanding the implications of the Biosocial Theory helps individuals to understand and give reflection for how we interact with others. This helps to remove blame from the individual for their behaviors and remove blame from family members as they reflect on their own models for communication. As we educate this theory within the individual, family, provider and community- it helps to break stigma and improve relationships, collaboration and self-satisfaction overall.

DBT Skills Coaching makes sense as an extension of professional recovery specialist services. Dr. Thomas Jobes, a renowned suicidologist, has emphasized the importance of lived experience in preventing suicidal behaviors. His research demonstrates that when individuals who have faced similar challenges offer support, they create a safe, empathetic space for others in crisis (Jobes & Chalker, 2019). This peer support can be a powerful motivator, helping individuals stay engaged in recovery while reducing the risk of relapse. DBT therapists are able to recognize the value of peer support as they can communicate and relate differently, creating synergy for the overall benefit of the client. Both DBT and peer support emphasize the importance of self-determination, empowerment, and the role of supportive relationships in recovery. In DBT, clients are encouraged to be active in their treatment by practicing skills and engaging in self-reflection. Similarly, peer support promotes self-directed care, with peer recovery specialists offering encouragement and validation while reinforcing clients' autonomy.

The integration of peer recovery specialists has shown considerable promise in DBT-ST (e.g., Gill, 2015). With the shortage of DBT-trained clinicians and the increasing demand for alternative methods to expand access to DBT Skills, Peer trained DBT Coaches are able to bridge this gap helping to meet the growing need for DBT services and enhancing the overall recovery experience. Peer Coaches connect with those they serve and deliver psychoeducation interventions that help individuals engage in and sustain their recovery. The journey of recovery for individuals with mood disorders, emotional dysregulation, and life-threatening behaviors is often overwhelming. Many individuals experience deep shame, stigma, isolation and financial barriers, which discourage them to pursue help. Oftentimes individuals seek support from peers, family members, or friends rather than formal mental health care (Allen et al., 2003). "This is a good indication of the importance of peer support in another person's healing era", says Dr. Allison Ventura. Peer recovery services teach and build skills that the individual can utilize and implement in their lives to sustain recovery.

Peers share their lived experience to relate, foster trust, give hope and inspire others, but the role goes much further than

that- it utilizes practical recovery planning and education about rewiring the brain for success. The role of CRPSs has become increasingly recognized by federal agencies such as the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA), which have formally defined their contributions in the recovery process (CMS, 2007; SAMHSA, 2023). In 2007, CMS recognized peer support as an evidence-based model of care (CMS, 2007) playing an essential role in aiding individuals' recovery from mental illness. Since this recognition, CRPSs have become integral to mental health services across the United States. They provide a range of services, from helping individuals identify emotional triggers and develop coping strategies to offering ongoing support throughout the recovery process. Clinicians and peer professionals working together can significantly enhance treatment outcomes.

The benefits of utilizing a peer professional in recovery brings

- knowledge of resources, referrals, boundaries, recovery planning, principles and concepts of recovery and resiliency,
- skills in recovery planning, documentation, motivational interviewing, trauma informed mentorship, advocacy
- execution of relationship-building, connections within the community
- proficiency and confidence in sharing lived experience
- partnership and trust from individuals served, agencies and providers

There are differences between Clinical DBT Service Delivery and Non-Clinical Peer-Led DBT Skills Coaching. DBT Clinical Service Delivery is available only by trained and licensed therapists who address significant, life-threatening behaviors. The service provider analyzes and diagnoses behavior and responds with prescriptive direction for the benefit of the client. Non-Clinical Peer-Led DBT Coaching is mentoring via a relationship-based practice where the coach relates and validates the individual served. The coach shares information and introduces skills, shares their own experiences with the information and skills, gives examples for practical application and provides practice opportunities in a safe setting. In a non-clinical delivery, the coach does not interpret, explain or analyze behaviors. So, when the level of concern and complexity is high, individuals require treatment delivered by trained clinicians within a full DBT framework.

The Strengths & Advantages of Peer-Led Coaching of DBT Skills

- **It allows for shared experience and modeling:** Peers who have gone through similar struggles can model use of DBT skills, helping others believe change is possible.
- **It is easier to access and more cost effective:** Peer-led or peer supported groups are often more accessible, less expensive, less formal, which may reduce barriers.
- **It allows for acquisition and strengthening of community and validation that the individual is an important member of the community:** Being with peers gives emotional support, reduces isolation, increases validation.
- **And allows for motivation & reinforcement:** Observing peers' successes and sharing skills can reinforce motivation

DBT-adherent treatment is multi-modal and includes four core components: weekly individual DBT sessions, individual clinical sessions as needed, a weekly DBT consultation team, and a weekly skills group. Non-clinical DBT Skills Coaching focuses on supplementing clinical treatment and/or non-crisis support. To ensure that non-clinically trained peer-led coaches are delivering proficient, competent, quality services it is important that coaches are trained with experience, proficiency, competency, and quality. There are many professionals delivering DBT therapy and services, most of them are not Linehan Board Certified. Clinicians can share DBT in their practices without this certification process, but those who have been Linehan Board Certified have been through rigorous assessment to ensure they possess the knowledge and skills essential for delivering DBT with adherence to the model as it has been researched. PSCFL/ UF Health's DBT Skills Coaching Training program has been carefully developed over the course of 3 years with the guidance and training of Dr. Allison Ventura- Linehan Board Certified Clinician. The team of trainers at the Peer Support Coalition of Florida already possessed an extensive background in peer work, higher education, and experience in facilitation, leadership, and service delivery. Adding DBT Skills Training has enhanced their skillsets across the board.

- **Phase 1** was the training of their trainers and the development of the vision for each phase of delivery and research.
- **Phase 2** was a year-long process where the trainers met to review materials, discuss experiences and recommit to regular practice under the guidance of Dr. Ventura. During that time the DBT Skills Training- PowerPoint and Speaker Notes were developed in tandem with a participant guide. This curriculum has been cultivated through a peer-led lens to infuse peer concepts and remove clinical language and references that had no relevance in a peer-led skills coach delivery. Upon completion, the original trainers went back through the training themselves teaching it to one another in the group for clarity and understanding.
- **Phase 3** is the portion of the program that trains new coaches. Eligibility requirements are in place that ensure the new trainee has a minimum of 2 years in peer-led service delivery. The eligible candidate will attend 48 hours of training over the course of 24 weeks spent in the 4 core modules. They will then attend a 7-hour Facilitator Development training as well as a 7-hour specific DBT Skills Coach training delivery to reach certification.
- **Phase 4** The newly trained DBT Skills Coaches will begin in January 2026 to deliver DBT Skills Coaching to service recipients and collect data that the UF Health Research team will continue to use in giving an evidence base to the program's effectiveness.

New coaches are introduced to both Linehan materials as well as newly developed materials by PSCFL's education team that have been reviewed by Dr. Ventura and the UF research team. These materials break down the delivery into an easy-to-follow format. It provides a PowerPoint presentation and speaker notes for sessions within each of the modules as well as a participant guide. New coaches also receive a start-up tool kit to guide and assist as they incorporate these practices.

Feedback from some the pilot program's first year coach trainees:

- " I believe that the combination of providing skills and using the appropriate amount of self-disclosure through peer discussion is where the magic happens and this group proved that."
- "I get a lot of benefit out of the discussions. Hearing how others interpret and or apply them provide a lot of great ideas."
- "There were some exercises (bubble vision) that I did not know and that has helped me tremendously in letting go of things that are not effective to carry or for my mental health. This was a huge breakthrough exercise I will continue to use and share with others."
- "The safe space in the group to talk about how we are using these skills in our daily lives and applying them to our specific pain points is very helpful. Not only are the skills great but learning and practicing with others gives me community and motivation."
- "I have taken a DBT Skills group therapy at the VA, but that confused me. This was great for gaining understanding I should have gotten there."
- "I now understand that radical acceptance does not mean liking a situation but rather accepting it as it is in order to move forward."

The Peer Support Coalition of Florida together with UF Health Medicine believe there is a bright path forward with great potential for increased recovery and wellness for the individual as well as great opportunity for many more individuals and groups to receive access to this learning than was previously possible. Please also see the following research article published: https://www.dbtbulletin.org/

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