



Economic Evaluation of Dialectical Behavior Therapy (DBT): A Brief Review

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Accumulating evidence indicates that DBT reduces the cost of treatment. For example, the American Psychiatric Association (1998) estimated that DBT decreased costs by 56% – when comparing the treatment year with the year prior to treatment – in a community-based program. In particular, reductions were evident by decreased face-to-face emergency services contact (80%), hospital days (77%), partial hospitalizations (76%), and crises bed days (56%). The decrease in hospital costs (~\$26,000 per client) far outweighed the outpatient services cost increase (~\$6,500 per client).

The cost effectiveness of DBT also extends past the treatment year as evidenced by a recent examination in a VA hospital setting. Meyers and colleagues (2014) found that veterans who received DBT treatment had significantly decreased the use of outpatient mental health services in the following year by 48%. Perhaps more importantly, the study demonstrated that utilization of high-cost inpatient services decreased by 50% and length of stay by 69%. The authors concluded that each individual in DBT treatment utilized almost \$6,000 less in total services in the year following DBT treatment as compared to the year prior to DBT. In their sample of 41 clients, the total cost decrease was nearly a quarter of a million dollars. Interestingly, the authors also concluded that the cost of providing DBT treatment was *not* statistically different (actually, about \$400 less) than the average outpatient costs from the year before DBT.

Similar results were reproduced in Australia where a 6-month DBT program reduced number of hospital days by 70% (Prendergast & McCausland, 2007). Another Australian (Pasiieczny & Connor, 2011) study found that DBT reduced costs about 33% compared to treatment-as-usual over 6 months. Strikingly, those receiving treatment-as-usual incurred *six times* more costs due to inpatient bed days. Similar results were reproduced in Sweden (Perseius et al., 2004) and Wales (Amner, 2012).

Alternatively, in attempting to examine benefit instead of cost, a Washington State juvenile offender institution estimated that a \$38.05 financial benefit was achieved for every dollar spent on their DBT program (Aos et al., 2004). A study in the United Kingdom found that for every 36GBP spent on DBT a 1% reduction in self-harm was achieved (Priebe, 2012). When examining the overall societal cost (based on resource consumption and productivity lose), a German study calculated a nearly 50% reduction in societal cost-of-illness when comparing the treatment year and the year following treatment (Wagner et al., 2014). In summary, economic evaluations of DBT indicate the following: a) reduction in costs when compared to the prior treatment year; b) reduction in costs when compared to treatment-as-usual; c) decrease in long-term service utilization in high service-utilizing individuals; d) a potential financial benefit to the treatment institution and; e) a potential decrease in societal costs.



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