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DBT in Durham Region: What to Expect from Session 1 to Completion

This guide covers what to look for in a DBT program in Durham Region, the difference between comprehensive DBT and DBT informed therapy, what happens before treatment begins, the four stages of treatment, and what completion looks like. It also covers what it means that you cannot fail in DBT, and why the distinction between comprehensive DBT and DBT informed approaches matters more than most people realize.

A lot of people get referred to DBT arrive for a consult call without really knowing what they're signing up for. Maybe a psychiatrist mentioned it. Maybe a previous therapist said it might help. Maybe you Googled your symptoms and DBT kept coming up. Whatever brought you here, the question I hear most often in first sessions is some version of "okay, but what actually happens?"

This guide answers that. It's what I'd want someone considering DBT to read before they reach out, because the more you understand going in, the better the work tends to go. It also covers something that doesn't get talked about enough: the difference between programs calling themselves DBT, and what comprehensive DBT involves. That difference matters, and it can shape whether the treatment works for you.

A Note on Ambivalence Before We Start

If you're reading this and feeling pulled in two directions about whether to do DBT, that's normal. Most people I work with come in ambivalent. Part of them wants to change badly. Part of them is exhausted, skeptical of therapy after past disappointments, worried about the time commitment, scared of what the work will bring up, or unsure they have the energy.

DBT has a framework for working with that. Ambivalence isn't a sign you shouldn't start. It's a sign you're being honest about how hard change is. Pretreatment, the first stage of DBT, is specifically designed to give space to that ambivalence and help you make a real, informed decision about whether to commit.

So if you're not sure, keep reading.

Getting Connected: What to Consider Before Choosing a Program

A lot of private practice therapists advertise themselves as offering DBT. Some are offering comprehensive DBT. Many are offering DBT informed therapy. The two are not the same.

If you want treatment grounded in the evidence base, the program should contain at least a variation of each of the four components:

Individual therapy with a DBT trained therapist. Skills training, usually in a group but sometimes in another format. Phone coaching or some structured between-session support. And assurance that your therapist sits on a DBT consultation team.

If one or more of these is missing, what you're getting is closer to DBT informed therapy. That can still be useful, and for some people it's actually the better fit. The key is knowing which one you're signing up for so you can make an informed choice.

Who Actually Needs Comprehensive DBT

This is worth being clear about. Comprehensive DBT was specifically designed for people whose lives are out of control in serious ways. The original research was on chronically suicidal women with BPD who hadn't been helped by other treatments. The four-component structure exists because that level of distress requires that level of support.

If you're not dealing with life-threatening behaviours, severe self-harm, or the kind of emotion dysregulation that's actively destabilizing your life, you may not need the full comprehensive model. You may benefit more from working with a DBT informed therapist who can teach you the skills, help you apply them, and address what you came in for without the full structure. This is often a better fit for people working through depression, anxiety, life transitions, burnout, perfectionism, or relationship patterns.

And honestly, even outside the formal model, there's something to be said for working with a DBT therapist regardless of your reason for coming in. Most DBT therapists I know have a warm but direct style. We show up as ourselves, we're not afraid to say something hard, and we don't dance around the work. For people who have been through years of gentle therapy talk without meaningful results, that style can feel like a breath of fresh air.

Solo Practitioners vs Larger DBT Clinics

In private practice, many DBT therapists are solo practitioners. That doesn't mean they can't deliver effective comprehensive DBT. It just looks different from what you'd find at a larger clinic.

For skills group, a solo practitioner may offer shorter or more accelerated group options, with the understanding that clients are still getting the necessary skills training alongside the group. Some offer skills training in an individual weekly format instead of a group, which works well for clients who find groups too anxiety-provoking to commit to.

For phone coaching, a solo practitioner may have limited coaching hours rather than the 24/7 availability that some multi-practitioner clinics can offer. This doesn't mean you'll be left without support. The limits get discussed ahead of time, and a personalized crisis plan is created for difficult situations that fall outside coaching hours. You'll also be given information about local and national crisis resources, including 988, Canada's Suicide Crisis Helpline, available 24/7 by call or text.

If you're looking for DBT in Durham Region, look for all four components and weigh the pros and cons of each clinic or practitioner. Some clients really prefer learning skills in a group setting. Others are working within an insurance budget. Some want in-person support, which I'll come back to in a minute.

Choosing Private Practice vs Public in Ontario

Here's the reality. There are very few publicly funded options for comprehensive DBT in Ontario. For Durham residents, the most accessible publicly funded programs are likely Ontario Shores and CAMH, both of which have specialized BPD clinics. They aren't the only options in the province, but they're the ones most people in Durham Region get referred to. Each has its own admission criteria, and not everyone qualifies.

Waitlists are typically long. Even so, if your funds or insurance coverage have gaps or caps, it can make sense to get on a waitlist early. Talk to your family doctor about a referral and ask which programs you might be eligible for. You can pursue private treatment while you wait.

A Note on Online vs In-Person DBT

Most DBT in private practice available to Durham residents is delivered entirely online. Virtual therapy works well for many people. It removes commute time, it's accessible, and the skills training translates fine to video.

But it isn't ideal for everyone. If you specifically want local, in-person support, your options narrow significantly. It's worth asking when you reach out whether a practitioner offers in-person sessions, what their office is like, and whether the skills training component is also in-person. Don't assume from a website that says "based in Oshawa" that the work happens in the room.

A Resource for Families

If you're starting DBT and you have family members trying to understand what you're going through, or if you're a family member reading this trying to understand someone you love, the Sashbear Foundation is one of the best resources in Canada. They run Family Connections, a free 12-week program for family members of people with BPD and emotion dysregulation, and they have a wealth of educational resources. They're a Canadian organization, well respected in the BPD community, and what they offer is genuinely useful.

Having family who understand what you're working on can make a real difference in the outcome of treatment. If your relationships are part of what you're trying to address, this is worth knowing about.

Session 1 and the Pretreatment Stage

The first few sessions of DBT are called pretreatment, and they're different from what most people expect therapy to look like. Pretreatment isn't where the change work happens yet. It's where you and your therapist figure out whether you're going to do this work together.

Therapeutic Fit

In pretreatment, the therapist and client get to know each other and figure out whether they think they can work together well. This matters from the very beginning, more than people often realize.

In DBT, the therapeutic relationship is one of the core mechanisms of change. The work asks you to be honest about things you might have spent years hiding, to tolerate distress in session, to accept feedback, and to try things that feel uncomfortable. None of that happens easily with a therapist you don't click with. So in DBT we name fit early. If it isn't right, it's better to know in session three than in session thirty.

The Choice to Commit

In pretreatment, the client is given the choice of committing to DBT over non-DBT options. That sometimes means pausing other therapies you're currently in.

This isn't a knock on other therapies. It's because DBT is a complete model with its own framework, its own way of understanding behaviour, and its own targets. When you're seeing multiple therapists working from different models, the messages can contradict each other. One therapist might be encouraging you to explore feelings deeply while your DBT therapist is working with you to change the behaviours linked to those feelings. The client ends up in the middle, working twice as hard, and the treatment is less effective because of it.

Pausing other therapies for the duration of DBT keeps the work coherent. Once you've moved through stage 1, you can return to or add other approaches.

Identifying Treatment Targets

In pretreatment you'll identify what are called treatment targets. In DBT, targets are organized in a specific hierarchy. The first priority is always life-threatening behaviours, which includes suicidal ideation, self-harm, and anything that puts you in physical danger. The second is therapy-interfering behaviours, things that get in the way of treatment, like missing sessions, not doing homework, or shutting down in the room. The third is quality of life interfering behaviours, the things keeping you stuck, like substance use, relationship instability, problems at work, or untreated mental health conditions. The fourth is increasing behavioural skills.

You and your therapist will identify which behaviours in your life fall into which category, and that becomes the structure of the work going forward.

The Treatment Contract

At some point in pretreatment, you and your therapist will arrive at a mutual agreement, often called a treatment contract, that affirms your commitment to the therapy. This isn't a legal document. It's a working agreement about what you're both committing to, what the expectations are, how skills training and coaching will be structured, what happens if sessions are missed, and how progress will be tracked.

The contract matters because DBT asks a lot of both people in the room. Naming the expectations up front means fewer surprises later.

Building a Life Worth Living

This is the part of pretreatment that gets people most engaged. You'll spend time envisioning what a life worth living looks like for you. Not what your family wants, not what you think you should want, but what would make your life feel like it's worth being in.

From there, you'll build goals around that vision, and you and your therapist will identify which behaviours need to increase and which need to decrease to get you there. This becomes the anchor of the work. When sessions get hard, when the skills feel pointless, when you're not sure why you're doing any of this, the life worth living vision is what you come back to.

Tracking Progress

At the beginning of therapy, you and your therapist will decide how progress will be tracked. This usually involves a diary card.

A diary card is a daily tracking tool you fill out between sessions. You log the emotions you experienced, the urges you had (for self-harm, substance use, or whatever your specific targets are), whether you acted on them, and which skills you used. It takes a few minutes a day. The card becomes the agenda for your individual session, because we work through it together to identify what to focus on.

Assessment tools may also be used at intake and at intervals throughout treatment. Subjective experience and measurable change don't always line up. Some weeks you'll feel like nothing is shifting, and the assessment will show clear movement. Other weeks you'll feel great, and the data will show that certain target behaviours are still happening. Assessment tools give us a more accurate picture than memory and mood alone can offer.

The Treatment Phase

Once pretreatment is complete and you've committed to DBT, you move into active treatment. DBT is organized into four stages.

Stage 1 focuses on moving from being out of control of your behaviour to being in control. The work targets life-threatening behaviours, therapy-interfering behaviours, and quality of life interfering behaviours, in that order. This is where most comprehensive DBT happens.

Stage 2 focuses on moving from quiet desperation to full emotional experiencing. This is often where trauma work happens, once the client is stable enough to do it safely.

Stage 3 focuses on ordinary life problems and building self-respect. The work shifts to relationships, work, identity, and the kinds of struggles that come with being a person in the world.

Stage 4 focuses on moving from incompleteness to a sense of freedom and joy. This stage isn't always part of formal treatment. For some clients it's the natural next chapter of their life, sometimes with continued therapy support and sometimes without.

Many advertised DBT practitioners and clinics work in stage 1. Many integrate other therapeutic approaches to achieve the goals associated with stages 2 through 4. At my practice in Oshawa, I integrate other therapies to support stage 2 through 4 clients, including CPT for trauma processing and IFS for parts work. You can read more on my treatment approaches page.

Comprehensive DBT typically takes 6 to 12 months to complete stage 1, depending on the client and the structure of the program.

What the Time Commitment Actually Looks Like

This is worth naming honestly. Comprehensive DBT in stage 1 typically involves:

- One individual therapy session per week (50 minutes)
- One skills training session per week, often 90 minutes if it's a group; but other formats may be suggested depending on group availability and suitability
- Daily diary card completion, a few minutes daily
- Skills homework between sessions, anywhere from 30 minutes to a few hours a week depending on what you're working on
- Phone coaching availability for moments when you need help applying a skill in real life

This is a real commitment. It's more involved than most other therapies. Going in knowing that helps you plan for it and decide whether now is the right time.

Individual Therapy Sessions

Individual sessions are the anchor of the treatment. Each session balances acceptance strategies with change strategies, which is the central dialectic of DBT. You're learning to accept yourself and your life as they are right now, while also working to change the patterns keeping you stuck.

In session, you'll review your diary card, identify the highest priority target for the week, and work through it. You'll practice skills in session so you can use them in real life. You'll also address any relationship issues that come up in the therapy itself, because unresolved tension in the therapeutic relationship is one of the most common reasons treatment stalls.

A core part of individual sessions is behavioural analysis, often called a chain analysis. This is where we slow down a problem behaviour and look at the entire chain of events that led to it. The triggering event, the vulnerability factors, the thoughts, the emotions, the urges, the action, and the consequences. By breaking the chain down link by link, we identify exactly where skills can be inserted to change the outcome next time. This is one of the most powerful tools in DBT, and it's something you'll get better at over time.

Phone Coaching

Phone coaching is the part of DBT that surprises new clients. It's exactly what it sounds like. Between sessions, you can contact your therapist for brief coaching, usually 10 minutes, to help you use a skill in the moment.

The purpose isn't therapy over the phone. It's skills generalization. The point is to get help applying a skill in the real situation where you need it most, so that the skill becomes part of your life and not just something you talk about in session.

Skills Training

Comprehensive DBT involves a designated skills training time outside of your individual session, separate from the priorities that show up in individual work.

This separation is intentional. If skills were taught inside individual therapy, the urgent material of the week would always crowd them out. By giving skills their own protected time, the learning can happen without interruption.

There are four skills modules in DBT: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. A full cycle through the skills typically takes about 12 weeks, and most comprehensive programs ask clients to complete the cycle at least once, sometimes twice.

If group is making you nervous, that's understandable. Most people walk in dreading it and end up valuing it. There's something specific about learning skills alongside other people who get it, who are working on similar things, who don't need you to explain why managing emotions is hard. If you absolutely can't do a group, talk to your therapist about individual skills training options. There are lots of ways to deliver this component.

Skills Practice and Why an Experienced DBT Clinician Matters

The skills only work if you use them. That's the unglamorous truth of DBT. You can know every skill in the manual, but until you've practiced them enough that they show up automatically when you need them, they won't do much. This is why homework is built into the model. (If you want to go deeper on this, I wrote a full post on the role of homework in DBT.)

Here's something I don't see talked about enough: working with an experienced DBT clinician matters for a reason that goes beyond their formal training and education. Most of us have done all the homework and skills practice ourselves, often multiple times. We use the skills regularly in our own lives. That changes how we teach them. We're not handing you something we have only read about. We're handing you something we use, and we know where it's hard, where it doesn't work the way the textbook says, and how to troubleshoot when the skill won't stick.

When you're stuck in session and can't figure out why a skill isn't landing, an experienced DBT therapist has often hit the same wall themselves and worked through it. That's a real asset to your recovery.

Therapist Consultation Team

When you're considering a DBT therapist, ask whether they sit on a DBT consultation team. Here's why:

DBT is hard to deliver well. The clients' needs may be complex, the targets are high stakes, and the therapist is asked to balance acceptance and change moment to moment. Without support, even an experienced DBT therapist can drift from the model, burn out, or miss something important.

The consultation team is essentially therapy for the therapists. It's a regular meeting where DBT clinicians bring their cases, get feedback, troubleshoot stuck points, and hold each other accountable to the model. It's one of the four required components for a reason. A therapist not on a consult team is offering DBT without one of the structural supports that keeps the work effective and safe.

It's a fair question to ask, and any DBT therapist worth seeing will give you a clear answer.

Completing Stage 1

When you've completed stage 1, you'll have moved from being out of control of your behaviour to being in control. Life-threatening behaviours are addressed, therapy-interfering behaviours have been worked through, and the quality-of-life interfering behaviours that brought you in are significantly reduced or resolved.

From there, you have options. Some clients step back from intensive therapy and live with their new skills. Others want to move into stage 2 work, which often involves trauma processing and deeper emotional work. Many therapists, including me, offer support through all four stages, but each new stage usually requires a new commitment and sometimes a different treatment structure. Stage 2 work, for example, often doesn't require the same intensity of skills training or coaching.

The point is that completing stage 1 isn't the end of the story. It's the foundation that makes everything else possible.

You Cannot Fail in DBT

This is a foundational principle of the therapy, not a slogan. You cannot fail in DBT. Treatment can fail. A therapist can fail. There's a difference, and the distinction matters.

DBT was specifically designed for clients that other therapies couldn't help. Marsha Linehan built the model around the assumption that the client is doing the best they can, and at the same time, they need to do better. Both are true at once. The therapy is built to hold that tension.

This is why the structure exists. Therapy-interfering behaviours have their own slot in the target hierarchy precisely because the model expects them. Missing sessions, not doing homework, struggling with skills, coming in dysregulated, shutting down in the room, all of this is treated as material to work with, not evidence that you're failing.

What can fail is the treatment itself. Treatment can fail when the model isn't being delivered the way it was designed. When the four components aren't all present. When the therapist isn't on a consult team and drifts from the model. When skills training is rushed or skipped. When coaching isn't available. When what's being called DBT is actually a few skills or DBT interventions mixed into regular talk therapy.

If you've tried "DBT" before and it didn't work, it's worth asking which version you received. The answer can be the difference between concluding that DBT isn't for you and discovering you never had access to the full model.

If You've Just Been Diagnosed with BPD

A lot of people come to this post right after a BPD diagnosis, trying to figure out what comes next. If that's where you are, I've written two other posts that might help. So you just got diagnosed with BPD, now what? walks through the immediate questions that come up after the diagnosis. How do I talk to my loved ones about my BPD diagnosis addresses the conversation people are often the most afraid of having.

Ready to Start?

If you're in Oshawa, Durham Region, or anywhere in Ontario or Nova Scotia, and you're considering DBT, reach out for a free consultation at Stephanie Campoli Psychotherapy. I offer comprehensive DBT for adults struggling with emotion dysregulation, BPD, trauma, anxiety, and addictions, with skills training, phone coaching, and consultation team support all built in. I also work with stage 2 through 4 clients integrating other therapies as the work calls for it.

If my practice isn't the right fit, I'll do my best to point you toward someone or something that is.

Book a free 20-minute consultation

About the Author

Stephanie Campoli is a registered social worker and psychotherapist (MSW, RSW) and the owner of Stephanie Campoli Psychotherapy. She offers in-person therapy in Oshawa, Ontario, and virtual sessions across Ontario and Nova Scotia.

Stephanie specializes in comprehensive DBT, trauma, BPD, anxiety, and addictions, and works primarily with adults. She has training in DBT, CPT, and IFS, and has run DBT skills groups using Marsha Linehan's Skills Training Manual. Before moving into private practice, she worked in a hospital setting, where she developed the foundation of her clinical work.

Her approach is warm but direct. She believes therapy should be honest, practical, and grounded in the real life of the person sitting in front of her.

To learn more visit stephaniecampoli.ca.

A Note on This Guide

This guide is for educational purposes. It is not a substitute for individualized assessment, therapy, or clinical care, and reading it does not establish a therapeutic relationship with the author.

If you are considering DBT, the right next step is to connect with a qualified DBT therapist who can assess your needs and recommend the level of care that fits.

If you are in crisis or experiencing thoughts of suicide or self-harm, please contact 988, Canada's Suicide Crisis Helpline, available 24/7 by call or text, or go to your nearest emergency department.