From Corruption to Connection: An Integrated Perspective on Dialectical Behavioural Therapy and Recidivism in Forensic Settings

By

Cala. L Hills

Paper Submitted in partial fulfillment of the requirements for the degree of

Master of Counselling

in the

Division of Arts and Sciences

City University

of Seattle

2025

This paper is accepted as conforming to the required standard.

Dr. Amanda De Guerre, PhD, R. Psych.

Research Supervisor

University of Seattle

Abstract

This capstone, guided by a biosocial framework, examines the question: How effective is Dialectical Behaviour Therapy (DBT) in reducing recidivism factors in forensic settings? The review explored how DBT supports rehabilitation by addressing interconnected psychological, behavioural, and environmental factors associated with reoffending. A systematic search was conducted across major psychology, mental health, and criminology databases in accordance with PRISMA (2020) guidelines. Ten peer-reviewed studies published between 2018 and 2025 met inclusion criteria, spanning randomized controlled trials, quasi-experimental, mixed-methods, and qualitative designs. Four additional review articles published from 2017 onward were included to strengthen theoretical and contextual grounding. Reflexive thematic analysis (Braun & Clarke, 2021), guided by abductive reasoning, was used to synthesize patterns across the literature. Findings indicated that DBT consistently improves emotion regulation, impulse control, coping, and prosocial decision-making—factors strongly linked to reduced reoffending. Adaptations such as shortened modules, simplified materials, and trauma-informed delivery enhanced accessibility, particularly for individuals with intellectual disabilities or co-occurring substance-use and mental-health challenges. However, variability in program length, inconsistent follow-up, and limited attention to cultural diversity constrained generalizability. Overall, DBT shows strong potential as an ethically grounded and flexible intervention that promotes relational safety and rehabilitation in correctional settings, though evidence on long-term recidivism and culturally diverse outcomes remains limited.

Key words: Dialectical Behaviour Therapy (DBT), Recidivism, Trauma, Justice-involved (JI), Forensic Setting (FS), Rehabilitation, Mental Health, Substance Use (SU), Biosocial, Adaptation, Intellectual Disability (ID)

Acknowledgements

This work is dedicated to those whose voices are often left unheard. Your resilience is the inspiration behind these pages.

And to the incredible people in my life:

My friends—old and new—who have had to wait out my lengthy disappearances—thank you for understanding, for your encouragement, compassion, and for reminding me what connection and laughter feel like. The ones who sat with me to body double, brainstorm, and listen while I sorted through the madness could not have done it without you.

My mom and sister— my lifelong cheerleaders, reality-checkers, and occasional chaos coordinators. I am grateful for your endless love, patience, and for reminding me to eat, sleep, and occasionally chill out during this process.

Brad, for your endless patience, support, calm presence, and unwavering loyalty in believing I could do this, even when I was not so sure myself—thank you for being my stability and soft place to land.

My mentors and supervisors, incredible women who have guided, challenged, and inspired me — thank you for modelling compassion, courage, and integrity in the work we do. Your belief in me, even when my imposter syndrome was loud, has shaped my professional and personal growth and continues to motivate me.

Table of Contents

Abstract 2

Acknowledgements 3

Chapter One: Introduction 8

Background 8

Research Problem Statement 9

Research Question 10

Rational and Justification 11

Significance 12

Theoretical Framework 12

Definition of Key Terms 14

Positioning and Reflexivity Statement 15

Overview 16

Chapter Two: Methods 18

Literature Search Process 18

Evaluation 19

Inclusion 19

Exclusion 20

Research Selection 21

Challenges 22

Limitations 23

Overview 24

Chapter Three:Literature Review 26

Table One 27
Theme 1: Treatment Accessibility, Engagement and Adaptations 30
Modified Delivery and Adaptations to Treatment 30
Client Motivation, Willingness and Readiness 32
Diversity and Inclusion Considerations 33
Therapeutic Alliance and Relational Safety 34
Theme 2: Criminogenic Needs and Recidivism-Oriented Outcomes 36
Targeting and Addressing Mental Health 37
Targeting and Addressing Substance Use 38
Improved Decision Making Through Emotional Regulation 49
Skills for Post-Release Funcationing 41
Theme 3: System-Level Factors Influencing Treatment Implementation 42
Institutional Settings and Programming Constraints 43
Staff Training and Consistency 45
Program Length and Continuity Barriers 46
Synthesis and Critique 48
Gaps 50
Ethical Considerations 52
Informed Consent and Withdrawal 52
Confidentiality 53
Deception 53
Debriefing 54
Chapter Four: Clinical Application 56

Clinical Integration 56

Relational Safety 57

Adapting Practice for Effective Integration 58

Cultivating Engagment 58

Utility of DBT Research 59

Environmental 59

Cultural 60

Conceptual and Systemic Barries 60

Therapeutic Implications 61

Summary 63

Chapter Five: Conclusion and Recommendations 64

Conclusion 64

Recommendation for Future Research 67

Research Questions 67

Methodological Design 68

Core Components of Change..68

Inclusivity 69

Systemic Reform 69

Education and Training 70

Reflection 71

Take Home Message 73

References 74

Table List

Table 1. Summary of Thematic Coding Results……………………………………………………63

Chapter One: Introduction

Chapter One introduces the context, rationale, and conceptual foundations of this capstone. It outlines the scope and significance of recidivism as a persistent challenge within justice systems, reviews limitations of dominant correctional approaches, and positions Dialectical Behaviour Therapy (DBT) as a promising, though still emerging, intervention within forensic settings (FS). The chapter articulates the research problem and guiding question, situates DBT within a biosocial framework to provide conceptual grounding for the study, and defines key terms to ensure clarity. Key terms are defined to ensure conceptual clarity, and the chapter concludes with a positionality and reflexivity statement that situates the researcher within the inquiry and promotes transparency, rigour, and ethical accountability.

Background

Recidivism continues to represent one of the most persistent challenges within justice systems worldwide, revealing enduring limitations in rehabilitation and reintegration efforts (Butler et al., 2024; Negi & Tripathy, 2023). Although rates vary by country, estimates suggest that 20% to 60% of individuals released from custody reoffend within two years (World Population Review, 2024; Yukhnenko et al., 2019). These figures reflect not only the personal and societal toll of repeated offending but also the substantial economic strain on correctional systems. Incarceration costs governments billions annually, diverting resources from prevention, treatment, and community-based supports that could foster sustainable recovery and public safety (Government of Canada, 2023; Wagner & Rabuy, 2017).

Historically, offender rehabilitation has been dominated by the Risk–Need–Responsivity (RNR) model, which matches interventions to assessed criminogenic risk (Bonta & Andrews, 2007; Skeem et al., 2015, as cited in Lemieux et al., 2020). While this model has contributed to

measurable reductions in reoffending, critics argue that its structured, risk-focused framework often overlooks the emotional, cognitive, and systemic dimensions that influence long-term rehabilitation (Gueta et al., 2022; McIntosh et al., 2021). Similarly, Reasoning and Rehabilitation and Cognitive Behavioural Therapy (CBT) programs have shown some success in reducing reoffending but have produced inconsistent outcomes, particularly when treatment continuity is disrupted (Beaudry et al., 2021; McIntosh et al., 2021).

In contrast, DBT has emerged as a promising, though still developing, evidence-based approach within FS (Bedics, 2020; Cunha et al., 2024; Tomlinson, 2018). Systematic reviews identify DBT as the most frequently evaluated third-wave therapy in correctional settings, demonstrating improvements in aggression, impulsivity, coping, and emotional regulation, with some evidence of reduced reoffending (Cunha et al., 2024; Tomlinson, 2018; Verona et al., 2025). Adaptations for short-term, group-based, or intellectual disability (ID) populations further demonstrate its flexibility (Browne et al., 2019; Verona et al., 2025).

In this context, examining DBT's role in mitigating recidivism factors is both relevant and warranted. Persistently high reoffending rates expose the shortcomings of existing interventions, while the social, psychological, and financial costs underscore the urgency of practical solutions. By focusing on the underlying mechanisms that contribute to recidivism rather than solely on reoffending rates, this capstone seeks to clarify DBT's contributions and limitations and to emphasize its potential within a holistic, rehabilitative correctional framework.

Research Problem Statement

Recidivism is not merely a statistic; it represents a lived reality with far-reaching effects that fracture families, burden communities, and normalize incarceration as an expected outcome for marginalized groups (Tadros & Owens, 2021; World Population Review, 2024). Despite this,

many offences leading to imprisonment are non-violent and stem from survival behaviours linked to systemic inequities and untreated vulnerabilities (Lemieux et al., 2020; van der Put et al., 2020; Young et al., 2021). JI individuals often face long-standing trauma, poverty, and mental health challenges predating their first contact with the justice system (Gueta et al., 2022; Tadros & Owens, 2021). Instead of receiving trauma-informed care, they are frequently met with punitive responses that heighten distress and perpetuate cycles of instability and stigma (Beaudry et al., 2021).

The problem addressed in this study is the limited understanding of the effectiveness of DBT in reducing recidivism-related factors in FS. While DBT has gained traction across correctional environments, evidence regarding its mechanisms, long-term outcomes, and contextual barriers remains insufficient (Tomlinson, 2018; Verona et al., 2025). Existing forensic approaches often prioritize criminogenic risk over individual, psychosocial and systemic factors that contribute to offending behaviour (Gueta et al., 2022; Lemieux et al., 2020; Mathlin et al., 2024). If this gap remains unaddressed, forensic systems will continue to function as revolving doors—reinforcing trauma, destabilizing families, and sustaining community disadvantage (Beaudry et al., 2021; Moore et al., 2024). The absence of clear evidence on DBT's effectiveness limits the development of consistent, evidence-based interventions, ultimately constraining rehabilitation efforts and compromising both individual recovery and public safety (CPA, 2017; Jones et al., 2024; Weinrath & Ricciardelli, 2023).

Research Question

The persistent pattern of recidivism reflects not only shortcomings in policy but broader failures in care, equity, and social responsibility, highlighting that reoffending is as much a public health and social justice concern as it is a matter of public safety (CPA, 2017). Consequently,

many individuals leave incarceration without the skills, insight, or environmental supports necessary for sustainable reintegration. In response, this capstone explores the question: How effective is DBT in reducing recidivism-related factors in FS?

Rationale and Justification

Recidivism is influenced by an intricate mix of individual, psychological, and structural factors that interact to shape behaviour and coping over time (Bedoya & Portnoy, 2023; Gueta et al., 2022; Mathlin et al., 2024). Many JI individuals present with overlapping vulnerabilities exacerbated by social and environmental instability, which together complicate rehabilitation and reintegration (Lemieux et al., 2020; Moore et al., 2024; Verona et al., 2025). Despite these intersecting challenges, correctional interventions have largely prioritized criminogenic risk management and punitive sanctions, often overlooking the biopsychosocial realities that shape offending behaviour (Gatner & Douglas, 2022; Marshall et al., 2024). Consequently, evidence on effective and sustainable treatments in FS remains fragmented. While various interventions have been trialled (Beaudry et al., 2021; Cunha et al., 2024; McIntosh et al., 2021), few studies examine their long-term impact or capacity to address the interrelated personal and systemic factors that sustain reoffending.

The purpose of this literature review is to explore how DBT may help bridge these gaps. Rooted in a biosocial theory of emotional and environmental interaction (Chapman & Dixon-Gordon, 2020; Portnoy, 2020), DBT directly targets emotion regulation, distress tolerance, and interpersonal functioning—domains consistently identified as difficulties among JI individuals (Cunha et al., 2024; Jamin et al., 2021; Verona et al., 2025). By synthesizing existing evidence on DBT's use in FS, this review seeks to clarify its contributions, limitations, and potential for supporting rehabilitation beyond symptom reduction. The insight gained will inform the

development of more effective, equitable, and trauma-informed counselling psychology interventions that promote sustainable reintegration for JI populations.

Significance

The importance of this study stems not only from tackling the persistence of recidivism but also from examining how interventions such as DBT can be meaningfully adapted to the diverse realities of incarcerated populations (CPA, 2017). From a counselling psychology perspective, grounded in the CPA Code of Ethics (2017), this work emphasizes how evidence-based interventions can be refined to balance institutional mandates with individual dignity and autonomy, honouring the needs of vulnerable individuals. By advancing understanding of the most effective ways to reduce recidivism, this study offers valuable insights for counsellors, program developers, and policymakers to strengthen continuity of care, mitigate systemic inequities, and advance culturally responsive approaches within forensic contexts. Through this lens, DBT serves not merely as a therapeutic intervention but as a framework for reform, bridging empirical evidence with practical application and human restoration (Chapman & Dixon-Gordon, 2020; Cunha et al., 2024; Gueta et al., 2022; Nyamathi et al., 2018; Tadros & Owens, 2021).

Theoretical Framework

This analysis is anchored in a biosocial framework, which provides a foundation for understanding crime and recidivism by situating behaviour at the intersection of biological predispositions and social environments (Barnes et al., 2020, as cited in Bedoya & Portnoy, 2023; Rocque & Posick, 2017). Within DBT, Linehan's biosocial theory proposes that emotion dysregulation arises when biological tendencies toward heightened emotional sensitivity and slow return to baseline interact with invalidating environments that punish, dismiss, or

inconsistently reinforce emotional expression (Bedics, 2020; Chapman & Dixon-Gordon, 2020). Biosocial criminology similarly recognizes that biology is shaped through experience—particularly during childhood—highlighting that interventions are most effective when they address both neurobiological vulnerabilities and the social contexts in which individuals develop (Bedoya & Portnoy, 2023; Portnoy, 2020). Rather than viewing these domains as separate, the framework emphasizes their transactional nature: emotional vulnerability heightens sensitivity to stress, while invalidating environments reinforce maladaptive coping, creating cycles of dysregulation over time (Chapman & Dixon-Gordon, 2020; Gueta et al., 2022; Portnoy, 2020).

From a biological standpoint, traits such as impulsivity, aggression, and low distress tolerance are linked to neural processes involving reduced prefrontal regulation and heightened limbic reactivity (Bedoya & Portnoy, 2023; Chaibi et al., 2023). The social dimension illustrates how adversity—poverty, trauma, family dysfunction, and systemic barriers to care—interacts with these sensitivities to shape coping and behavioural outcomes (Bedics, 2020). JI individuals experience these adversities disproportionately, and correctional environments often amplify them. Incarceration settings marked by confinement, stress, and exposure to violence are both invalidating and iatrogenic, worsening emotional dysregulation and undermining coping capacity (CPA, 2017; Gueta et al., 2022; Wallace & Wang, 2020).

The criminological relevance of this framework lies in recognizing that recidivism cannot be explained by individual predisposition or environmental influence alone. Instead, it emerges from the convergence of biological sensitivity and social disadvantage, creating pathways into crime that demand integrative, context-responsive interventions (Rocque & Posick, 2017). Viewed through a biosocial lens, DBT aligns naturally with forensic settings by offering a structured yet flexible approach that addresses both individual functioning and systemic

constraints. (Bedics, 2020; Chapman & Dixon-Gordon, 2020; Moore et al., 2018; Tadros & Owens, 2021).

Definition of Key Terms

This section outlines the conceptual definitions of key terms as used throughout this study.

Justice Involved (JI): The terms JI and offender are used interchangeably to describe individuals at any stage of the criminal justice process, from arrest to community reintegration, reflecting a shift toward less stigmatizing language (CPA, 2017; Eaton-Stull et al., 2021; Edwards et al., 2023; Nyamathi et al., 2018; Verona et al., 2025).

Forensic Setting (FS): FS encompasses correctional institutions, forensic hospitals, and community-based programs such as probation and parole, where treatment occurs in systems emphasizing control and security, conditions that influence therapeutic delivery and potential outcomes (CPA, 2017; Edwards et al., 2023; Marshall et al., 2024; Moore et al., 2018; Nyamathi et al., 2018; Wettermann et al., 2020; Wallace & Wang, 2020).

Substance Use (SU): SU refers to pervasive and maladaptive patterns of substance misuse that are disproportionately prevalent among JI populations, closely linked with mental health, housing instability, and recidivism, and central to understanding treatment and rehabilitation needs (Butler et al., 2024; CPA, 2017; Eaton-Stull et al., 2024; Wettermann et al., 2020).

Mental Health: In this framework, mental health is defined broadly to include Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revised (DSM-5-TR) (American Psychiatric Association [APA], 2022) disorders and broader aspects of psychological well-being influencing coping and behaviour, while remaining distinct from, yet overlapping with

intellectual and cognitive impairments (Browne et al., 2019; CPA, 2017; Sakdalan & Mitchell, 2025).

Intellectual Disability (ID): ID, defined by the DSM-5-TR as limitations in intellectual and adaptive functioning before age 18 (APA, 2022), is applied broadly here to align with varying usage across FS and the reviewed research (Bianchini et al., 2019; Browne et al., 2019; Craig et al., 2020; Sakdalan & Mitchell, 2025).

Recidivism: Refers to a renewed involvement with the justice system, such as re-arrest, reconviction, or reincarceration and is defined here broadly to include any repeated contact (Negi & Tripathy, 2023; Research & Statistics Division, 2021; World Population Review, 2024; Yukhnenko et al., 2019).

Positioning and Reflexivity Statement

Reflexivity involves critically examining one's positionality and how it influences the research process, while positionality clarifies where the researcher is situated in relation to the research context and participants. Together, these concepts attend to factors such as the researcher's professional role, lived and clinical experience, theoretical orientation, assumptions and values, power dynamics, proximity to the field, and the ways these elements shape research design, interpretation of data, and the construction of meaning (Bukamal, 2022; Dekal & Borzova, 2025). Applying these principles of reflexivity and positionality, the researcher's background, values, and professional experiences are outlined below to enhance transparency and interpretive rigour.

Guided by core personal values of social justice and equity, my academic and professional pursuits reflect a commitment to exploring how DBT can support JI populations. Over ten years of professional experience have provided direct insight into the complex

intersection of individual vulnerability, systemic inequity, and institutional care. Observing repeated patterns of recidivism and community disengagement reinforced my understanding that criminal behaviour often reflects unaddressed emotional dysregulation and environmental invalidation rather than a deficit in motivation or morality.

Academically, my training in counselling psychology has deepened my understanding of the biopsychosocial mechanisms underlying behaviour, reinforcing the view that emotional vulnerability and systemic inequity are inseparable. My work has also illuminated the tension between punitive correctional models and therapeutic approaches grounded in compassion, dignity, and evidence-based care. I recognize that I hold a predisposition toward humanistic and trauma-informed frameworks, and this awareness influences how I interpret data and evaluate interventions.

In approaching this research, I strive to remain mindful of my own assumptions and biases. To maintain reflexive integrity, I will engage in peer dialogue, consultation, supervision, and reflective journaling to remain aware of how my experiences and biases may influence interpretation. These practices promote transparency and ethical accountability, ensuring that conclusions are grounded in evidence rather than personal conviction (CPA, 2017). Guided by compassion, ethical discipline, and critical analysis, this study explores how effectively DBT may reduce recidivism factors in FS.

Overview

The remainder of this paper focuses on developing a comprehensive understanding of DBT’s effectiveness in reducing recidivism. Chapter Two outlines the methodology used to conduct the literature review and the challenges encountered. Chapter Three introduces the themes and subthemes that emerged from the literature, followed by an analysis of these

findings, identification of research gaps, a summary of results, and a review of ethical considerations. Chapter Four discusses the application of findings to clinical practice, and Chapter Five presents a summary of key findings and offers recommendations for future research and therapeutic practice.

Chapter Two: Methods

This chapter outlines the process for identifying, evaluating, and selecting research examining the effectiveness of Dialectical Behaviour Therapy (DBT) in reducing recidivism factors in forensic settings (FS). It details the databases searched, the strategies implemented, the inclusion and exclusion criteria, and the rationale for selecting specific studies. The review process for methodological quality, significance, and key challenges encountered is also discussed. This ensured that the selected literature was credible, representative of current DBT applications in corrections, and analyzed transparently.

Literature Search Process

To identify relevant research on the effectiveness of DBT in reducing recidivism factors in FS, a comprehensive literature search was conducted across the City University of Seattle and Athabasca University library databases, as well as Google Scholar. The search strategy aimed to capture a wide range of peer-reviewed studies across psychology, mental health, and criminology, ensuring diverse representation of justice-involved (JI) individuals and FS, including prisons, psychiatric hospitals, and correctional programs.

Databases accessed through City University of Seattle included the Psychology and Behavioral Sciences Collection, PsycINFO, PsycArticles, EBSCO eBook Collection, Criminal Justice Database, Mental Health and Social Care Collection, ScienceDirect, Social Science Database, and PubMed. Searches conducted through Athabasca University's library expanded this scope by incorporating APA PsycExtra, the Directory of Open Access Journals (DOAJ), PubMed Central, SAGE Journals Online, Wiley Online Library, Wiley Open Access, and Oxford Journals. Google Scholar was also used to locate additional peer-reviewed literature.

Search strategies were refined by incorporating synonyms and by modifying Boolean combinations, such as "and/or," to capture alternative phrasing (Wu, 2023). Given that DBT was central to the research question, all searches included the terms Dialectical Behaviour Therapy or DBT, combined with forensic or criminological keywords. Specific search terms used in various combinations included: reoffending, inpatient, mandated, inmate, imprisoned, penitentiary, crime, offender, criminal, jail, prison, forensic settings, forensic, recidivism, outpatient, parole, probation, convicted, felon, justice, rehabilitation, incarcerated, corrections, criminal behaviour, and therapeutic community. More generally, searches were also conducted using phrases such as forensic programming, forensic psychology, forensic counselling, criminal psychology, psychology in the justice system, forensic mental health, and offender rehabilitation. By accessing multiple databases, adapting terminology, and expanding the publication range, the literature search yielded a well-rounded collection of studies to support the analysis of this work.

Evaluation

The selection of studies followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework to ensure transparency, consistency, and methodological rigour (PRISMA, 2020; Theile & Beall, 2024). Each study was reviewed iteratively for empirical strength, relevance, recency, and applicability to real-world forensic populations. This process revealed a narrower evidence base than anticipated, prompting refinement of search terms and inclusion criteria as shared patterns and concepts emerged. Ultimately, only methodologically sound and ethically robust studies were retained, each demonstrating measurable outcomes relevant to DBT's effectiveness in reducing recidivism-related factors within FS.

Inclusion

To ensure the inclusion of high-quality and relevant studies, clear criteria guided the selection process. Eligible studies involved participants aged 18 or older who were involved in the criminal justice system, including those incarcerated, on probation or parole, residing in forensic hospitals, or under formal forensic supervision. DBT had to be a central intervention—either the primary modality or a clearly defined component within an integrated program. Only peer-reviewed empirical research published within the last eight years were included to ensure contemporary relevance and scholarly integrity (Canadian Psychological Association [CPA], 2017). Both quantitative and qualitative studies were considered to provide a comprehensive understanding of DBT's effectiveness and implementation in FS. While randomized controlled trials (RCTs) offer strong causal evidence, they are limited in number and often overlook the complex realities of correctional settings (Andrade, 2025). Including qualitative and mixed-methods research broadened this perspective, capturing contextual, relational, and systemic factors—such as therapeutic alliance, institutional barriers, and client experience—that RCTs alone cannot fully represent (Siddaway et al., 2019; Theile & Beall, 2024). This inclusive approach deepened understanding of DBT's real-world impact while reducing potential bias by integrating multiple forms of evidence (CPA, 2017).

Exclusion

Specific exclusion criteria were applied to maintain focus on evidence-based contributions relevant to DBT's role in addressing recidivism-related factors. Studies were excluded if they focused solely on general improvements, theoretical discussions, literature reviews, or meta-analyses lacking original data. Research involving non-forensic or community-based populations outside the criminal justice system was also omitted. To ensure consistency and depth, only adult forensic populations were included, as developmental and treatment

differences in youth could confound results (Mullarkey & Schleider, 2021; Pujol et al., 2021). This focus allowed for more precise analysis of DBT's effectiveness within the unique cognitive, behavioural, and systemic dynamics of correctional settings. Finally, studies without practical measures linked to recidivism factors were excluded. These parameters ensured a rigorous, targeted evidence base that directly addresses DBT's application and impact in forensic contexts, consistent with best practices in psychological research.

Research Selection

The research selection process identified 10 primary studies and four supplementary studies that varied in methodology, population, and setting, collectively illustrating DBT's implementation and adaptability across FS. Eaton-Stull et al. (2024), Marshall et al. (2024), Moulden et al. (2020), and Moore et al. (2018) employed pre–post designs using self-report measures to evaluate treatment outcomes, offering insight into participants' experiences. By incorporating self-assessment, these studies aligned with DBT's emphasis on self-awareness, while Moore and Eaton-Stull extended this approach to short-term correctional settings. Ashworth and Brotherton (2018) and Craven and Shelton (2020), both complementary studies, also utilized pre–post designs; however, Ashworth and Brotherton relied on staff-rated outcome measures, whereas Craven and Shelton used self-reported measures.

Two methodologically rigorous studies, Nyamathi et al. (2018) and Bianchini et al. (2019), used randomized controlled trials and standardized self-report measures to assess pre–post change. Longitudinal and quasi-experimental designs by Wettermann et al. (2020) and Edwards et al. (2023) enhanced the evidence base through follow-up and clinician-rated data, deepening understanding of DBT's durability and real-world applicability. Nyamathi et al.

(2018) also included a brief follow-up period, providing insight into short-term maintenance of gains. Together, these designs reflect a balance between rigour and relevance.

Complementing the quantitative evidence, Browne et al. (2019) and Eaton-Stull et al. (2024) implemented adapted DBT programs incorporating qualitative methods—semi-structured interviews in the former and mixed-methods feedback in the latter—broadening insight into participant engagement. Alongside adapted programs by Sakdalan and Mitchell (2025), Wettermann et al. (2020), and Edwards et al. (2023), these studies highlight DBT's flexibility in meeting diverse forensic needs (CPA, 2017). Although differing in context, Nyamathi's (2018) community-based focus on women and Sakdalan and Mitchell's (2025) case study on individuals with intellectual disabilities were retained for their unique contributions to diversity and inclusion within the evidence base. Despite not offering outcome data on DBT effectiveness, Verona et al. (2025) work was included as a supporting article for its detailed examination of program adaptation, feasibility, and implementation challenges within jail-based settings. Russell and Siesmaa (2017) study was included as a supporting source, as its qualitative methodology using purposive sampling and semi-structured interviews offered contextual insight relevant to the review.

The analytic process followed PRISMA (2020) for transparency and Braun and Clarke's (2021) reflexive thematic analysis. Abductive reasoning (Thompson, 2022) guided interpretation, clustering related concepts (Kalpokaite & Radivojevic, 2021) to identify themes such as therapeutic alliance, relational safety, accessibility, and institutional constraint. Reflexive awareness, maintained through supervision and consultation, ensured ethical and interpretive integrity (CPA, 2017).

Challenges

The literature search process presented several conceptual and practical challenges requiring refinement of both strategy and scope. A primary challenge was the scarcity of recent, high-quality research on DBT in FS. While DBT is well-established in general clinical contexts, few studies have examined its adaptation within correctional environments (Cunha et al., 2024; Verona et al., 2025). The predominance of traditional models within forensic research has contributed to DBT's limited representation and ongoing conceptual and methodological development, reinforcing the need for a focused analysis of the existing literature. As such the publication window for studies included in this capstone was extended from five to eight years, allowing inclusion of studies published as early as 2017 to ensure sufficient data for synthesis. Initially restricted to 2020–2025 to capture recent advances, the range was expanded due to COVID-19–related disruptions that limited research within secure facilities between 2020 and 2022 (Cannon et al., 2022; Hamidi et al., 2024; Sathian et al., 2020). This broader window maintained contemporary relevance and alignment with current ethical and institutional standards (CPA, 2017).

Additional challenges included inconsistent terminology (e.g., forensic, correctional, JI) and overlapping treatment frameworks, as DBT was often integrated with other models. To maintain methodological integrity while reflecting real-world practice, such studies were included when DBT functioned as a structured component. Balancing rigour with inclusivity also required broadening inclusion parameters to ensure diverse representation, consistent with ethical principles of inclusion and contextual validity (CPA, 2017). Researcher reflexivity and awareness of potential interpretive influence were maintained throughout the analytic process to support transparency and ethical integrity (Braun & Clarke, 2021; CPA, 2017).

Limitations

Analysis of the reviewed studies revealed both methodological and contextual limitations that temper the strength and generalizability of conclusions. Foremost was the absence of research directly assessing recidivism outcomes following DBT in FS. Instead, most studies examined proximal indicators such as emotional regulation, impulsivity, or coping capacity (Eaton-Stull et al., 2024; Marshall et al., 2024; Moulden et al., 2020; Sakdalan & Mitchell, 2025). While valuable, this emphasis on short-term psychological change limits understanding of whether therapeutic gains translate into enduring behavioural transformation and reduced reoffending. Small and uneven sample sizes, diverse designs, and the frequent absence of control conditions further constrained reliability (Bianchini et al., 2019; Browne et al., 2019; Edwards et al., 2023; Moore et al., 2018). Even larger-scale investigations, such as Marshall et al. (2024), lacked randomization, while many programs were brief—ranging from six to sixteen weeks—with minimal or no follow-up, restricting insight into the maintenance of treatment effects (Eaton-Stull et al., 2024; Edwards et al., 2023).

Variability in outcome measurement also complicated interpretation. Heavy reliance on self-report data introduced subjective bias, while the use of mixed clinician-rated and institutional indicators reduced comparability (Eaton-Stull et al., 2024; Moulden et al., 2020). Structural realities of forensic environments—frequent transfers, staff turnover, and limited access to programming—further disrupted treatment continuity and research fidelity. Ethical complexities, including coercion, consent, and confidentiality, deepened these constraints (CPA, 2017). These limitations reveal the inherent tension between clinical aspiration and systemic restriction, underscoring the pressing need for longitudinal, ethically rigorous research that captures the sustained impact of DBT within forensic systems.

Overview

In summary, the literature search, selection, and evaluation process reflected a structured and reflective approach to identifying high-quality research on DBT within FS. Despite limitations, the studies collectively demonstrate DBT's adaptability, feasibility, and therapeutic potential among JI populations. This chapter establishes the methodological foundation for the next, which transitions from process to interpretation. Chapter Three explores the key themes and subthemes across studies, synthesizing evidence on DBT's effectiveness and practical application. Chapter Four applies these insights to clinical and institutional contexts, while Chapter Five concludes with recommendations for practice and future research on DBT's role in reducing recidivism and supporting rehabilitation.

Chapter Three: Literature Review

This chapter reviews the current literature, analyzing DBT's efficacy in targeting recidivism factors and in improving treatment outcomes. Building on the identified limitations in the literature, this study examines a central question: “How effective is DBT in reducing recidivism factors in forensic settings?” Through the thematic analysis, three key themes were identified across the literature: treatment accessibility, adaptations, and participant engagement; criminogenic needs and recidivism-oriented outcomes; and system-level factors that influence implementation. The themes were further categorized into subthemes to provide an in-depth framework for evaluating DBT’s potential to foster behavioural change and reduce recidivism factors. After exploring these themes and subthemes the thematic analysis will identify and discuss gaps within the research. This discussion then leads to an exploration of research ethics, culminating in a summary of the findings. Table 1 presents the studies that informed and supported the development of the identified themes and subthemes.

Table 1

Themes From the Literature Review

Theme	Subtheme	Reference
1. Treatment accessibility, engagement and adaptations	Modified delivery and adaptations to treatment	Ashworth & Brotherton (2018); Browne et al. (2019); Craven & Shelton (2020); Eaton-Stull et al. (2024); Edwards et al. (2023); Sakdalan & Mitchell (2025); Verona et al. (2025)
	Client motivation, willingness and readiness	Browne et al. (2019); Nyamathi et al. (2018); Russell & Siesmaa (2017); Sakdalan & Mitchell (2025)
	Diversity and inclusion considerations	Ashworth & Brotherton (2018); Browne et al. (2019); Craven & Shelton (2020); Edwards et al. (2023); Nyamathi et al. (2018); Russell & Siesmaa (2017); Sakdalan & Mitchell (2025); Wettermann et al. (2020)

	Therapeutic alliance and relational safety	Browne et al. (2019); Eaton-Stull et al. (2024); Moore et al. (2018); Nyamathi et al. (2018); Russell & Siesmaa (2017); Sakdalan & Mitchell (2025)
2. Criminogenic needs recidivism-oriented outcomes	Targeting/ addressing mental health	Ashworth & Brotherton (2018); Craven & Shelton (2020); Eaton-Stull et al. (2024); Edwards et al. (2023); Marshall et al. (2024); Moore et al. (2018); Russell & Siesmaa (2017); Sakdalan & Mitchell (2025)
	Targeting/ addressing substance use	Edwards et al. (2023); Moulden et al. (2020); Nyamathi et al. (2018); Wettermann et al. (2020)
	Improved decision-making through emotional regulation	Bianchini et al. (2019); Craven & Shelton (2020); Eaton-Stull et al. (2024); Marshall et al. (2024); Moore et al. (2018); Moulden et al. (2020); Russell & Siesmaa (2017);

		Sakdalan & Mitchell (2025); Wettermann et al. (2020)
	Skills for post-release functioning	Ashworth & Brotherton (2018); Edwards et al. (2023); Marshall et al. (2024); Moore et al. (2018); Nyamathi et al. (2018); Russell & Siesmaa (2017); Verona et al. (2025)
3. System-level factors influencing treatment implementation	Institutional settings and programming constraints	Bianchini et al. (2019); Marshall et al. (2024); Moore et al. (2018); Verona et al. (2025); Wettermann et al. (2020)
	Staff training and consistency	Ashworth & Brotherton (2018); Browne et al. (2019); Craven & Shelton (2020); Edwards et al. (2023); Moore et al. (2018); Nyamathi et al. (2018); Verona et al. (2025)
	Program length and continuity barriers	Edwards et al. (2023); Marshall et al. (2024); Moore et al. (2018);

		Moulden et al. (2020); Nyamathi et al. (2018); Verona et al. (2025)

Note. DBT = Dialectical Behavioural Therapy

Treatment Accessibility, Engagement and Adaptations

This section examines the themes of treatment accessibility, participant engagement, diversity considerations, and program adaptations, and how these shape the delivery and effectiveness of DBT within forensic settings (FS). Informed by the biosocial model, the focus is on the structural, cultural, and relational influences that affect engagement and therapeutic impact. Drawing on insights from the literature, four subthemes are explored: how forensic environments have reformed DBT, how it supports participant diversity, how it addresses client readiness and motivation, and how it fosters therapeutic alliances that promote relational safety. This section aims to understand how these subthemes contribute to DBT's role in reducing recidivism.

Modified Delivery and Adaptations to Treatment

Therapeutic engagement improves when treatment is adapted to participants' cognitive, literacy, and cultural needs (Lee et al., 2021; Zhou et al., 2022). Nevertheless, in correctional settings, environmental constraints and system expectations often drive adaptations rather than client variables (Greenacre & Palmer, 2018; Moore et al., 2018). This practice raises ethical concerns about whether services are appropriate when delivered under such conditions (Canadian Psychological Association [CPA], 2017). Consequently, several reviewed studies modify DBT by integrating treatments (Eaton-Stull et al., 2024; Edwards et al., 2023) or simplifying materials to increase accessibility—especially for participants with intellectual disabilities (ID) (Browne et al., 2019; Craven & Shelton, 2020; Sakdalan & Mitchell, 2025).

Both Eaton-Stull et al. (2024) and Edwards et al. (2023) emphasized the importance of customizing DBT to enhance accessibility and engagement among JI populations. Eaton-Stull et al. demonstrated that integrating Animal-Assisted Therapy (AAT) into DBT created a calming, supportive environment that reduced social pressure and enabled real-time skill practice, thereby strengthening coping mechanisms. Similarly, Edwards et al. found that a tailored DBT approach for JI veterans (DBT-J)—which simplified materials, incorporated relatable examples, and included case management—enhanced participation and reduced external barriers to engagement, a pattern further reinforced by Verona et al. (2025). Additional research with individuals with ID also echoes this theme (Ashworth & Brotherton, 2018; Craven & Shelton, 2020). Sakdalan and Mitchell (2025) showed that adapting DBT within the Violence Rehabilitation Program for ID (VRP-ID) made therapy more accessible through flexible formats, simple language, and visual supports. Browne et al. (2019) analogously found that simplifying DBT helped address emotional and behavioural challenges, though some participants still struggled with difficult terms and the fast pace. Collectively, Browne et al., Eaton-Stull et al., Edwards et al., and Sakdalan and Mitchell highlight how tailoring DBT to participants' learning styles can make the model more usable, meaningful, and effective in reducing high-risk behaviours linked to reoffending.

Research indicates that practitioners adapt DBT for FS by condensing programs, integrating theoretical approaches, and simplifying materials to make them more accessible (Ashworth & Brotherton, 2018; Browne et al., 2019; Craven & Shelton, 2020; Eaton-Stull et al., 2024; Edwards et al., 2023; Sakdalan & Mitchell, 2025; Verona et al., 2025). Innovative approaches, such as AAT (Eaton-Stull et al., 2024) and DBT-J (Edwards et al., 2023), demonstrate how reducing stressors and incorporating real-life supports can improve engagement

and coping. For individuals with ID, flexible and simplified programs (Craven & Shelton, 2020; Sakdalan & Mitchell, 2025), show promise; however, language demands remain a persist challenge (Ashworth & Brotherton, 2018; Browne et al., 2019). Overall, these findings accentuate the importance of adaptations or integration in improving outcomes and reducing the risk of recidivism.

Client Motivation, Willingness and Readiness

Client motivation and readiness to change are critical to the success of therapeutic interventions (Greenacre & Palmer, 2018). In FS, however, motivation to engage in treatment is often complex and can be shaped by external pressures rather than personal readiness. Sakdalan and Mitchell (2025), Nyamathi et al. (2018), and Browne et al. (2019) all noted that JI individuals frequently begin DBT with low intrinsic motivation and significant barriers to engagement, including cognitive challenges, trauma histories, and deep mistrust of systems and authority.

Sakdalan and Mitchell (2025) addressed these challenges with a personalized approach that helps clients with ID set meaningful goals and shift from passive compliance to active participation. Similarly, Browne et al. (2019) observed that although many participants initially engage due to institutional pressure, persistent authenticity and support often transform their motivation into genuine skill use. This process underlines the ethical responsibility to adapt consent procedures and interventions for marginalized populations (CPA, 2017).

Nyamathi et al. (2018) observed that recently incarcerated homeless women often enter DBT with skepticism, emotional guardedness, and practical motivations such as fulfilling housing requirements or avoiding reincarceration. As the therapeutic environment fostered emotional safety and trust, participants gradually shifted from compliance to genuine

engagement. Women develop self-efficacy as they achieve small, yet meaningful successes in regulating their emotions and confronting life's challenges. Younger clients and those early in re-entry showed the most significant progress.

These findings indicate that readiness for change is shaped by relational safety, personalized support, and opportunities for meaningful success (Browne et al., 2019; Nyamathi et al., 2018; Sakdalan & Mitchell, 2025); notably, when motivation was explicitly examined, it was linked to sustained engagement, increased reflection, and behavioural change (Russell & Siesmaa, 2017). The evidence indicates that DBT helps shift clients from merely complying to actively engaging in goal-oriented behaviour, which significantly contributes to reducing recidivism.

Diversity and Inclusion Considerations

The literature indicates that this subtheme questions how effectively DBT interventions uphold inclusivity and equity within forensic populations, despite their demonstrated therapeutic benefits. Most research focuses on male participants, leaving substantial gaps in understanding how gender influences treatment engagement, responsiveness, and outcomes. Nyamathi et al. (2018) stands out as the only study explicitly examining women, while none included non-binary or transgender participants. Although some mixed-gender studies feature women (e.g., Ashworth & Brotherton, 2018; Browne et al., 2019; Edwards et al., 2023), with only Ashworth and Brotherton (2018) examining outcomes with explicit consideration of gender. The lack of inclusion impedes understanding of gender-specific treatment needs and outcomes, despite ethical calls for inclusivity and representation (CPA, 2017).

Cultural and racial factors were similarly underexplored. While Edwards et al. (2023) and Russell and Siesmaa (2017) included a racially diverse sample, they did not examine how

cultural identity shaped treatment experiences. Other studies, such as Ashworth and Brotherton (2018), Craven and Shelton (2020), Sakdalan and Mitchell (2025), Browne et al. (2019), and Wettermann et al. (2020), focused on specific subgroups—including those with ID or SU issues—but these remain isolated efforts rather than part of a cohesive, culturally responsive research base. Without consistent integration of cultural analysis, interventions risk reinforcing systemic inequities (CPA, 2017).

The studies reveal that practitioners often fragment and inconsistently apply gender and cultural responsivity in forensic DBT. Although some efforts aim to adapt interventions for women (Nyamathi et al., 2018), JI veterans (Edwards et al., 2023), addicted offenders (Wetterman et al., 2020), males with complex mental health (Russell & Siesmaa, 2017) and individuals with ID (Ashworth & Brotherton, 2018; Browne et al., 2019; Craven & Shelton, 2020; Sakdalan & Mitchell, 2025), these adaptations are fragmented and fail to form socially responsive research (CPA, 2017). The lack of systematic attention to diversity risks reinforcing inequities and limits the applicability of findings across incarcerated populations (Tadros & Owens, 2021). This narrow scope underscores the ethical responsibility to design DBT models that integrate biosocial awareness, cultural competence, and gender responsiveness (CPA, 2017), ensuring interventions are both practical and reflective of the lived realities of JI individuals.

Therapeutic Alliance and Relational Safety

Building trust and psychological safety is fundamental to client engagement and therapeutic success (CPA, 2017; Tadros & Owens, 2021). For many JI individuals, years of betrayal, authority mistrust, and institutional trauma make participation in treatment and trust in facilitators profoundly difficult (O'Dowd et al., 2022). DBT's validating and nonjudgmental stance helps create a climate of safety, allowing clients to lower defences, engage authentically,

and support one another within group settings (Browne et al., 2019; Greenacre & Palmer, 2018; James & Lloyds, 2024; Russell & Siesmaa, 2017).

This emphasis on safety and validation appears repeatedly within the literature. Browne et al. (2019) and Eaton-Stull et al. (2024) observed that many participants entered treatment with deep mistrust rooted in trauma and institutionalization. This mistrust often led to guarded and shallow interpersonal interactions. In Browne et al.'s work, withdrawal and fabricated recollections gradually shifted toward openness as therapeutic validation normalized imperfection and reduced feelings of isolation. Expanding on this, data from Eaton-Stull et al. found that supportive group dynamics minimized fears of retraumatization, thereby increasing client buy-in. Complementing these findings, Sakdalan and Mitchell (2025) demonstrated that a strength-based, validating stance helps individuals with an ID lower their defences and focus on offence-related challenges. Taken together, the work from Browne et al., Eaton-Stull et al., and Sakdalan and Mitchell exhibit that relational safety becomes the bridge through which participants reconnect with trust, empathy, and emotional risk-taking.

Even in brief or community settings, participants in Moore et al. (2018) and Nyamathi et al. (2018) studies demonstrated that their incentives increased when they felt respected and understood by staff, and they began to apply skills more meaningfully. Consistent with these findings, Russell and Siesmaa (2017) emphasized the central role of the therapeutic relationship in engagement and change, describing alliance as essential for facilitating disclosure and reflective processes among men with complex mental health needs. Jointly, these studies demonstrate that facilitators who are knowledgeable, sincere, and invested foster trust and safety, which are essential for authentic participation and lasting change beyond incarceration.

Relational safety and validation constantly emerge as key social factors in promoting trust, cooperation, and collaboration during the implementation of DBT in FS (Browne et al., 2019; Eaton-Stull et al., 2024; Moore et al., 2018; Nyamathi et al., 2018; Russell & Siesmaa, 2017; Sakdalan & Mitchell, 2025). Many participants approached treatment with hesitancy; facilitators countered this through warmth, patience, and respect. When individuals feel genuinely accepted, they internalize DBT skills more deeply, developing interpersonal effectiveness and safer ways of addressing offence-related behaviours. Altogether, this body of work highlights how facilitator authenticity and validation not only sustain therapeutic relationships but also lay the groundwork for reduced recidivism (Bedics, 2020; Bedoya & Portnoy, 2023; Chapman & Dixon-Gordon, 2020).

Criminogenic Needs and Recidivism-Oriented Outcomes

Many individuals in correctional settings experience overlapping challenges—mental health disorders, substance use (SU), poor emotional regulation, and limited coping skills—that contribute to cycles of offending and reoffending (Hrymak, 2020; Kuhn et al., 2024; Weatherburn et al., 2021). From a biosocial perspective, these behaviours arise from the interaction between biological vulnerabilities and invalidating environments, underscoring the need for interventions that address both (Bedoya & Portnoy, 2023; Chapman & Dixon-Gordon, 2020). DBT's structured yet flexible framework targets the emotional, impulsive, and relational processes sustaining maladaptive behaviours linked to recidivism. This theme examines how DBT mitigates criminogenic risk through four subthemes: mental health stabilization, SU reduction, emotional regulation, and post-release skill development. By analyzing studies that have implemented varying forms of DBT, these subthemes illustrate how the intervention

facilitates behavioural change while identifying shortcomings and opportunities for continued improvement.

Targeting and Addressing Mental Health

The research analysis revealed a clear pattern in how DBT engages with the prevalent mental health needs of JI individuals, exposing both its strengths and persistent gaps. Multiple studies demonstrate significant reductions in mental health-related symptoms, including modified program versions. Programs that emphasized emotion regulation and coping skills as they pertain to mental health yielded strong outcomes, suggesting that DBT's structured, skill-based framework is particularly effective in stabilizing acute mental health-related emotional distress within FS (Eaton-Stull et al., 2024; Marshall et al., 2024; Moore et al., 2018; Russell & Siesmaa, 2017).

While DBT has demonstrated success in strengthening coping and behavioural control, the research review indicated it may fall short in adequately addressing the complex mental health needs of JI individuals. Several studies demonstrated that conditions such as post-traumatic stress disorder (PTSD) and depression are insufficiently targeted within forensic DBT adaptations (Eaton-Stull et al., 2024; Edwards et al., 2023; Sakdalan & Mitchell, 2025). For example, Edwards et al. (2023) found that DBT reduced antisocial traits among veterans but did not adequately address comorbid PTSD or depressive symptoms, contradicting findings from Marshall et al. 2024. Convoluted results from Sakdalan and Mitchell (2025) and Craven and Shelton (2020) suggested that while some mental health gains were documented for individuals with ID, there continues to be a need for more comprehensive mental health support. Limitations were also evident in Ashworth and Brotherton (2018) and Russell and Siesmaa (2017) work, which included participants with diagnosed mental health conditions but did not assess disorder-

specific symptom change. Participant feedback in Eaton-Stull et al.'s (2024) study further reinforced the need for greater attention to mental health, specifically trauma and integrated psychiatric support within DBT interventions.

Incarcerated populations frequently present with psychiatric conditions, yet interventions are rarely matched to the multifaceted nature of their mental health needs (Butler et al., 2024; Jones et al., 2021; McIntosh et al., 2021). Without integrating trauma-specific content or modifying treatment to account for mental health diagnoses, DBT risks functioning as a reinforcer of institutional tendencies of behavioural management rather than promoting genuine psychological recovery. The data therefore indicates that while DBT is efficacious in improving elements of mental health such as emotional regulation, coping, and behavioural control, its impact on core psychiatric disorders remains uneven (Ashworth & Brotherton, 2018; Craven & Shelton, 2020; Eaton-Stull et al., 2024; Edwards et al., 2023; Marshall et al., 2024; Moore et al., 2018; Russell & Siesmaa, 2017; Sakdalan & Mitchell, 2025). From this, it can be surmised that without greater consideration and inclusion of mental health diagnostics, DBT's potential to reduce recidivism will remain constrained.

Targeting and Addressing SU

SU plays a crucial role in driving recidivism within forensic populations, often intersecting with experiences of violence, cognitive deficits, and mental health difficulties (Butler et al., 2024; Jones et al., 2021; Sakdalan & Mitchell, 2025; Wettermann et al., 2020). Given this complexity, Wettermann et al. (2020) explored how DBT Forensic (DBT-F) could address these overlapping needs within a unified framework. DBT-F did not target addiction directly but indirectly facilitated recovery from SU by improving cognitive skills, self-regulation, and behavioural competencies. Improvements in cognitive flexibility, inhibition, mental speed,

and problem-solving enhanced participants' capacity for sobriety, thereby reducing the risk of recidivism.

Building on this foundation, Edwards et al. (2023) identified SU as a risk for reoffending among veterans. The study found that DBT-J reduces SU behaviours through core skills training, case management supports, and attention to comorbid mental health issues. Moulden et al. (2020) and Nyamathi et al. (2018) echoed this pattern, observing that although SU was not isolated as a primary outcome, DBT skills helped participants manage cravings, regulate emotions, and replace SU with healthier coping strategies. Together, these results illustrate that DBT mitigates SU-related risks of reoffending by strengthening emotional regulation, cognitive control, and behavioural competencies, even when SU itself is not the central theme of treatment. At the same time, this indicates a potential shortcoming, as the indirect treatment of SU leaves room for growth, suggesting that future adaptations should more directly address addiction as a core driver of recidivism.

When viewed as an amalgamated whole, the research indicates that although DBT was not modified to be addiction-specific, it systematically reduces SU-related risks by focusing on underlying vulnerabilities. By improving self-regulation, problem-solving, and coping strategies, DBT supports recovery and reduces the recidivism risk associated with SU across forensic populations, settings, and treatment models (Edwards et al., 2023; Moulden et al., 2020; Nyamathi et al., 2018; Wettermann et al., 2020).

Improved Decision Making Through Emotional Regulation

A prominent thread within forensic DBT literature is that emotional regulation serves as a foundational mechanism for reducing recidivism and promoting psychological stability (Fantin et al., 2024; Kuhn et al., 2024; Tomlinson, 2018; Wendel et al., 2020). Emotional dysregulation

underlies impulsivity, aggression, and reactive decision-making—behaviours closely tied to reoffending. DBT directly addresses these vulnerabilities through structured skill development in mindfulness, distress tolerance, and interpersonal effectiveness. Across studies, participants who strengthened emotional awareness and regulation displayed greater self-control, improved judgment, and a shift toward prosocial, goal-directed behaviour (Bianchini et al., 2019; Eaton-Stull et al., 2024; Marshall et al., 2024; Moore et al., 2018; Russell & Siesmaa, 2017).

Empirical findings consistently show reductions in impulsivity and anger reactivity following DBT participation. For instance, Bianchini et al. (2019) documented improvements in motor impulsivity and diminished outward anger, while Moore et al. (2018) observed initial increases in anger awareness that later stabilized as participants developed emotional insight. Similarly, early irritability noted by Moulden et al. (2020) and increased anxiety reported by Craven and Shelton (2020) often preceded gains in emotional regulation, indicating that heightened awareness may signal therapeutic progress rather than regression. Building on this body of evidence, Russell and Siesmaa (2017) reported increased reflection and behavioural change as emotional awareness improved. These findings position emotional regulation as both a treatment goal and an active process of behavioural transformation.

Enhanced decision-making appears as a downstream effect of this emotional work. As individuals learn to identify emotional triggers and employ DBT coping strategies, they develop cognitive flexibility and reflective capacity, leading to fewer impulsive or risky behaviours (Craven & Shelton, 2020; Eaton-Stull et al., 2024; Marshall et al., 2024; Russell & Siesmaa, 2017; Sakdalan & Mitchell, 2025; Wettermann et al., 2020). Improvements in reasoning and processing speed further reinforce the link between emotion regulation and executive functioning (Wettermann et al., 2020).

Although gains in emotional regulation and behavioural control are well-documented, deeper emotional processes such as alexithymia or trauma-related distress appear slower to change (Bianchini et al., 2019). Outcomes indicate that DBT fosters meaningful progress in impulsivity and coping, though its influence on internal emotional processing may require extended or supplementary intervention to achieve more comprehensive outcomes (Bianchini et al., 2019; Eaton-Stull et al., 2024; Marshall et al., 2024; Moore et al., 2018; Moulden et al., 2020).

Skills for Post-Release Functioning

This subtheme captures the importance of preparing individuals for the realities of life beyond incarceration. Institutions that fail to cultivate concrete life and coping skills inadvertently contribute to recidivism, as many face overwhelming barriers related to housing, employment, and mental health care after release (Eberth et al., 2022; Moore et al., 2018). Such hurdles are intensified for groups like homeless women and JIV, who often lack social support and struggle to sustain adaptive habits that promote long-term stability (Edwards et al., 2023; Nyamathi et al., 2018).

Based on the premise that reintegration requires both emotional and practical skill development, Moore et al. (2018) and Marshall et al. (2024) exhibited how DBT fosters adaptive abilities that support post-release adjustment and reduce criminogenic behaviours. Moore et al. explicitly designed treatment to improve employment skills, helping participants de-escalate conflict, disengage from provocation, and cope with job-related stressors, thereby increasing their chances of success after release. Extending these conclusions, Marshall et al. found ongoing reductions in blame and improvements in interpersonal effectiveness, thereby increasing participants' likelihood of acting appropriately in relationships and professional interactions.

Such improvements help reduce recidivism risk by addressing both practical life management and relational skills. Increasing the findings validity, Ashworth and Brotherton (2018), Russell and Siesmaa (2017) and Verona et al. (2025) reported that participants applied skills to everyday life and relationships, describing lifestyle changes, improved functioning, and increased confidence despite challenges with consistent application.

Veterans participating in Edwards et al.'s (2023) research exhibited notable improvements in quality of life and reductions in case management needs, many of which persisted at follow-up, reflecting sustained skill use post-release. Collectively, these findings indicate that, when effectively implemented, DBT can reduce criminogenic risks while supporting broader reintegration outcomes. Nyamathi et al. (2018) further observed that participants who completed DBT demonstrated improved self-regulation and engagement with community supports. Results from Edwards et al. and Nyamathi et al. accentuate the importance of transitional support and comprehensive case management, corroborating the findings of Marshall et al. (2024) and Moore et al. (2018). Participants across these studies demonstrated greater confidence in relationships, stress management, and reintegration, aligning with a biosocial understanding of how emotional and social functioning interact to shape behaviour (Bedics, 2020; Portnoy, 2020).

System-Level Factors Influencing Treatment Implementation

Implementing DBT in forensic and correctional settings is inherently shaped by system-level factors that dictate its accessibility, reliability, and overall efficacy. From a biosocial perspective, these challenges reflect the interaction between individual vulnerabilities and the institutional environments that can either reinforce or alleviate them. The interplay of structural constraints and systemic misalignments complicates the delivery of coherent, person-centred care (Greenacre & Palmer, 2018). This section explores how such factors influence DBT

implementation across three interrelated subthemes: institutional settings and programming constraints, staff training and consistency, and program length and continuity barriers. Through a biosocial lens, this exploration examines how structural contexts shape DBT's collaborative framework and effectiveness, while recognizing adaptive variations that enhance its feasibility in restrictive settings.

Institutional Settings and Programming Constraints

Psychological treatment within forensic environments unfolds amid constant negotiation between institutional control and therapeutic intent (CPA, 2017). This tension often manifests in the ways facilities manage risk and behaviour, shaping how interventions like DBT are delivered in practice. In examining these dynamics, Marshall et al. (2024) identified that institutional reliance on restraints and pro re nata (PRN) medications hindered treatment by prioritizing external control over internal regulation. Such dependence on pharmacological management undermines DBT's focus on autonomy and internal coping, weakening the therapeutic alliance and limiting opportunities for clients to practice self-regulation. Without these opportunities, individuals may remain reliant on external control, reducing the internal stability and behavioural independence needed to sustain rehabilitation and prevent reoffending.

Likewise, Bianchini et al. (2019) identifed structural barriers within Italy's Residenze per l'Esecuzione delle Misure di Sicurezza (REMS) units, where the shift from institutional to community-based forensic care was hindered by miscommunication between health and justice systems, role ambiguity, and funding limitations. Their findings indicated that integrating DBT with treatment-as-usual (TAU) and pharmacotherapy can dilute outcomes, stressing how systemic models may undermine its person-centred focus which was also supported by Verona et al. (2025). Ethical concerns surrounding coercion and compulsory treatment further highlight the

misalignment between DBT's person-centred philosophy and forensic control structures (Bianchini et al., 2019; CPA, 2017; Verona et al., 2025). Systemic and institutional barriers weaken DBT's capacity to address core criminogenic needs (Bianchini et al., 2019; Marshall et al., 2024; Verona et al. 2025), thereby reducing its potential to reduce recidivism risk.

Wettermann et al. (2020) and Moore et al. (2018) verified the findings of Bianchini et al. (2019) and Marshall et al. (2024), demonstrating that institutional structures and policies can significantly undermine the delivery of DBT in FS. Wettermann et al. observed that, under Germany's §64 StGB, offenders are mandated to addiction treatment, DBT-F, ironically, lacking substance-specific modules. Barriers include high dropout rates, referrals back to prison, and difficulty maintaining program reliability within a multi-professional environment. Meanwhile, Wettermann et al.'s highly structured TAU may overshadow DBT-F's impact. Moore et al. (2018) identify contextual barriers in a jail setting, where unpredictable stays, transfers, staff issues, and strict rules, such as termination after two absences, disrupt group cohesion and skill retention. Comparable institutional constraints affecting DBT delivery were also documented by Verona et al. (2025). Despite differences in context, all four main studies —Bianchini et al., Marshall et al., Moore et al., and Wettermann et al. —converge on the finding that institutional constraints weaken treatment continuity and feasibility, ultimately constraining DBT's capacity to address recidivism-related factors.

Institutional and systemic barriers directly limit the effectiveness of DBT FS. Practices such as reliance on restraints, compulsory treatment, the inclusion of TAU, and restrictive program rules (Bianchini et al., 2019; Marshall et al., 2024; Moore et al., 2018; Verona et al. 2025; Wettermann et al., 2020) undermine autonomy, disrupt consistency (CPA, 2017), and diminish the focus and study outcomes of DBT. As a result, DBT's potential to strengthen coping

skills and reduce recidivism risk remains promising, but it is constrained unless structural constraints are rectified.

Staff Training and Consistency

Staff training and consistency in therapeutic delivery are central pillars that influence the success and sustainability of DBT programs in FS (Browne et al., 2019; Edwards et al., 2023; Moore et al., 2018; Nyamathi et al., 2018). Although these factors are approached and operationalized differently across settings, they collectively shape how effectively and meaningfully DBT can be delivered.

Browne et al. (2019) and Nyamathi et al. (2018) affirmed the critical role of staff engagement and dependability in supporting DBT within forensic settings. Browne et al. attributed program effectiveness to a whole-team training model in which DBT principles were reinforced across daily staff–client interactions, while cautioning that overly task-focused responses can undermine relational safety for trauma-exposed individuals (Browne et al., 2019; CPA, 2017). Similarly, Nyamathi et al. highlighted an interdisciplinary staffing approach involving nurses, peer coaches, and community health workers, which promoted continuity, accessibility, and individualized support. Extending this line of evidence, Craven and Shelton (2020) and Verona et al. (2025) emphasized that although DBT-trained facilitators and fidelity monitoring are essential, broader involvement and training of all staff is critical for sustaining skill generalization and relational safety.

In contrast, Edwards et al. (2023), Moore et al. (2018) and Ashworth and Brotherton (2018) implemented DBT with smaller, clinically focused teams with restricted institutional integration. Edwards et al. utilize doctoral-level clinicians who are formally trained in DBT and engage in regular supervision and consultation, supporting trustworthy care and collaboration

with external providers. Likewise, Moore et al. used doctoral trainees under close supervision, with a manualized curriculum to ensure program dependability despite varying DBT expertise. Both studies highlighted challenges from untrained institutional staff and sporadic access to participants which is further corroborated by Ashworth and Brotherton study. Therefore, although clinician-led programs foster fidelity (Edwards et al., 2023; Moore et al., 2018), the lack of broader institutional involvement limits DBT's ability to engage participants and achieve consistent long-term effects.

Overall, whole-team and interdisciplinary models create consistency, relational safety, and accessible support (Browne et al., 2019; Craven & Shelton 2020; Nyamathi et al., 2018; Verona et al., 2025), while smaller clinician-led programs maintain reliability but struggle to reach a broader audience due to limited institutional involvement (Ashworth & Brotherton, 2018; Edwards et al., 2023; Moore et al., 2018). The contrast exhibits that DBT is most impactful on recidivism when it is embedded systemically, delivered with relational attunement, and guided by educated facilitators, rather than confined to narrow program structures.

Program Length and Continuity Barriers

DBT's effectiveness in FS is shaped by structural factors such as program length, consistency, and continuity of care (Edwards et al., 2023; Moore et al., 2018; Nyamathi et al., 2018; Verona et al., 2025). These elements determine whether participants have sufficient time to internalize skills and sustain progress. Moore et al. (2018) implemented an eight-week jail-based skills group, while Moulden et al. (2020) examined a 12-month forensic psychiatric program incorporating both group and individual components. Despite differing in duration and depth, both studies lacked post-discharge follow-up and continuity of care, leaving long-term outcomes uncertain. Together, these studies illustrate that both short and long DBT formats encounter

continuity barriers—shorter programs risk superficial engagement, while longer ones struggle with completion and sustained impact.

Structured DBT programs, such as the 16-week DBT-J (Edwards et al., 2023) and the six-month forensic psychiatric program (Marshall et al., 2024), reported high completion rates and reductions in criminogenic risk. However, these interventions face limitations, including brief follow-up periods, systemic barriers, and challenges maintaining skill use after release due to minimal transitional support. Consequently, the potential for sustained change declines as limited duration and follow-up leave long-term outcomes uncertain and reduce DBT's capacity to address key recidivism factors. Nyamathi et al. (2018) similarly piloted a three-month DBT intervention that helped younger participants navigate re-entry, but older individuals struggled to sustain gains. Echoing this, Verona et al. (2025) highlighted how short and unpredictable detention lengths and frequent transfers drive attrition and necessitate condensed DBT programming, concluding that in-custody treatment alone is insufficient without continuity and post-release support. This suggests that fixed program lengths may not meet the needs of heterogeneous populations. The study stresses the importance of ongoing care coordination and behavioural supports to promote long-term reintegration, particularly for individuals facing complex social and health challenges.

Across the studies, the findings suggest that even as researchers adapt DBT for various FS, the long-term functionality often suffers from short program durations, attrition, and limited post-release support and follow-up (Edwards et al., 2023; Marshall et al., 2024; Moore et al., 2018; Moulden et al., 2020; Nyamathi et al., 2018). It can be concluded that sustained outcomes impacting recidivism depend on inmate stay, flexible program lengths, extended follow-up, and stronger continuity of care beyond institutional settings.

Synthesis and Critique

Viewed communally, the literature provides converging evidence that DBT holds meaningful rehabilitative potential within forensic settings when delivered in a manner that is adaptive, relationally grounded, and responsive to the biosocial realities of JI populations. Across studies, accessibility, readiness, diversity considerations, and relational safety appeared to shape engagement and therapeutic outcomes, with motivation often developing gradually through validation, individualized support, and collaborative therapeutic relationships (Nyamathi et al., 2018; Russell & Siesmaa, 2017; Sakdalan & Mitchell, 2025). Programs that simplified materials, integrated case management, or modified delivery structures demonstrated stronger participation and skill uptake when aligned with participants' cognitive capacities, emotional vulnerabilities, and lived experiences (Browne et al., 2019; Eaton-Stull et al., 2024; Edwards et al., 2023; Moore et al., 2018; Sakdalan & Mitchell, 2025; Verona et al., 2025).

Evidence indicates that DBT may address several criminogenic risk factors, particularly emotional dysregulation, impulsivity, and maladaptive decision-making. Improvements in coping, behavioural stability, and interpersonal functioning were reported across multiple studies, alongside reductions in self-harm and emotional volatility (Ashworth & Brotherton, 2018; Bianchini et al., 2019; Marshall et al., 2024; Moore et al., 2018). Substance use outcomes were less consistently measured but appeared to improve indirectly through enhanced emotional regulation and problem-solving capacity (Moulden et al., 2020; Nyamathi et al., 2018). However, outcomes related to PTSD and depression were inconsistent, suggesting that DBT may require supplementation with trauma-specific or psychiatric interventions to fully address complex mental health needs in forensic populations (Eaton-Stull et al., 2024; Edwards et al., 2023).

Interpretation of these findings must remain cautious due to notable methodological constraints across the evidence base. Most studies relied on purposive or clinically allocated samples within restrictive institutional contexts, prioritizing feasibility over representativeness. Sample sizes were frequently small, and attrition rates were high due to transfers, releases, and institutional instability, increasing the likelihood of selection bias and inflating treatment effects among participants able to complete interventions (Browne et al., 2019; Eaton-Stull et al., 2024; Moore et al., 2018; Moulden et al., 2020; Sakdalan & Mitchell, 2025). These factors limit the generalizability of findings and complicate cross-study comparison.

Measurement approaches further constrained interpretation across studies. Some investigations incorporated staff-rated observational measures (Ashworth & Brotherton, 2018; Craven & Shelton, 2020), while many others relied primarily on participant self-report (e.g., Marshall et al., 2024; Moore et al., 2018; Russell & Siesmaa, 2017). Although these approaches capture valuable subjective experiences and perceived change, they limit cross-study comparability and introduce risks of expectancy and allegiance bias. Moreover, the frequent absence of corroborating behavioural, clinical, or forensic outcome measures restricts the ability to substantiate reported improvements or assess broader treatment impact.

Generalizability is further constrained by the narrow and heterogeneous focus of individual studies. Many investigations examined specific populations, settings, or program adaptations, limiting applicability across forensic contexts. Several studies excluded individuals with severe mental illness or ID (Bianchini et al., 2019; Marshall et al., 2024; Wettermann et al., 2020), despite these groups being overrepresented within forensic systems, creating a substantial gap in understanding DBT's relevance for the most vulnerable populations (CPA, 2017). Conversely, although a portion of the literature focuses on ID or mental health within FS, these

domains are often examined in isolation, with studies inconsistently including or integrating overlapping vulnerabilities and contextual factors (Ashworth & Brotherton, 2018; Browne et al., 2019; Craven & Shelton, 2020; Russell & Siesmaa, 2017; Sakdalan & Mitchell, 2025). This fragmentation limits the applicability of findings across populations and constrains understanding of DBT's effectiveness for individuals with complex, co-occurring needs (CPA, 2017). Across studies, the absence of sustained aftercare and continuity of support consistently undermined the durability of treatment gains following release (Moulden et al., 2020; Nyamathi et al., 2018; Verona et al., 2025). In addition, several studies highlighted that without sustained aftercare and continuity of support, treatment gains often erode following release without ongoing reinforcement (Moulden et al., 2020; Nyamathi et al., 2018; Verona et al., 2025).

Collectively the evidence suggests that DBT's observed benefits are best understood through a biosocial lens, which contextualizes therapeutic change as emerging from the interaction between individual vulnerability and environmental conditions (Bedoya & Portnoy, 2023). While methodological limitations require cautious interpretation—particularly regarding long-term recidivism reduction and disorder-specific outcomes—the convergence of findings across diverse designs strengthens confidence in DBT's core mechanisms, including relational safety, skill acquisition, and improved decision-making. Future research would benefit from larger and more inclusive samples, greater use of mixed-methods designs, validated measures appropriate for forensic populations, and longitudinal follow-up that captures continuity of care beyond custody.

Gaps

A lack of research on rehabilitative therapeutic support for incarcerated individuals remains a global and ongoing issue (Johnson et al., 2018; Tomlinson, 2018; World Health

Organization, 2014). Few long-term studies connect therapeutic interventions within FS to recidivism outcomes, despite high reoffending rates (Eberth et al., 2022) and the considerable societal costs of incarceration (Gatner et al., 2023). Emerging evidence suggests that DBT holds promise in addressing these gaps; however, methodological limitations, population-specific issues, and systemic barriers hinder definitive conclusions about its long-term effectiveness.

Staff attitudes, institutional priorities, and logistical challenges are frequently underexplored. Edwards et al. (2023) singularly noted stigma among service providers toward JI individuals with antisocial traits, suggesting potential biases that could hinder treatment outcomes (CPA, 2017). Furthermore, some studies emphasize treatment aligned more with institutional needs, such as managing behaviour or meeting court-related goals, rather than fostering client-centred change (Bianchini et al., 2019; Browne et al., 2019; Marshall et al., 2024). This focus raises concerns about coercion and staff attitudes, particularly when participation is linked to parole, early release, or mandated treatment, as observed in Bianchini et al. (2019) and Wetterman et al. (2020). Several other studies, including those by Eaton-Stull et al. (2024), Marshall et al. (2024), and Moore et al. (2018), do not explore these factors, thereby restricting an exhaustive interpretation of the role these aspects can have.

The reviewed studies display substantial variation in program length, intensity, and components. For example, Moore et al. (2018) deliver abbreviated DBT interventions, while Bianchini et al. (2019), Edwards et al. (2023), and Nyamathi et al. (2018) implement more comprehensive models. This inconsistency hampers efforts to compare findings or identify which DBT elements benefit forensic populations most. Only Nyamathi et al. measured post-intervention reincarceration rates, but even this measure relies on self-reported data over six months. Edwards et al. follow up only one month after treatment, and Moulden et al. (2020) lack

long-term tracking altogether. Other studies, such as those by Wettermann et al. (2020), Sakdalan and Mitchell (2025), and Bianchini et al. (2019), did not address long-term outcomes, which limits confidence in the lasting impact of their findings. The absence of data beyond six months questions whether treatment gains are sustainable over time.

Ethical Considerations

Ethics form the foundation of psychological research and practice, ensuring the dignity, safety, and well-being of participants. In Canada, two key frameworks guide ethical conduct: the *Canadian Code of Ethics for Psychologists* (CPA, 2017) and the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Government of Canada [GC], 2022) provide complementary frameworks that promote fairness, accountability, and social responsibility. In FS, ethical conduct is particularly critical due to the structural coercion, restricted autonomy, and systemic inequities that characterize correctional environments. Maintaining ethical integrity therefore demands careful attention to consent, inclusivity, power, and continuity of care to safeguard participants and uphold research credibility.

Informed Consent and Withdrawal

Respect for autonomy, emphasized in both frameworks, is particularly difficult to uphold in institutional settings. Participants often experience constrained freedom to consent or withdraw due to judicial or institutional oversight (CPA, 2017; GC, 2022). Studies such as Bianchini et al. (2019) and Wettermann et al. (2020) show how incarceration undermines voluntary participation, while others, including Marshall et al. (2024), Russell and Siesmaa (2017) and Edwards et al. (2023), provided limited details about consent procedures. Alternatively, Eaton-Stull et al. (2024) demonstrated stronger practice by obtaining institutional review board approval, securing written consent, and allowing self-selection, reflecting a

comparable level of rigour to the consent procedures described by Craven and Shelton (2020). To strengthen autonomy, CPA (2017) and Tri-Council Policy (GC, 2022) recommend iterative consent and assurances that participation or withdrawal will not affect legal or institutional status, restoring agency and aligning with DBT's validation-based philosophy (Chapman & Dixon-Gordon, 2020; Pedersen et al., 2021).

Confidentiality

The ethical principles of non-maleficence and beneficence raise complex issues regarding the delivery of forensic DBT. Environmental instability, staff turnover, and limited privacy compromise treatment and heighten distress. Browne et al. (2019) noted that individuals with ID sometimes experienced therapy as compulsory, highlighting their vulnerability around choice and autonomy. In this context, Ashworth and Brotherton's (2018) study failed to explicitly address ethical processes, reinforcing the importance of clear and accessible consent practices with this population. Relatedly, Verona et al., 2025, Moore et al. (2018) and Marshall et al. (2024) observed institutional disruptions that prevented completion of DBT programs. Such interruptions risk psychological harm and contravene the ethical duty to minimize adverse effects (CPA, 2017; GC, 2022). More broadly, the punitive structure of incarceration can itself be invalidating and iatrogenic (Pringer & Wagner, 2020), underscoring that ethical responsibility extends beyond individual studies to the systems in which they occur.

Deception

Both the CPA Code (2017) and the Tri-Council Policy (GC, 2022) require equitable access to effective treatment and the fair distribution of research benefits. However, forensic DBT research disproportionately represents male participants while neglecting the cultural and social realities of marginalized groups. Without deliberate attention to equity, such omissions risk

perpetuating systemic disparities and may offer skewed research outcomes. Encouragingly, Sakdalan and Mitchell (2025), Ashworth and Brotherton (2018), Russell and Siesmaa (2017) and Edwards et al. (2023) demonstrate that responsivity models can advance justice by accounting for intersecting influences among offenders. Alternatively, as demonstrated by Wetterman et al. (2020), failing to adjust treatment adequately can lead to minimized participant outcomes. To uphold ethical standards, forensic DBT must be trauma-informed, culturally competent, and tailored to the unique needs of diverse populations, ensuring safety, dignity, and meaningful participation (Pringer & Wagner, 2020; Tadros & Owens, 2021).

Debriefing

Continuity of care is another critical ethical obligation. The CPA (2017) and Tri-Council Policy (GC, 2022) stress that researchers must not treat participants merely as data sources but ensure follow-up or referrals when possible. Yet, most studies lacked post-treatment support. Only Edwards et al. (2023) and Nyamathi et al. (2018) provided compensation and structured follow-up, illustrating how continued engagement supports reintegration and sustains treatment gains. In contrast, the absence of follow-up in most research raises concerns about beneficence, as participants may face distress or relapse once interventions end. Neglecting this responsibility can perpetuate cycles of recidivism and strain justice and health systems (Eberth et al., 2022). Ethically responsible practice therefore requires transition planning and after-care to ensure participants benefit rather than are disadvantaged by participation (CPA, 2017; GC, 2022).

In conclusion, while most of the reviewed studies demonstrated a fundamental basic adherence to ethical guidelines, notable discrepancies were observed in consent practices, follow-up, insensitivities towards culture and diversity, and institutional power dynamics. Such omissions risk causing harm, as participants may experience retraumatization, disempowerment,

or unmet needs that undermine the intended benefit. Ethically engaging incarcerated populations in research requires procedural compliance, a nuanced and context-sensitive application of ethical principles that centers on participant autonomy, aligns safety goals with research outcomes, and embeds trauma-informed and culturally responsive practices (CPA, 2017; GC, 2022).

Building on these ethical considerations, the next step involves refining, adapting, and where appropriate integrating DBT with complementary approaches to better reflect the complex realities of forensic populations. Emphasizing inclusivity, individualization, cultural responsiveness, and extended follow-up is essential to support sustainable change and long-term desistance from crime (CPA, 2017; Cunha et al., 2024; Edwards et al., 2023; Nyamathi et al., 2018; Pringer & Wagner, 2020; Tadros & Owens, 2021; Tomlinson, 2018). These conclusions set the stage for the chapters that follow: Chapter Four shifts toward translating the evidence into clinically applicable practice models, while Chapter Five presents' recommendations for future research and practice and offers a concluding remarks.

Chapter Four: Clinical Application

Translating research into clinical practice necessitates more than knowing what works; it requires understanding how to apply the work in an impactful and therapeutic manner, particularly within forensic settings (FS). The reviewed literature aimed to address the question ‘How effective is Dialectical Behavioural Therapy (DBT) at reducing recidivism factors in FS?’ Through a thematic analysis, it was concluded that DBT can notably improve emotional regulation, coping, and behavioural stability among justice-involved (JI) individuals when delivered flexibly, ethically, and with cultural and relational sensitivity. This chapter outlines foundational lessons and clinical implications for practitioners and explores how psychologists can integrate this information while balancing the dialectic of culture and control. The utility of the findings is also considered, noting the overarching obstacles of providing therapy amid a challenging, non-therapeutic environment. The chapter closes by offering recommendations for clinical practice, focusing on delivering pertinent, ethical and trauma-informed care (TIC) to JI clients in FS (Canadian Psychological Association [CPA], 2017).

Clinical Integration

The translation of these findings into practice demonstrates the therapeutic foundations required for DBT to foster meaningful change in FS. The literature emphasizes that relational safety, motivation, and purposeful adaptation to client needs are essential for engagement and behavioural change among JI individuals (Browne et al., 2019; Eaton-Stull et al., 2024; Moore et al., 2018; Nyamathi et al., 2018). Applying these insights in practice means tailoring DBT to reflect clients’ lived experiences and systemic challenges, ensuring care remains accessible, ethically grounded, and conducive to lasting rehabilitation (CPA, 2017).

In many ways, DBT across the literature captures the lived paradox of counselling in FS. Practitioners work within systems of control that demand constant balance between autonomy and institutional constraint, safety and growth, and structure and flexibility (Bianchini et al., 2019; Eaton-Stull et al., 2024; Marshall et al., 2024). Effective practice requires navigating these tensions with sensitivity to trauma, culture, and systemic inequities (CPA, 2017; Tadros & Owens, 2021). By acknowledging and addressing these competing forces, clinicians model DBT's core dialectic—integrating acceptance and change to foster meaningful progress within complex FS (James & Lloyds, 2024).

Relational Safety

One of the clearest clinical insights to emerge from this review is that DBT's success in FS hinges on the quality of the therapeutic relationship. When clinicians lead with authenticity and respect, JI clients show deeper engagement and more consistent emotional and behavioural improvement (Browne et al., 2019; Eaton-Stull et al., 2024; Moore et al., 2018; Nyamathi et al., 2018; Sakdalan & Mitchell, 2025). Effective practice extends beyond skills training—it depends on relational attunement, cultural awareness, and the ability to create safety within systems defined by surveillance and constraint (CPA, 2017; Edwards et al., 2023; James & Lloyds, 2024; Marshall et al., 2024; Tadros & Owens, 2021). Participants repeatedly describe validation and sincerity as catalysts for trust, transforming guarded participation into genuine engagement (Browne et al., 2019; Eaton-Stull et al., 2024). For clinicians, this serves as a guiding principle, reinforcing that relational safety lies at the very heart of ethical and practical care. It calls for a thoughtful balance between empathy and authority, grounded in cultural responsiveness and a nonjudgmental stance that invites trust, authenticity, and genuine therapeutic change (CPA, 2017; Jones et al., 2024).

Adapting Practice for Effective Integration

From a clinical perspective, applying DBT effectively within forensic psychology requires therapists to embody flexibility, creativity, and responsiveness rather than rigid adherence to manualized treatment. The reviewed evidence points toward the necessity of adapting DBT to the lived realities of JI individuals navigating multilayered systemic adversity. Clinicians can operationalize this by translating core DBT skills modules into practical, contextually relevant interventions that target recidivism-related factors like impulsivity, aggression, and substance use (SU) (Bianchini et al., 2019; Marshall et al., 2024; Moore et al., 2018).

In practice, this involves simplifying materials, integrating visual and experiential learning, and grounding skills in daily routines and institutional challenges (Browne et al., 2019; Eaton-Stull et al., 2024; Edwards et al., 2023; Sakdalan & Mitchell, 2025). Concrete demonstrations, repetition, and applied practice help consolidate skills and promote positive changes (Eaton-Stull et al., 2024; Moore et al., 2018; Wettermann et al., 2020). Moreover, therapeutic flexibility—adjusting language, pacing, and examples—ensures that interventions resonate with diverse cognitive and cultural needs, enhancing both accessibility and engagement. These adaptations not only transform how clients experience therapy but also reinforce the clinical relevance of DBT in addressing recidivism-related factors and fostering lasting functional change (Browne et al., 2019; Eaton-Stull et al., 2024; Edwards et al., 2023; Jones et al., 2024; Verona et al., 2025).

Cultivating Engagement

Clinically, the evidence shows that motivation and readiness to change among JI clients are not fixed traits but evolving processes shaped by therapeutic context. Practitioners can

enhance engagement by intentionally fostering safety, validating progress, and celebrating small achievements that build intrinsic motivation (Browne et al., 2019; Jones et al., 2024; Nyamathi et al., 2018). Incorporating motivational interviewing and goal-setting strategies allows clinicians to shift clients from compliance to genuine participation, counteracting institutional learned helplessness and reinforcing empowerment, autonomy, and sustained commitment to behavioural change (Moulden et al., 2024; Sakdalan & Mitchell, 2025; Weinrath & Ricciardelli, 2023).

Utility of Current DBT Research

Environmental, cultural, systemic, and conceptual constraints shape how DBT research can be applied in FS, often limiting the extent to which clinicians can practically implement recommendations. Although DBT promotes individual capacity for regulation and change, its impact remains limited without systemic conditions that support safety, equity, and continuity of care, as it cannot alone counteract the structural inequities and institutional barriers that sustain recidivism. These restrictions underscore the need to critically assess the barriers that repeatedly hindered DBT implementation in the reviewed studies and will continue to impede its delivery in correctional environments.

Environmental

The restrictive and often punitive nature of FS creates conditions that discourage therapeutic openness and disclosure. Constant surveillance, limited privacy, and power imbalances reduce clients' willingness to share emotions or trauma, especially when participation may affect parole or behavioural reporting (Bianchini et al., 2019; Browne et al., 2019; CPA, 2017; Jones et al., 2024; Wettermann et al., 2020). Institutional features—such as unpredictability, restraint, and dehumanizing practices—can further replicate traumatic conditions and intensify dysregulation (Finch et al., 2024; Gueta et al., 2022; Pringer & Wagner,

2020; Weinrath & Ricciardelli, 2023). Frequent transfers, brief stays, and inconsistent programming also disrupt cohesion and skill development, making the sustained continuity assumed in research difficult to achieve (Eaton-Stull et al., 2024; Jones et al., 2024; Marshall et al., 2024; Moore et al., 2018). The dynamics of correctional environments limit the practical utility of current DBT research, since the conditions in FS are clinically and systematically restrictive, inconsistent and vastly different.

Cultural

Cultural context significantly influences the confidence with which DBT findings can be applied in forensic practice. Studies were conducted across varying legal and institutional systems, yet most programs stem from Western frameworks that do not fully reflect the diverse racial, linguistic, and socioeconomic realities of incarcerated individuals (Bianchini et al., 2019; Chapman & Dixon-Gordon, 2020; CPA, 2017; Edwards et al., 2023). When cultural responsiveness is limited, treatment outcomes may misalign with participants' lived experiences, potentially reinforcing systemic inequities rather than reducing them (Gueta et al., 2022; Jones et al., 2024; Tadros & Owens, 2021). Consequently, even positive findings must be interpreted cautiously within each cultural and institutional context.

Conceptual and Systemic Barries

Conceptual and systemic barriers within the evidence base complicate clinicians' ability to apply DBT research in forensic contexts. Because many programs integrate DBT with TIC, motivational enhancement, peer support, or case management, it becomes challenging to isolate DBT's unique contribution or determine which components drive change (Browne et al., 2019; Eaton-Stull et al., 2024; Edwards et al., 2023; Sakdalan & Mitchell, 2025). While these blended approaches often reflect the realities of correctional systems and enhance responsiveness to client

needs, they also reduce clarity and limit direct translation into practice. Clinicians must therefore interpret findings critically—balancing adherence to DBT principles with contextual responsiveness when adapting interventions. The limited longitudinal evidence further constrains application, as it remains unclear whether gains endure post-release (Marshall et al., 2024; Moore et al., 2018; Wettermann et al., 2020). These factors collectively challenge the clinician's ability to apply DBT evidence confidently and ethically in forensic environments.

Reflecting on the application of DBT research in forensic contexts reveals that its usefulness extends beyond the quality of evidence to the realities of practice. Restrictive environments, cultural, conceptual, and structural factors each influence how—and whether—findings can be ethically and effectively applied. For clinicians, this means that evidence must be interpreted through the lens of lived experience, institutional constraint, and relational context. Working in systems marked by control and inequity requires more than adherence to protocol; it demands discernment, flexibility, and cultural humility. Recognizing these barriers enables practitioners to responsibly bridge research and practice, maintaining the integrity of evidence-based care while adapting interventions to the complex, often contradictory realities of JI treatment settings.

Therapeutic Implications

Applying DBT effectively in FS requires recognizing that rehabilitation unfolds within systems shaped by trauma, restriction, and inequity. Closing the gap between research and practice demands coordinated action—refining therapeutic delivery, improving institutional conditions, and deepening practitioner understanding of the lived experience of incarceration. The following recommendations, therefore, focus on clinical implementation, that supports meaningful rehabilitation and the ethical, sustainable application of DBT within FS.

Psychologists must expand the theoretical foundations guiding intervention in FS to better meet the complex needs of JI individuals. Although DBT has resulted in overall improvements, lasting change depends on recognizing and addressing the trauma, systemic adversity, and relational ruptures that commonly underlie criminalized behaviour (Browne et al., 2019; Finch et al., 2024; Jones et al., 2024; Pringer & Wagner, 2020; Sakdalan & Mitchell, 2025; Tadros & Owens, 2021; Weinrath & Ricciardelli, 2023). Without addressing these root causes, skill-focused approaches may risk producing only temporary progress that is not sustainable. To better align intervention with these realities, integrating a TIC framework alongside DBT is recommended for clinicians working with JI individuals. TIC prioritizes the creation of therapeutic environments grounded in safety, trust, collaboration, empowerment, and cultural responsiveness, allowing clients to engage more vulnerably, process trauma more effectively, and disrupt the trauma-reinforced patterns that often contribute to criminalized behaviour (CPA, 2017; Gueta et al., 2022; Jones et al., 2024; Pringer & Wagner, 2020). Embedding DBT within a TIC framework shifts intervention from behaviour control to genuine healing and skill development, supporting long-term rehabilitation and healthier community reintegration.

These implications emphasize a shift toward approaches that align treatment with the lived experiences and needs of JI individuals. Extending this support beyond FS increases the durability of treatment outcomes. Psychologists also have an ethical responsibility to engage in policy dialogue and challenge structural disadvantages that undermine humane and therapeutic care and fail to offer appropriate transitional supports (CPA, 2017). By integrating these recommendations into clinical work and broader system design, psychologists can help create treatment grounded in dignity and cultural responsiveness, and support wellbeing and long-term

desistance from crime (Browne et al., 2019; Mathlin et al., 2024; Moore et al., 2024; Tadros & Owens, 2021).

Summary

This chapter demonstrates that DBT can foster meaningful change among JI individuals when clinicians balance therapeutic evidence with the lived realities of incarceration. Practical application requires flexible, relational approaches that reinforce autonomy and skill use within restrictive environments. Nevertheless, practical limitations—such as institutional barriers, cultural misalignment, and limited longitudinal data—reveal that treatment success extends beyond the therapy room. The recommendations invite psychologists to remain flexible yet critical of both their role and the therapeutic approach employed within FS. When treatment models, institutional systems, and professionals evolve together, DBT can shift from a contained intervention to a holistic rehabilitative framework that supports sustained well-being and reduced recidivism. Building on these findings, Chapter Five will consolidate the study's core insights and propose future directions to enhance DBT's contribution to ethical and practical forensic treatment.

Chapter Five: Conclusion and Recommendations

Despite decades of reform efforts, recidivism remains a persistent structural and human crisis, reflecting the limitations of punitive justice models and the inadequacy of interventions that fail to address trauma, complex mental health needs, and systemic inequities (Butler et al., 2024; Gueta et al., 2022; Jones et al., 2024; Lemieux et al., 2020; Pringer & Wagner, 2020; Weinrath & Ricciardelli, 2023). In response to these enduring challenges, this capstone examined the question: How effective is Dialectical Behaviour Therapy (DBT) in reducing recidivism-related factors in forensic settings (FS)? Rather than focusing solely on reoffending rates, this review sought to evaluate whether DBT meaningfully addresses the behavioural, emotional, and contextual mechanisms that underlie recidivism among justice-involved (JI) populations. Through a systematic literature review and reflexive thematic analysis, three interrelated themes emerged: (1) treatment accessibility, adaptation, and participant engagement; (2) criminogenic needs and recidivism-oriented outcomes; and (3) system-level factors influencing implementation. These themes provided a structured framework for assessing how DBT operates within FS and the conditions under which it contributes to behavioural change. Chapter Five synthesizes these findings to evaluate the extent to which DBT answers the guiding research question and outlines recommendations for clinical practice, research, and system-level reform aimed at strengthening DBT's rehabilitative impact.

Conclusion

This thematic review demonstrates that DBT contributes meaningfully to reducing recidivism-related factors, though its effectiveness is contingent on how, where, and for whom it is delivered. Across the reviewed studies, DBT most consistently supported improvements in emotional regulation, distress tolerance, decision-making, and interpersonal functioning—core

mechanisms strongly associated with criminogenic behaviour (Eaton-Stull et al., 2024; Marshall et al., 2024; Moore et al., 2018; Moulden et al., 2020; Sakdalan & Mitchell, 2025; Wettermann et al., 2020). These findings directly address the research question by demonstrating that DBT targets the psychological and behavioural processes that often precipitate reoffending, even when long-term recidivism outcomes are not always measured.

The first theme, accessibility, adaptation, and engagement, highlighted that DBT is most effective when delivered flexibly and responsively. Studies showed that simplifying materials, integrating case management, and prioritizing relational safety enhanced engagement, particularly among individuals with intellectual disabilities, substance use concerns, or complex mental health needs (Browne et al., 2019; Eaton-Stull et al., 2024; Edwards et al., 2023; Nyamathi et al., 2018; Sakdalan & Mitchell, 2025). Importantly, motivation was not a prerequisite for benefit; rather, it often emerged through validation, collaborative goal-setting, and consistent therapeutic relationships. These findings contribute to the research question by demonstrating that DBT's effectiveness lies not only in its skills curriculum but in its relational and adaptive delivery within constrained environments.

The second theme, criminogenic needs and recidivism-oriented outcomes, showed that DBT addresses several core risk factors associated with reoffending. Participants across studies demonstrated improved impulse control, reduced aggression, and increased capacity to pause and respond more deliberately to stressors (Bianchini et al., 2019; Marshall et al., 2024; Moore et al., 2018). While outcomes related to substance use appeared indirectly through enhanced coping and problem-solving (Moulden et al., 2020; Nyamathi et al., 2018), results regarding mental health were inconsistent, indicating that DBT alone may be insufficient to address complex psychiatric comorbidity without integrated trauma-informed or psychiatric supports (Edwards et

al., 2023; Eaton-Stull et al., 2024; Marshall et al., 2024). Thus, DBT contributes to recidivism reduction by strengthening behavioural stability and decision-making, but its impact remains partial when broader mental health needs are unaddressed.

The third theme—system-level factors influencing implementation—revealed that institutional conditions substantially shape DBT's effectiveness. Restrictive environments, short and unpredictable custody periods, inconsistent staffing, and limited program continuity frequently undermined treatment completion and skill generalization (Bianchini et al., 2019; Marshall et al., 2024; Moore et al., 2018; Verona et al., 2025; Wettermann et al., 2020). Even when in-custody gains were observed, the absence of post-release follow-up and continuity of care often led to diminished outcomes over time (Moulden et al., 2020; Nyamathi et al., 2018). These findings directly inform the research question by underscoring that DBT's effectiveness in reducing recidivism-related factors cannot be separated from the systems in which it is delivered.

This review demonstrates that DBT does not function as a stand-alone solution to recidivism, but rather as a rehabilitative framework that builds internal capacity for self-regulation and adaptive decision-making when embedded within supportive, ethically grounded, and coordinated systems of care. At the intersection of justice and healing, DBT offers a pathway away from purely punitive responses by addressing the emotional and relational drivers of offending behaviour (CPA, 2017; Pringer & Wagner, 2020; Tadros & Owens, 2021). However, without sustained system-level support, cultural responsiveness, and continuity beyond custody, its capacity to produce durable change remains constrained.

In answering the guiding research question, this capstone concludes that DBT is effective in reducing key recidivism-related factors, particularly emotional dysregulation and maladaptive decision-making, but its long-term impact depends on ethical implementation, contextual

adaptation, and integration with broader rehabilitative and reintegration efforts. These conclusions provide a foundation for the recommendations that follow, which aim to strengthen DBT's clinical, research, and policy applications within forensic settings.

Recommendations for Future Research

The evolution of DBT's application in FS now calls for a shift from proving that it can work to understanding how, for whom, and under what conditions it works best. While evidence supports DBT's short-term benefits, its long-term impact on recidivism and sustained behavioural change remains unclear (Bianchini et al., 2019; Edwards et al., 2023; Marshall et al., 2024; Wettermann et al., 2020). Building on these insights, the following sections outline key directions for future research: refining methodological design, identifying the core components that drive therapeutic change, advancing inclusivity within forensic samples, systemic reform, and professional education and training proposals. are grounded in research questions generated through the present review and seek to advance both the empirical rigor and ethical integrity of DBT practice within FS.

Research Questions

Advancing knowledge of DBT's role in forensic rehabilitation requires asking more reflective, practice-oriented questions that move beyond effectiveness alone. Therefore, the following questions invite future researchers to explore: What treatment mechanisms contribute to sustained behavioural change and successful post-release outcomes among JI individuals? What adaptations to DBT improve accessibility and client responsiveness within FS? How do intersecting identity factors shape engagement and therapeutic change within DBT interventions for JI clients? These inquiries intend to promote research and treatment approaches that account

for diversity and individuality, distinguish short-term improvements from lasting change, and acknowledge the tension between institutional realities and clinical relevance in FS.

Methodological Design

Ongoing methodological refinement is essential to advancing DBT research in FS. A key priority is to examine the longevity and generalizability of treatment effects, as few studies follow participants beyond immediate post-treatment to determine whether skills translate into sustained behavioural change. Future research should move beyond small, single-site interventions by implementing larger randomized controlled trials (RCTs) and quasi-experimental designs with standardized outcome measures to improve reliability and external validity (Bianchini et al., 2019; Eaton-Stull et al., 2024; Marshall et al., 2024; Moulden et al., 2020; Nyamathi et al., 2018). Longitudinal and mixed-method approaches are also needed to trace how DBT-related change unfolds over time and within real-world contexts (Browne et al., 2019; Edwards et al., 2023; Moore et al., 2018). Incorporating multi-informant assessments and evaluating contextual factors—such as institutional culture, staff attitudes, and treatment mandates—would enhance ecological validity and clarify environmental influences on outcomes (Browne et al., 2019; Moulden et al., 2020; Wettermann et al., 2020). Measuring both short-term psychological gains and long-term outcomes like reincarceration, employment, and post-release well-being (Beaudry et al., 2021; Moore et al., 2018) will yield a more comprehensive understanding of DBT's effectiveness and sustainability within forensic systems.

Core Components of Change

Following methodological refinement, future investigations can further explore which components of DBT are most influential in producing enduring change. Examining the relative impact of core components such as skill modules may clarify which interventions most

effectively support sustained desistance and reintegration (Browne et al., 2019; Edwards et al., 2023; Moulden et al., 2020). Rigorous designs that account for confounding factors like medication use, program length, and concurrent interventions would further help isolate DBT's unique contribution (Edwards et al., 2023; Marshall et al., 2024; Wettermann et al., 2020). This method shifts the focus from documenting results to identifying the therapeutic processes that sustain transformation.

Inclusivity

Another critical area for future research involves inclusivity and representativeness. Future research should prioritize inclusivity and representativeness to strengthen both the ecological validity and ethical integrity of DBT studies in forensic contexts (CPA, 2017). Expanding participant diversity will ensure findings better reflect the realities of JI populations (Edwards et al., 2023; Moore et al., 2018; Nyamathi et al., 2018; Sakdalan & Mitchell, 202). This will clarify the match between DBT components and client characteristics, enabling clinicians to tailor interventions while preserving reliability (Bianchini et al., 2019; Eaton-Stull et al., 2024; Wetterman et al., 2020). By prioritizing representativeness, DBT research will strengthen both its empirical validity and its ethical capacity to guide responsive, justice-oriented psychological practice (CPA, 2017).

Systemic Reform

Beyond individual treatment, meaningful rehabilitation requires systemic and policy-level reforms that address the broader social and structural conditions associated with justice involvement. Research by Lemieux et al. (2020) and Butler et al. (2024) reveals how poverty, homelessness, trauma, untreated mental illness, and substance dependence intersect to sustain cycles of criminalization. It is therefore recommended that psychologists leverage their position

and embrace their dual role as clinicians and advocates, actively working to reduce the structural disadvantages that contribute not only to recidivism but also to initial criminality (CPA, 2017). Policy and practice must evolve in parallel, ensuring that clinical interventions are supported by institutional environments that promote autonomy, education, and connection rather than control and punishment. International models, such as Norway's normalization approach, demonstrate how systems that mirror community living foster trust, stability, and rehabilitation (Negi & Tripathy, 2023). Equally vital is continuity of care beyond release. The transition out of custody is a high-risk period for relapse and reoffending, underscoring the ethical importance of accessible, sustained support (Edwards et al., 2023; Mathlin et al., 2024; Nyamathi et al., 2018). Expanding hybrid or community-based aftercare can preserve therapeutic progress and reinforce long-term reintegration and well-being (Calaboiça et al., 2023; CPA, 2017; Tadros & Owens, 2021).

Education and Training

Clinicians working in FS must understand correctional culture and the lived realities of incarceration to provide ethical, effective care (CPA, 2017). Awareness of social hierarchies, survival behaviours, and systemic inequities shaping custody environments enables psychologists better to interpret clients' coping patterns and therapeutic engagement (Jones et al., 2024; Tadros & Owens, 2021). Education should also highlight incarceration as both a psychological and sociopolitical experience, emphasizing how oppression and exclusion contribute to criminalization (Butler et al., 2024; Lemieux et al., 2020; Mathlin et al., 2024). Cultivating this awareness reduces bias, strengthens therapeutic alliances, and ensures interventions support rehabilitation rather than perpetuate punitive or stigmatizing dynamics (CPA, 2017; Moore et al., 2024).

To strengthen rehabilitation outcomes, training programs should explicitly integrate forensic-specific competencies, including TIC, cultural humility, motivational enhancement, and systems-level advocacy. Embedding these areas within graduate psychology curricula, practicum placements, and continuing education prepares practitioners to navigate institutional constraints ethically, reflect critically on bias, and adapt DBT interventions to the lived truths of JI individuals (Jones et al., 2024; Moore et al., 2024; Sakdalan & Mitchell, 2025; Tadros & Owens, 2021). Training should also emphasize reflective practice, interdisciplinary collaboration, and familiarity with reintegration services to ensure continuity of care beyond incarceration (Edwards et al., 2023; Mathlin et al., 2024). Extending education to correctional staff is equally essential: when officers understand trauma, attachment, and inequality, they can respond consistently and empathetically, reinforcing therapeutic goals rather than undermining them (Sondhu et al., 2025; Seel et al., 2024). Evidence from Browne et al. (2019) and Nyamathi et al. (2018) shows that staff engagement directly shapes whether DBT programs are experienced as supportive.

For the field of psychology, the next evolution of DBT research in FS will benefit from integrating methodological rigour with ethical, cultural, systemic awareness, and professional education and training. By extending beyond symptom reduction toward sustainable reintegration, future studies can illuminate not only whether DBT works but under what conditions it cultivates lasting change. This direction calls on psychologists to bridge research and social responsibility, ensuring that treatment within restrictive systems remains humanistic, culpable, and person-centred (CPA, 2017).

Reflection

Engaging in this research analysis has fundamentally reshaped how I think about data, practice, and my role as a clinician. Entering this process, I saw myself primarily as a clinician rather than a researcher. However, working through this project challenged that distinction and revealed how both roles inform and strengthen one another. Adopting a researcher's mindset did not come naturally, yet it taught me how extensively methodological choices, measurement strategies, and study settings shape results. I gained a new appreciation for the influence of design and detail, and for how a single inclusion criterion or narrow sampling choice can shift the data.

As I reviewed the literature, it became clear that much of the research, from my perspective, was disconnected from the complexity of forensic environments and from the lived experiences of those within the culture and constraints of incarceration. This absence made it clear how often research and therapeutic approaches operate in idealized conditions rather than diverse, complex settings, and how that limits applicability. As a clinician, this reaffirmed for me the importance of relational safety, adaptability, and respect for the social contexts clients inhabit.

The process expanded my understanding of staff competence and its influence on client outcomes. It became clear that DBT's effectiveness was shaped not only by the model itself but by those who delivered it, their training, supervision and institutional support. This realization shifted how I understand "evidence-based practice." Evidence, I have come to understand, only holds meaning when it is critically examined in terms of who conducted the work, under what conditions, and with what limitations. For me, this requires asking more profound questions to gain a more holistic perspective.

Perhaps the most transformative insight, however, was realizing that research is itself an act of advocacy. Initially, I viewed research as distant from practice, but I have come to see it as a means of creating change within systems that rarely prioritize healing. It is a way to expose gaps, elevate overlooked voices, and push systems toward more equitable and compassionate care (CPA, 2017). This clarified how research itself can contribute to care, offering tangible insights that guide ethical and practical practice.

Take Home Message

At the intersection of justice and healing, DBT emerges as a framework capable of fostering accountability, emotional stability, and adaptive choice-making among JI individuals. The literature consistently shows that when DBT is delivered with flexibility, relational integrity, and cultural responsiveness, it can interrupt pathways to reoffending. However, without systemic reform and continuity beyond custody, its capacity to support lasting change remains constrained.

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Andrade, C. (2025). Poorly recognized and uncommonly acknowledged limitations of randomized controlled trials. *Indian Journal of Psychological Medicine, 47*(1), 83-85. https://doi.org/10.1177/02537176241297953

Ashworth, S., & Brotherton, N. (2018). "We can feel good": Evaluation of an adapted DBT informed skills programme in medium security. *Advances in Mental Health and Intellectual Disabilities, 12*(5/6), 184-194. https://doi.org/10.1108/AMHID-06-2018-0031

Beaudry, G., Yu, R., Perry, A. E., & Fazel, S. (2021). Effectiveness of Psychological Interventions in Prison to Reduce recidivism: a Systematic Review and meta-analysis of Randomised Controlled Trials. *The Lancet Psychiatry*, *8*(9), 759–773.

Bedics, J. (2020). *The handbook of dialectical behavior therapy: Theory, research, and evaluation* (1st ed.). Academic Press.

Bedoya, A., & Portnoy, J. (2023). Biosocial criminology: History, theory, research evidence, and policy. *Victims & Offenders, 18*(8), 1599-1629. https://doi.org/10.1080/15564886.2022.2133035

Bianchini, V., Cofini, V., Curto, M., Lagrotteria, B., Manzi, A., Navari, S., Ortenzi, R., Paoletti, G., Pompili, E., Pompili, P. M., Silvestrini, C., & Nicolò, G. (2019). Dialectical behaviour therapy (DBT) for forensic psychiatric patients: An Italian pilot study. *Criminal Behaviour and Mental Health*, *29*(2), 122–130. https://doi.org/10.1002/cbm.2102

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage.

Browne, C., Brown, G., & Smith, I. C. (2019). Adapting dialectical behaviour therapy in forensic learning disability services: A grounded theory informed study of "what works." *Journal*

of Applied Research in Intellectual Disabilities, *32*(4), 792–805. https://doi.org/10.1111/jar.12569

Bukamal, H. (2022). Deconstructing insider–outsider researcher positionality. *British Journal of Special Education, 49*(3), 327-349. https://doi.org/10.1111/1467-8578.12426

Butler, A., Nicholls, T. L., Samji, H., Fabian, S., & Lavergne, M. R. (2024). Mental health needs, substance use, and reincarceration: Population-level findings from a released prison cohort. *Criminal Justice and Behavior, 51*(7), 1054-1071. https://doi.org/10.1177/00938548241238327

Calaboiça, C., Moreira, D., Araújo, E., Grangeia, H., Oliveira, C., Barros, S., & Santos, A. (2023). A systematic review on psychological interventions for individuals with a history of offending behavior delivered by digital means. *Aggression and Violent Behavior, 72,* 101855. https://doi.org/10.1016/j.avb.2023.101855

Canadian Psychological Association. (2017). *Canadian Code of Ethics for Psychologists,* Fourth Edition, https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf

Cannon, J. A., Strathman, A. R., Warner, S., Flignor, J., & Beck, N. S. (2022). Assessing the impact of COVID-19 on psychiatric clinical trials. *Journal of Psychiatric Research, 148*, 127-130. https://doi.org/10.1016/j.jpsychires.2022.01.017

Chaibi, I., Bouchatta, O., Bennis, M., & Ba-M'hamed, S. (2023). The role of the anterior cingulate cortex in aggression and impulsivity. *Behavioral Neuroscience, 137*(3), 155-169. https://doi.org/10.1037/bne0000552

Chapman, A. L., & Dixon-Gordon, K. L. (2020). *Dialectical behavior therapy* (1st ed.). American Psychological Association. https://doi.org/10.1037/0000188-000

Craig, L., Griffiths, D. M., & Lindsay, W. R. (2020). *The Wiley handbook on what works for offenders with intellectual and developmental disabilities : an evidence-based approach to theory, assessment and treatment*. John Wiley & Sons, Inc.

Craven, R., & Shelton, L. (2020). Assessing the effectiveness of the "I can feel good" programme mindfulness module for a group of detained intellectually disabled patients. *Advances in Mental Health and Intellectual Disabilities, 14*(6), 299-310. https://doi.org/10.1108/AMHID-06-2020-0013

Cunha, O., Pereira, B., Sousa, M., & Rodrigues, A. C. (2024). Cognitive behavioural "third wave" therapies in the treatment of justice-involved individuals: A systematic review. *Aggression and Violent Behavior*, *76*, 101923. https://doi.org/10.1016/j.avb.2024.101923

Dekal, E. E., & Borzova, T. V. (2025). Formation of the concept of reflexivity in psychology (based on domestic and foreign sources). *Russian Journal of Education and Psychology, 16*(3), 514-540. https://doi.org/10.12731/2658-4034-2025-16-3-761

Eaton-Stull, Y., Streidl, C., Hays, D., Bauer, M., & Rigel, S. (2024). Animal-assisted dialectical behavior therapy skills groups for those who are incarcerated: A pre-post-test study. *Research on Social Work Practice,* https://doi.org/10.1177/10497315241240708

Eberth, S. D., Diaconu, M., & Koob, C. (2022). A cautionary tale of a prisoner re-entry initiative: Lessons learned. *The International Journal of Interdisciplinary Social and Community Studies (Print), 17*(2), 167-177. https://doi.org/10.18848/2324-7576/CGP/v17i02/167-177

Edwards, E. R., Epshteyn, G., Snyder, S., Gorman, D., Coolidge, B., Marcano, E., Tsai, J., & Goodman, M. (2023). Dialectical behavior therapy for justice-involved veterans: Changes

in treatment targets in a small, pre-post design clinical trial. *Psychological Services, 20*(S2), 98-107. https://doi.org/10.1037/ser0000766

Fantin, E. H., Benzano, D., Ornell, F., Ruwel, A. G., von Diemen, L., Kessler, F. H. P., & Schuch, J. B. (2024). Implications of impulsivity on criminal behavior in individuals with substance use disorder. *Journal of Dual Diagnosis,* 1-10. https://doi.org/10.1080/15504263.2024.2370411

Finch, K., Lawrence, D., Williams, M. O., Thompson, A. R., & Hartwright, C. (2024). Relationships between adverse childhood experiences, attachment, resilience, psychological distress and trauma among forensic mental health populations. *The Journal of Forensic Psychiatry & Psychology, 35*(5), 660-684. https://doi.org/10.1080/14789949.2024.2365149

Gatner, D. T., Douglas, K. S., Almond, M. F. E., Hart, S. D., & Kropp, P. R. (2023). How much does that cost? Examining the economic costs of crime in North America attributable to people with psychopathic personality disorder. *Personality Disorders, 14*(4), 391-400. https://doi.org/10.1037/per0000575

Government of Canada. (2023, August 11). *3. Criminal justice system costs – Costs of crime in Canada, 2014*. Www.justice.gc.ca. https://www.justice.gc.ca/eng/rp-pr/jr/ccc2014/system-systeme.html

Government of Canada. (2022). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2022)*. Ethics.gc.ca; Government of Canada. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html

Greenacre, K., & Palmer, E. (2018). Exploring forensic environments: how do environmental factors influence individual outcomes for residents and staff? A systematic review.

Mental Health and Social Inclusion, *22*(4), 203–217. https://doi.org/10.1108/mhsi-06-2018-0020

Gueta, K., Chen, G., & Ronel, N. (2022). Trauma-oriented recovery framework with offenders: A necessary missing link in offenders' rehabilitation. *Aggression and Violent Behavior, 63,* 101678. https://doi.org/10.1016/j.avb.2021.101678

Hamidi, A., Khosravi, A., Hejazi, R., FatemehTorabi, & Abtin, A. (2024). A scientometric approach to psychological research during the COVID-19 pandemic. *Current Psychology (New Brunswick, N.J.), 43*(1), 155-164. https://doi.org/10.1007/s12144-023-04264-2

Hrymak, H. (2020). The opioid crisis as health crisis, not criminal crisis : implications for the criminal justice system. *Dalhousie Law Journal*, *43*(1). https://doi.org/10.14288/1.0371246

James, A., & Lloyds, T. (2024). *DBT skills training manual: A comprehensive DBT skills training manual for therapists and clients: Includes exercise, worked examples and case studies* (First;1; ed.). Gaius Quill Publishing.

Jamin, D., Vanderplasschen, W., Sys, O., Jauffret-Roustide, M., Michel, L., Trouiller, P., Neisa, A., Homen, M., Mendes, V., & Stöver, H. (2021). "my first 48 hours out": Drug users' perspectives on challenges and strategies upon release from prison. *Harm Reduction Journal, 18*(1), 32-12. https://doi.org/10.1186/s12954-021-00480-w

Johnson, M. E., Brems, C., Mills, M. E., & Eldridge, G. D. (2018). Involving incarcerated individuals in the research process: Perspectives of key stakeholders. *Action Research, 16*(1), 43-64. https://doi.org/10.1177/1476750316661397

Jones, R. M., Manetsch, M., Gerritsen, C., & Simpson, A. I. F. (2021). Patterns and predictors of reincarceration among prisoners with serious mental illness: A cohort study: Modèles et

prédicteurs de réincarcération chez les prisonniers souffrant de maladie mentale grave : Une étude de cohorte. *Canadian Journal of Psychiatry, 66*(6), 560-568. https://doi.org/10.1177/0706743720970829

Jones, L., Winder, B., & Day, A. (2024). Being humane in inhumane places: A collection of papers about trauma-informed forensic practice. *International Journal of Forensic Mental Health, 23*(4), 313-320. https://doi.org/10.1080/14999013.2024.2408303

Kalpokaite, N., & Radivojevic, I. (2021). Adapting practices from qualitative research to tell a compelling story: A practical framework for conducting a literature review. *Qualitative Report, 26*(5), 1546-1566. https://doi.org/10.46743/2160-3715/2021.4749

Kuhn, L., Choy, O., Keller, L., Habel, U., & Wagels, L. (2024). Prefrontal tDCS modulates risk-taking in male violent offenders. *Scientific Reports, 14*(1), 10087-10087. https://doi.org/10.1038/s41598-024-60795-z

Lee, E., Greenblatt, A., & Hu, R. (2021). A knowledge synthesis of cross-cultural psychotherapy research: A critical review. *Journal of Cross-Cultural Psychology, 52*(6), 511-532. https://doi.org/10.1177/00220221211028911

Lemieux, A. J., Leclair, M. C., Roy, L., Nicholls, T. L., & Crocker, A. G. (2020). A typology of lifetime criminal justice involvement among homeless individuals with mental illness: Identifying needs to better target intervention. *Criminal Justice and Behavior, 47*(7), 790-807. https://doi.org/10.1177/0093854819900305

Marshall, L., Kletzka, N., Kanitz, J., Opperman, K. J., & Rockwell, J. (2024). Effectiveness of dialectical behavior therapy (DBT) in a forensic psychiatric hospital. *Journal of the American Academy of Psychiatry and the Law*, *52*(2), 196–206.

Mathlin, G., Freestone, M., & Jones, H. (2024). Factors associated with successful reintegration for male offenders: A systematic narrative review with implicit causal model. *Journal of Experimental Criminology, 20*(2), 541-580. https://doi.org/10.1007/s11292-022-09547-5

McIntosh, L. G., Janes, S., O'Rourke, S., & Thomson, L. D. G. (2021). Effectiveness of psychological and psychosocial interventions for forensic mental health inpatients: A meta-analysis. *Aggression and Violent Behavior*, *58*, 101551. https://doi.org/10.1016/j.avb.2021.101551

Moore, K. E., Folk, J. B., Boren, E. A., Tangney, J. P., Fischer, S., & Schrader, S. W. (2018). Pilot study of a brief dialectical behavior therapy skills group for jail inmates. *Psychological Services, 15*(1), 98–108. https://doi.org/10.1037/ser0000105

Moore, K. E., Phillips, S., Kromash, R., Siebert, S., Roberts, W., Peltier, M., Smith, M. D., Verplaetse, T., Marotta, P., Burke, C., Allison, G., & McKee, S. A. (2024). The causes and consequences of stigma among individuals involved in the criminal legal system: A systematic review. *Stigma and Health (Washington, D.C.), 9*(2), 224-235. https://doi.org/10.1037/sah0000483

Moulden, H. M., Mamak, M., & Chaimowitz, G. (2020). A preliminary evaluation of the effectiveness of dialectical behaviour therapy in a forensic psychiatric setting. *Criminal Behaviour & Mental Health, 30*(2-3), 141–150. https://doi.org/10.1002/cbm.2158

Moulden, H. M., Matthew, S. A., & Chaimowitz, G. (2024). Enhancing pre-treatment motivation improves forensic mental health outcomes. *International Journal of Offender Therapy and Comparative Criminology,* 306624X241228229. https://doi.org/10.1177/0306624X241228229

Mullarkey, M. C., & Schleider, J. L. (2021). Embracing scientific humility and complexity: Learning "what works for whom" in youth psychotherapy research. *Journal of Clinical Child and Adolescent Psychology, 50*(4), 443-449. https://doi.org/10.1080/15374416.2021.1929252

Negi, S., & Tripathy, S. (2023). From punishment to rehabilitation: Can india implement Norway's prison model? *International Journal of Offender Therapy and Comparative Criminology, 67*(13-14), 1447-1449. https://doi.org/10.1177/0306624X231172639

Nyamathi, A., Shin, S. S., Smeltzer, J., Salem, B., Yadav, K., Krogh, D., & Ekstrand, M. (2018). Effectiveness of dialectical behavioral therapy on reduction of recidivism among recently incarcerated homeless women: A pilot study. *International Journal of Offender Therapy and Comparative Criminology, 62*(15), 4796-4813. https://doi.org/10.1177/0306624X18785516

O'Dowd, R., Laithwaite, H., & Quayle, E. (2022). A qualitative exploration of service users' experiences of violence risk assessment and management in forensic mental health settings: An interpretative phenomenological analysis. *Journal of Forensic Psychology Research and Practice, 22*(4), 357-388. https://doi.org/10.1080/24732850.2021.2001195

Pedersen, S., Bergman, H., Carlström, E., & Hartvigsson, T. (2021). Perspectives on Recruitment and Representativeness in Forensic Psychiatric Research. *Frontiers in Psychiatry*, *12,* 647450. https://doi.org/10.3389/fpsyt.2021.647450

Portnoy, J. (2020). Biosocial criminology: Moving toward the future. *Crime and Delinquency, 66*(10), 1343-1346. https://doi.org/10.1177/0011128720937245

Pringer, S. M., & Wagner, N. J. (2020). Use of Trauma-Informed Care With Incarcerated Offenders. *Journal of Addictions & Offender Counseling*, *41*(1), 52–64. https://doi.org/10.1002/jaoc.12075

PRISMA. (2020). Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA). PRISMA. https://www.prisma-statement.org/

Pujol, J., Blanco-Hinojo, L., Macia, D., Martínez-Vilavella, G., Deus, J., Pérez-Sola, V., Cardoner, N., Soriano-Mas, C., & Sunyer, J. (2021). Differences between the child and adult brain in the local functional structure of the cerebral cortex. *NeuroImage 237*, 118150. https://doi.org/10.1016/j.neuroimage.2021.118150

Research and Statistics Division. (2021, April 28). *Recidivism in the Criminal Justice System.* https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2020/aug01.html

Rocque, M., & Posick, C. (2017). Paradigm shift or normal science? the future of (biosocial) criminology. *Theoretical Criminology, 21*(3), 288-303. https://doi.org/10.1177/1362480617707949

Russell, S., & Siesmaa, B. (2017). The experience of forensic males in dialectical behaviour therapy (forensic version): A qualitative exploratory study. *Journal of Forensic Practice, 19*(1), 47-58. https://doi.org/10.1108/JFP-01-2016-0003

Sakdalan, J., & Mitchell, B. (2025). Development of an evidence-based violence rehabilitation program for offenders with intellectual disability. *International Journal of Offender Therapy and Comparative Criminology, 69*(5), 572-593. https://doi.org/10.1177/0306624X231176005

Sathian, B., Asim, M., Banerjee, I., Pizarro, A. B., Roy, B., Van Teijlingen, E. R., Nascimento, Israel Júnior Borges do, & Alhamad, H. K. (2020). Impact of COVID-19 on clinical trials

and clinical research: A systematic review. *Nepal Journal of Epidemiology, 10*(3), 878-887. https://doi.org/10.3126/nje.v10i3.31622

Seel, C. J., May, R. J., & Austin, J. L. (2024). Enriching prison environments via peer-led activities. *Behavior Analysis in Practice, 17*(3), 679-692. https://doi.org/10.1007/s40617-023-00851-8

Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to Do a Systematic review: a Best Practice Guide for Conducting and Reporting Narrative reviews, meta-analyses, and meta-syntheses. *Annual Review of Psychology, 70*(1), 747–770. https://doi.org/10.1146/annurev-psych-010418-102803

Sondhu, M. K., Dunne, A. L., Maharaj, N., Simsion, D. D., & Daffern, M. (2025). Staff perspectives of a violence intervention program in a forensic mental health hospital: Identification of environmental enablers and barriers to program implementation. *International Journal of Forensic Mental Health, 24*(2), 94-105. https://doi.org/10.1177/14999013251316592

Tadros, E., & Owens, D. (2021). Clinical implications for culturally informed counseling with incarcerated individuals. *The American Journal of Family Therapy, 49*(4), 344-355. https://doi.org/10.1080/01926187.2020.1813659

Theile, C. M., & Beall, A. L. (2024). Conducting a systematic review of the literature. *Journal of Dental Hygiene, 98*(2), 51-56.

Thompson, J. (2022). A guide to abductive thematic analysis. *Qualitative Report, 27*(5), 1410-1421. https://doi.org/10.46743/2160-3715/2022.534

Tomlinson, M. F. (2018). A theoretical and empirical review of dialectical behavior therapy within forensic psychiatric and correctional settings worldwide. *International Journal of Forensic Mental Health, 17*(1), 72-95. https://doi.org/10.1080/14999013.2017.1416003

van der Put, Claudia E., Assink, M., & Gubbels, J. (2020). Differences in risk factors for violent, nonviolent, and sexual offending. *Journal of Forensic Psychology Research and Practice, 20*(4), 341-361. https://doi.org/10.1080/24732850.2020.1735248

Verona, E., McDonald, J. B., Fournier, L. F., Brown, M. E., & Carsten, E. E. (2025). Adapting a dialectical behavior therapy skills group within a jail setting: Implementation challenges and considerations. *Cognitive and Behavioral Practice, 32*(4), 544-556. https://doi.org/10.1016/j.cbpra.2024.05.001

Wagner, P., & Rabuy, B. (2017). *Following the Money of Mass Incarceration*. https://www.prisonpolicy.org/factsheets/money2017.pdf

Wallace, D., & Wang, X. (2020). Does in-prison physical and mental health impact recidivism? *SSM - Population Health, 11,* 100569-100569. https://doi.org/10.1016/j.ssmph.2020.100569

Weatherburn, D., Albalawi, O., Chowdhury, N., Wand, H., Adily, A., Allnutt, S., & Butler, T. (2021). Does mental health treatment reduce recidivism among offenders with a psychotic illness? *Journal of Criminology, 54*(2), 239-258. https://doi.org/10.1177/0004865821996426

Weinrath, M., & Ricciardelli, R. (2023). Canadian prison environments: A mixed methods analysis. *The Prison Journal (Philadelphia, Pa.), 103*(2), 215-238. https://doi.org/10.1177/00328855231154794

Wendel, B. E., Rocque, M., & Posick, C. (2022). Rethinking self-control and crime: Are all forms of impulsivity criminogenic? *European Journal of Criminology, 19*(4), 523-541. https://doi.org/10.1177/1477370820902992

Wettermann, A., Völlm, B., & Schläfke, D. (2020). Highly structured treatment programs for addicted offenders: Comparing the effects of the reasoning & rehabilitation program and DBT-F. *Frontiers in Psychiatry, 11,* 499241-499241. https://doi.org/10.3389/fpsyt.2020.499241

World Health Organization. (2014). *Prisons and Health*. https://iris.who.int/bitstream/handle/10665/128603/9789289050593-eng.pdf?sequence=3&isAllowed=y

Wu, X. (2023). Boolean mereology. *Journal of Philosophical Logic, 52*(3), 731-766. https://doi.org/10.1007/s10992-022-09686-0

Young, M. M., De Moor, C., Kent, P., Stockwell, T., Sherk, A., Zhao, J., Sorge, J. T., Farrell MacDonald, S., Weekes, J., Biggar, E., & Maloney-Hall, B. (2021). Attributable fractions for substance use in relation to crime. *Addiction (Abingdon, England), 116*(11), 3198-3205. https://doi.org/10.1111/add.15494

Yukhnenko, D., Sridhar, S., & Fazel, S. (2019). A systematic review of criminal recidivism rates worldwide: 3-year update. *Wellcome Open Research, 4,* 28. https://doi.org/10.12688/wellcomeopenres.14970.1

Zhou, Y., Chen, X., Liu, D., Pan, Y., Hou, Y., Gao, T., Peng, F., Wang, X., & Zhang, X. (2022). Predicting first session working alliances using deep learning algorithms: A proof-of-concept study for personalized psychotherapy. *Psychotherapy Research, 32*(8), 1100-1109. https://doi.org/10.1080/10503307.2022.2078680