EATING DISORDER
TRAINING INSTITUTE

MED-DBT 4-DAY INTENSIVE LIVE TRAINING: TREATING MULTIDIAGNOSTIC EATING DISORDERS USING MED-DBT

Live Virtual Training | September 15th – 18th 2026
11:00am–5:30pm EST Daily

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Course Abstract

Eating disorders are complex, high-risk neurobiological illnesses associated with significant morbidity and mortality. While first-line treatments such as CBT-E and FBT are effective for many individuals, a substantial subset of patients present with multidiagnostic profiles that include chronic emotion dysregulation, suicidality, self-injury, trauma, medical instability, and entrenched eating disorder behaviors. These individuals often cycle through levels of care, are described as "treatment resistant," and experience care as coercive, invalidating, or unsafe.

The MED-DBT (Multidiagnostic Eating Disorder - Dialectical Behavior Therapy) model was developed in response to this gap. MED-DBT is a comprehensive, DBT-consistent, medically anchored adaptation designed specifically for individuals with eating disorders and co-occurring psychiatric and physical conditions. The model integrates DBT philosophy, behavioral science, medical risk management, and eating disorder–specific neurobiology to support safety, collaboration, and sustained engagement without relying on coercion or oversimplified recovery narratives.

This 4-day live intensive training provides clinicians with an in-depth, practice-oriented introduction to the MED-DBT model as outlined in the MED-DBT text. Participants will learn how to assess fit, organize treatment, target effectively, manage medical risk, address ambivalence and anosognosia, and apply core DBT strategies within the unique clinical realities of eating disorder care. Emphasis is placed on fidelity to DBT principles while addressing the ethical, clinical, and systemic complexities that arise when working with high-risk eating disorder presentations.

The training blends didactic teaching with clinical examples, case discussion, and applied decision-making. Participants will leave with a clear conceptual framework, shared language, and practical guidance for implementing MED-DBT within outpatient team-based settings.

Who This Training Is For

This training is designed for clinicians who:

- Have foundational training in DBT (e.g., intensive or foundational DBT training)
- Have current experience treating eating disorders
- Work with/are interested in working with clients presenting with co-occurring EDs, suicidality, self-injury, trauma, and medical instability
- Practice in outpatient or step-down settings using a team-based model
- While clinicians in solo practice will benefit conceptually, MED-DBT is a team-based treatment, and implementation assumes access to consultation and interdisciplinary collaboration.

Learning Objectives

At the conclusion of this 4-day intensive training, participants will be able to:

- Describe the rationale, theoretical foundations, and clinical indications for MED-DBT, including how and why it differs from standard DBT and first-line eating disorder treatments.
- Assess treatment fit and readiness for MED-DBT, including identifying appropriate candidates, contraindications, and common pitfalls in assessment and pre-treatment.
- Apply the adapted MED-DBT biosocial theory to conceptualize eating disorder behaviors in the context of biotemperament, neurobiology, invalidating environments, and diet culture.
- Use the MED-DBT target hierarchy to prioritize treatment goals, including determining when eating disorder behaviors constitute life-threatening (T1), therapy-interfering (T2), or quality-of-life–interfering (T3) targets.
- Identify and manage eating disorder–related medical risk within scope of practice, including collaboration with medical providers, interpretation of clinical data, and use of consultation-to-the-client strategies.

- Implement MED-DBT–specific adaptations to phone coaching, including the next-meal/next-snack rule and strategies to support eating, medical stability, and skill generalization without reinforcing risk behaviors.
- Apply commitment strategies to address ambivalence and anosognosia.
- Facilitate Life Worth Living (LWL) discussions that are collaborative, non-coercive, and responsive to the unique challenges of eating disorder recovery.
- Use collaborative contingency management strategies to modify reinforcing patterns that maintain eating disorder behaviors while preserving autonomy and therapeutic alliance.
- Conduct behavior chain analyses and missing links analyses specific to eating disorder behaviors, including restriction, purging, avoidance, and treatment non-adherence.
- Adapt DBT skills teaching for eating disorder populations, addressing medical safety, weight bias, diet culture, and neurobiological constraints while maintaining DBT fidelity.
- Describe the structure and function of MED-DBT consultation teams, including strategies to reduce clinician burnout, manage polarization, and maintain adherence to the model.
- Plan for endings, transitions, and movement beyond Stage 1, including decisions about treatment extension, higher levels of care, and readiness for trauma-focused work.

Day 1 — Foundations: Fit, Framework, and the MED-DBT Lens

11:00–11:15
Log-In & Orientation - 11:15–12:45

Why MED-DBT? Rationale, Evidence, and Clinical Need

- Limits of first-line ED treatments for multidiagnostic presentations
- Why standard DBT is necessary but not sufficient
- MED-DBT as a multi-modal, medically anchored, DBT-consistent adaptation
- Overview of stages, modes of treatment, and assumptions about clients

12:45–1:00 - Break

1:00–2:15 - Assessment & Determining Fit: Is MED-DBT the Right Treatment?

- Indications and contraindications for MED-DBT
- Differentiating "non-response" from poor treatment fit
- Evaluating readiness without requiring motivation or insight
- Introducing MED-DBT during assessment in a non-coercive way

2:15–3:15 Lunch

3:15–5:00: The Adapted Biosocial Theory in MED-DBT

- ED-specific biotemperament (emotion sensitivity, interoception, sensory processing, GI distress)
- Invalidating environments: families, systems, diet culture, and healthcare
- Neurobiology of malnutrition and implications for treatment pacing
- Using the biosocial theory as the backbone of validation and change

5:00–5:30 Q&A and Integration

Day 2 — Targeting What Matters: Safety, Hierarchy, and Medical Risk

11:00–11:15 Mindfulness

11:15–12:45: The MED-DBT Target Hierarchy: What to Target, and When

- Extending the DBT hierarchy to eating disorder behaviors
- Differentiating T1, T2, and T3 ED behaviors
- Avoiding over- or under-pathologizing ED symptoms
- Staying dialectical when "everything feels urgent"

12:45–1:00 - Break

1:00–2:15 - Monitoring Medical Stability, Eating, Weight, and Suicide Risk

- When ED behaviors become life-threatening
- Working within scope while collaborating with medical providers
- Using consultation-to-the-client around labs, vitals, and symptoms
- Managing therapist anxiety and team polarization around risk

2:15–3:15 Lunch

3:15–4:15 - Building the MED-DBT Network: Physicians, Dietitians, and Systems

- Clarifying roles and avoiding parallel process
- Working effectively when ED expertise is limited or absent
- Advocacy, documentation, and ethical decision-making

4:15–5:00 - Phone Coaching in MED-DBT: Adaptations and the Next-Meal Rule

- Why phone coaching is essential in ED treatment
- Differences from standard DBT coaching
- Managing frequency, burnout, and reinforcement
- Using phone coaching to support eating, medical stability, and skill use

5:00–5:30 - Q&A and Integration

Day 3 — Motivation Without Coercion: Commitment, LWL, and Contingencies

11:00–11:15 – Mindfulness

11:15–12:45 - Ambivalence, Anosognosia, and Commitment in Pre-Treatment

- Understanding anosognosia as neurobiological, not oppositional

- Increasing commitment for ego-syntonic symptoms
- Micro-commitment strategies and dialectical persuasion
- When—and how—to not proceed with treatment

12:45–1:00 Break

1:00–2:15 - The Life Worth Living (LWL) in an Eating Disorder Context

- LWL as the driver of treatment, not a downstream outcome
- When recovery feels like a threat to quality of life
- Helping clients articulate values without imposing recovery ideals
- Using LWL to organize targeting and motivation

2:15–3:15 - Lunch

3:15–5:00 - Dialectical Dilemmas & Collaborative Contingency Management

- Common MED-DBT dilemmas (safety vs autonomy, urgency vs pacing)
- Using CM without punishment or coercion
- Identifying reinforcing contingencies for ED behaviors
- Teaching clients to change their own contingencies

5:00–5:30 - Q&A and Integration

Day 4 — Doing the Work: Change Strategies and Ending Well

11:00–11:15 Log-In

11:15–12:45 - Behavior Chain Analysis & Missing Links Analysis for ED Behaviors

- Applying BCAs and MLAs to eating, restriction, purging, and avoidance
- Capturing sensory, interoceptive, and medical variables

- Avoiding chains as punishment
- Using analysis to open choice and reduce shame

12:45–1:00 - Break

1:00–2:15 Teaching DBT Skills in MED-DBT

- What stays the same and what needs adaptation
- Teaching mindfulness, distress tolerance, and effectiveness safely
- Addressing weight bias and diet culture in skills delivery
- Integrating skills with medical and nutritional realities

2:15–3:15 -Lunch

3:15–4:45 - Consult Teams, Fidelity, and Therapist Sustainability

- Why consult is non-negotiable in MED-DBT
- Running ED-informed DBT consult teams
- Managing polarization, burnout, and drift
- Practicing what we preach

4:45–5:15 - Ending Well: Transitions, Extensions, and Moving Beyond Stage 1

- Deciding when to end, extend, or transition care
- Preparing for Stage 2 work
- Ending without abandonment or over-dependence

5:15–5:30 - Final Q&A and Closing