

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: DIALECTICAL BEHAVIOR TREATMENT (DBT) CONSULTATION TEAM

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APPROVAL: Rosayne Reynolds /s/, Agency Director

I. PURPOSE

The purpose of this directive is to set the guidelines by which the Dialectical Behavior Treatment (DBT) Consultation Team will be functioning.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to maintain a DBT consultation team for all consumers treated with the DBT approach.

III. REFERENCES

1. Cognitive Behavioral Treatment of Borderline Personality Disorder, Marsha Linehan.
2. Skills Training Manual for Treating Borderline Personality Disorder, Marsha Linehan.

3. NNAMHS Policy and Procedure #NN-IM-MR-13 entitled, "Inpatient Person Centered Treatment Plan."
4. NNAMHS Policy and Procedure #NN-PC-PL-02 entitled, "Outpatient Service Plan."
5. NNAMHS Policy and Procedure #NN-PC-AD-02 entitled, "Admission Process."
6. NNAMHS Policy and Procedure #NN-PC-PD-02 entitled, "Psychological Services Department."

IV. DEFINITIONS

DBT Consultation Team: A group of clinicians who are trained in the DBT approach and who are meeting weekly to consult. The consultation team will essentially function as peer supervision.

V. PROCEDURE

The DBT Consultation Team will meet regularly to discuss cases of consumers currently treated with this approach.

1. DBT Consultation Team Membership: All clinicians who have been trained in this modality or all clinicians who are currently in the process of acquiring DBT skills.
2. Primary Function of the DBT Consultation Team: To provide supervision to clinicians utilizing the DBT modality.
3. Consultation Agreements (taken from "Supervision in Dialectical Behavior Therapy" by Alan Fruzzetti, Ph.D.). DBT consultation team members agree to abide by the following guidelines:
 - a. Dialectical Agreement: the agreement to accept and try to employ a dialectical philosophy.

- b. Consultant to the Consumer Agreement: the agreement to consult with the consumer on how to interact effectively with other professionals (i.e. other members of the team).
 - c. Consistency Agreement: the agreement that team members will act in a manner that is called for in a particular situation rather than rigidly adhere to consistency.
 - d. Phenomenological Empathy Agreement: The agreement to search for non-pejorative, phenomenologically empathic interpretations of consumers' behavior and avoid judgment
 - e. Fallibility Agreement: the agreement that there is an implicit understanding that all therapists are fallible.
 - f. Observing Limits Agreement: the agreement that therapists observe their own personal and professional limits in their delivery of DBT.
4. General Structure of the DBT Consultation Team:
- a. Organization: The team meets weekly. At least three members should be present, one of who should be an expert who is clearly functioning as a supervisor.
 - b. Agenda: An agenda should be set at the beginning of every meeting.
 - c. Treatment Development and Implementation: Clearly the primary function of the team is to assess the client and the therapy in order to develop, modify and implement DBT. The team should follow the treatment hierarchy, dealing with commitment to therapy first, and then addressing parasuicidal and other dangerous behaviors before attending to life - enhancing goals. Treatment progress is evaluated with every step.
 - d. Cheerleading: The consultation team serves a cheerleading function in as much as its members validate and support therapists when they are in danger of becoming demoralized.

- e. Maintaining and further developing DBT skills: It is essential to continue training in the DBT modality on a regular basis.
 - f. Handling Disagreements: Most disagreements can be addressed by the consultation team agreement.
 - g. Use DBT Skills to solve DBT Problems: DBT supervision should be approached by using the same skills and strategies employed by DBT itself.
 - i. DBT communication strategies. These may include reciprocal or irreverent communication as well as self-disclosure.
 - ii. DBT Consultation Strategy. The consultation to the therapist is a corollary to the therapist dealing with the consumer.
 - iii. In Vivo Supervision. DBT uses phone consultation to enhance generalization of DBT skills into the natural environment. In the same manner DBT phone consultation may be used for supervision.
5. Supervision and Consultation Targets:
- a. Adherence to and competency in DBT.
 - i. The primary target of training, supervision and consultation in DBT is the competent delivery of DBT adhering closely to manuals by Marsha Linehan, 1993a and 1993b.
 - b. Rating Adherence and Competence
 - i. Adherence and competence are rated by members of the consultation team.