DBT Consultation Team

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Function of Consultation team

• Therapists treating suicidal clients can easily lose their balance, at times being too accepting of clients’ problem behaviors and at others being too demanding that clients change immediately.

• DBT team is a resource for maintaining motivation to deliver effective treatment, enhancing clinical skills, and monitoring fidelity to the treatment model.

• Therapists help one another and manage the high stress and potential burnout of treating difficult-to-treat clients, and provide therapy for the therapist.

• DBT therapists need support to stay effective!
Running Consultation Team

• Mindfulness practice
• Read team agreement
• Balance overview of program
  – Suicidal ideation/self harm
  – At risk for 4 miss
  – Therapist burnout
  – TIB (therapist & client)
  – Good news
  – Radar
  – Business and coverage

with “therapy for the therapist”
  – Do you know what to do?
  – Do you know how to do it?
  – Are you motivated to do it?

• Roles of team leader, observer & note taker
Roles of team leader, observer, and note taker

- **Team Leader**
  - Leads mindfulness, reads one of the dialectical agreements
  - Determines order of agenda
  - Manages time

- **Observer**
  - Rings bell / calls attention if consultation agreement is violated or if dialectic is unresolved
    - (people treated as fragile, judgmental comments, defensiveness arises, non-mindfulness arises, solutions jumped to before assessment, recommendations violate DBT principles, consultation-to-team violated)
  - Everyone expected to observe, this person focuses on it especially

- **Note Taker**
  - Takes notes, records plans for follow-up
<table>
<thead>
<tr>
<th></th>
<th>Frank</th>
<th>John</th>
<th>Jane</th>
<th>Emily</th>
<th>Sue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suicidal ideation / self harm</strong></td>
<td>n/a</td>
<td>P.W. - cut on arm 12/8</td>
<td>n/a</td>
<td>T.R. - urges to OD n/a</td>
<td></td>
</tr>
<tr>
<td><strong>4 miss</strong></td>
<td>n/a</td>
<td>n/a</td>
<td>S.D; group; 3 miss</td>
<td>n/a</td>
<td>J.T.; individ; 3 miss</td>
</tr>
<tr>
<td><strong>Burnout</strong></td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>TIB (therapist &amp; client)</strong></td>
<td>n/a</td>
<td>was late to appt with L.P.</td>
<td>n/a</td>
<td>T.R. - suicide communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n/a</td>
<td>L.P. - disrupting group milieu</td>
<td>n/a</td>
<td>L.P. - disruptive group milieu</td>
<td></td>
</tr>
<tr>
<td><strong>Good news</strong></td>
<td>back from vacation</td>
<td>n/a</td>
<td>A.H. got a job</td>
<td>Holiday Party!</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Radar</strong></td>
<td>n/a</td>
<td>space for new L.P. needs new PCP group?</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td><strong>Business / coverage</strong></td>
<td>R.S. - group?</td>
<td>n/a</td>
<td>n/a</td>
<td>question - clinic policy</td>
<td>out 12/22-12/28</td>
</tr>
<tr>
<td><strong>Therapy for therapist</strong></td>
<td>n/a</td>
<td>feeling overwhelmed, time management help?</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>
A DBT consultation team provides therapy for the therapist.

- Not case review or confirming plan
- Not about treating the patient, but improving therapist for all patients
- Every therapist treats every patient
- Trying to get somewhere new
- Only for topics of direct relevance (not encounter group)
- Requires consultation team agreements for it to work
- Any DBT strategy is fair game
- Assess and treat capability and motivation
- Managing supervisors and supervisees in team
Therapy for the Therapist

• Do you know what to do?
• Do you know how to do it?
• Are you motivated to do it?

Examples:
• “I am dreading the next session with my client and I need validation about how stressful the treatment has been for me.”
  • Team responses: Validation, cheerleading, highlighting patterns of behavior over time, Cope Ahead skill

• “I am stuck in gridlock with my client while targeting the diary card not being completed. I need a new way of looking at this target and talking about it in session”
  • Team Responses: Validation, cheerleading, dialectical strategies (magnifying tension between both sides, metaphors etc), role play or behavioral rehearsal, generating solutions, troubleshooting
DBT Team Consultation Agreements

• **Dialectical agreement:** We agree to accept a dialectical philosophy. There is no absolute truth. When caught between two conflicting opinions, we agree to look for the truth in both positions and to search for a synthesis by asking questions such as, “What is being left out?”

• **Consultation to the client agreement:** We agree that the primary goal of this group is to improve our own skills as DBT therapists, and no serve as a go-between for clients to each other. We agree to not treat clients or each other as fragile. We agree to treat other group members with the belief that others can speak on their own behalf.
DBT Team Consultation Agreements

- **Consistency agreement:** Because change is a natural life occurrence, we agree to accept diversity and change as they naturally come about. This means that we do not have to agree with each others’ positions about how to respond to specific clients, nor do we have to tailor our own behavior to be consistent with everyone else’s.

- **Observing limits agreement:** We agree to observe our own limits. As therapists and group members, we agree to not judge or criticize other members for having different limits from our own (e.g., too broad, too narrow, “just right”).
DBT Team Consultation Agreements

- **Phenomenological empathy agreement:** All things being equal, we agree to search for nonpejorative or phenomenologically empathic interpretations of our clients’, our own, and other members’ behavior. We agree to assume that we and our clients are trying our best and want to improve. We agree to strive to see the world through our clients’ eyes and through one another’s eyes. We agree to practice a nonjudgmental stance with our clients and one another.

- **Fallibility agreement:** We agree that all therapists are fallible and all therapists make mistakes. Because of this, there is no need to be defensive if someone accuses you of something because you probably did it (at least in part).
Unofficial DBT Team Agreement

- **Reciprocal Vulnerability**: Consultation team is “therapy for the therapist” and all DBT skills and strategies are used to help the therapist be as motivated and skillful as possible with DBT. Therefore, the principles that apply to effective group psychotherapy apply to consultation team – a consistent group of people who keep what you say confidential and are as vulnerable to your input as you are to theirs.

- **Implications**
  - Everyone in team has an ongoing clinical role on which they receive feedback (individual therapy, co-lead group, weekly coaching task).
  - Everyone speaks and gives feedback to everyone else.
  - Confidentiality is maximized (and limits to confidentiality including performance evaluations and grievance procedures are clarified ahead of time and within each member’s personal limits).
Managing Conflict in Team

1) Be mindful of your experience.

2) Define the Issue Behaviorally. This will facilitate clear communication. Get agreement on the focus if possible and stay data-based.

A) Use Observe and Describe. Define and talk only about visible behaviors and your internal experience and do so nonjudgmentally.
   • Be careful to not assume intent on the part of the other person from the consequences of their actions and refrain from interpreting their behavior or assuming future actions/events.

B) Focus on effectiveness.
   • Keep your focus on what works not on being right. Remember there’s no way to say you’re right without saying someone else is wrong. An action is effective if it helps you get closer to your goal.
Managing Conflict in Team

3) Be regulated before discussing the issue.
   - Can get a consultation from a team member. Consultation is to help you get regulated, not gathering of allies or parking lot conversations. Be careful of rehearsing ineffective behavior and fueling the fire.

4) Remember your commitment to the team and the dialectical agreements.
   - There is a payoff to working out issues. You will be earning a strong team and a strong team will help you be a better clinician.
Managing Conflict in Team

5) Respond dialectically and in a dialectical manner

- Practice stating both sides of the dialectic with a pause in the middle for response/thought. Let other team members volunteer the dialectic (or ask them to) so you can hold on your end and yet have both ends present.

- Practice living with the tension that both are true and legitimate even if the team cannot find a synthesis.