Comprehensive Training in Dialectical Behavior Therapy
Part 3
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Developing an Effective DBT Consultation Team

Treatment Team
Consultation-to-the-Therapist

- Consult with therapists to enhance their treatment skills and their motivation to treat (DBT consultation agreements)
- Targets acceptance and change

What do you want/need today?
(to improve your skills and/or motivation to deliver DBT effectively)

Two Parts to Effective Consultation

1. Discriminate better from worse DBT
   a. Understanding adherence in DBT
   b. Opportunity to observe colleagues
2. Give effective feedback
   a. Understanding and validating the therapist’s experience
   b. Dialectically balance acceptance and change
   c. Completely non-judgmental
   d. Understand therapy delivery as learning, also
   e. Effective giving and receiving of feedback

Dialectics

- BIG block or push for change
- BIG validating response
Treatment Adherence

- Treatment adherence is always the "primary target"
- Emerging evidence suggests that higher treatment adherence and competence may produce better outcomes

Adherence Pyramid

Dialectical Tension

- DBT is a team treatment AND
- DBT has primary therapists who deliver the "individual" component of treatment
- Therapists need skills AND
- Therapists need support
- Some therapists are oriented more to change
- Others are oriented more to acceptance
- Everyone has a valued role on the team AND
- Everyone has other roles outside the team

Developing & Maintaining a Non-Judgmental Stance

Pitfalls

- Talking about problems or solutions vs. assessment and targeting, role playing, problem-solving (doing)
- Insufficient expertise around adherence
- Avoidance vs. V6/radical genuineness & engagement (every client if my client)
- Outside team roles and relationships can make adherence feedback complicated
- Passivity and/or social loafing vs. active validation & active problem solving

How Can We Promote an Effective Consultation Team?

- Clear Agreements
- Practical and Useful Structure
- Clear Targets for Consultation
- Dialectical Process:  Big push, big support
- Do the treatment on ourselves/each other
- Practice!
Agreements

- Consultation team agreements
- Inclusion/exclusion criteria/program issues
- Valued roles
- Therapists can go through an orienting and committing process also
  – Orient to DBT
  – Agree to consultation team agreements
  – Observe case(s) & consultation
  – Do pros and cons of joining
  – Clear commitment (time and behavior)

DBT Consultation Agreements

- To accept a dialectical philosophy
- To consult with the patient on how to interact with other therapists and not to tell other therapists how to interact with patient
- That consistency of therapists with one another (even across the same patient) is not necessarily expected
- That all therapists are to observe their own limits without fear of judgmental reactions from other consultation group members
- To search for non-pejorative, phenomenological empathic interpretation of patient’s behavior
- That all therapists are fallible

Please Note:

- Implicit is the clear agreement that all members of the DBT team agree to practice DBT, not some other treatment, even if another treatment is easier, is more in the repertoire of one or more individuals, everyone is hopeless, or another approach seems like a good idea for any reason

Issues and Structure

- Agenda
- Rotating mindfulness exercise/practice
- Leadership (fixed or rotating)
- Limit administrative time/discussion (except during program development)
- Schedule for case consultation (supervision?)
- Formal or informal adherence ratings
- Therapists have explicit targets (e.g., diary cards for own targets)
- Rationale/observe-model/practice method

Roles

- Members’ roles defined (change over time)
  - Group off task/deviating from agenda
  - Dialectical breakdown
    – Acceptance/validation vs. change/problem solving
    – Focus on being right instead of effective
  - Monitoring judgments
  - Breach in consultation team agreements
  - Breakdown in focus (unmindful behavior)
  - Treating team member in non-V6 manner
  - Pre-mature solutions

Targets

- What do each of us want or need today to enhance our skills and motivation?
- Formal (promotes continuity): use a diary card, adherence pyramid or adherence ratings
Support and Validation

- Validation is:
  - Communicating acceptance and understanding; legitimizing
- Validation is NOT
  - Simple agreement
  - Liking
  - Colluding to avoid difficult tasks

Functional Validation/Support

- Do (practice), don't just talk about doing:
  - Watch session
  - Rate adherence
  - Take over phone calls for a week or two
  - Substitute in group
  - Take someone out to lunch
  - Push someone to follow through
  - Accept limits of others
  - Push others to pull in their limits (and PS how)
  - Push others to stretch their limits out (and PS how to do it)

Process

- Mindfulness
- Radical acceptance of situation, each other as team members
- Ongoing V6 (team members not fragile) interaction process
  - Honesty (with grace & skill)
  - Acceptance
  - What is a “risk”? Define it carefully.
- Disclosure/validation reciprocity: create a validating team environment

What gets in the way?

Consultation Team Meeting Agenda

- Mindfulness practice
- Set meeting agenda
- Crisis management & support
- Skill group update, supervision
- Phone update, supervision
- Targeted individual supervision with video/audio
- Targeted supervision with verbal update
- Short, descriptive updates (minimal feedback)
- In-depth case conceptualization
- Transitions: accept new patient, change stage, termination, drop-out
- Administrative issues (announcements, PS)

Pay Attention To:

1. Acceptance & validation
2. Target(s)
3. Push for change (includes blocking dysfunction)
4. Therapist mindfulness of patient, and patient’s emotion in session
5. Focus on treating emotion, emotion dysregulation
6. Doing, not talking about doing
7. Skills are solutions
Consider

1. Is the target for consultation clear? Is the problem definition clear?
2. How is the therapist's motivation?
3. What is getting in the way?
   a. Lack of skills
   b. Emotion
   c. Judgments/cognition
   d. Contingencies

Learn what is better/worse DBT: Session Feedback Website & Training Series

send email to Mike for instructions & access

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