

DBT Consultation Team Format

SECTION ONE (let by rotating leader)

Approx. Time

0:00 **Mindfulness**

0:05 **Read one DBT team agreement**

5-minute chain analysis/solution analysis on any latecomer

Read and approve minutes/summary of last consultation

Develop agenda

Review items on DBT Consultation Agenda Form and ask each therapist if he/she has anything to add to the agenda and/or needs help and, if so, how urgent is the agenda item (1-3 or 1-5 scale).

0.20 **Therapist Consultations**

- i. Group Update(s)
- ii. Life-threatening behaviors or imminent risk of clients
- iii. Imminent risk of 4 misses in a row, i.e., treatment drop-out
- iv. Severely more dysfunctional behaviors of clients
- v. Urgent requests for help (highest number on scale)
- vi. Effective behaviors of clients or therapists
- vii. Team interfering behaviors
- viii. Therapy interfering behaviors (including not knowing what to do next)
 1. Out-of-adherence
 2. Not know what to do next
 3. Judgmental/non-dialectical/willful stance or attitude
 4. Burnout and problems with limits
 5. Out-of-compliance paper work, notes, documentation
- ix. Updates and processing-out-loud
- x. Out of town dates, requests for back-up

01:00-15 **Break**

SECTION TWO (let by DBT team leader)

0:15 **Mindfulness**

0:20 **Teaching**, discussion of readings, practice, watching/discussing session DVDs.

DBT Consultation Team Member Tasks

Meeting leader (same as mindfulness leader):

1. develops agenda with team members
2. determines order of agenda items
3. manages time
4. reads one of the dialectical agreements

“Observer” (leader from previous week) observes and rings bell lightly when:

1. **dialectic unresolved**
2. anyone (patients or therapists) **treated as fragile (elephant in the room)**
3. **judgmental/non-compassionate** comment is made
4. **defensiveness arises**, forgetting that we are all fallible
5. **non-mindfulness**, doing two things at once appears
6. **solutions given** before problem is assessed
7. **treatment recommendations/comments violate DBT principles**
8. **consultant-to-the-team/DBT team leader intervening**, doing rather than teaching

Note taker (next up as meeting leader):

1. takes notes during meeting of therapist-dyads discussed, problems brought up, advice given, topics unaddressed due to time and issues/agreements for follow-up at next meeting

Consultation members:

1. Participate, remembering that therapists always have something to say, i.e., staying silent throughout an entire consultation meeting is not participating.
2. Consult with members who want consultation.
 - 1st, get agreement on problem presented and get it defined behaviorally
(client behavior is problem; therapist behavior is problem; therapist wants to summarize and get validation/cheerleading/praise/sympathy)
 - 2nd, assess problem behaviorally:
 - a. look for reinforcers (positive or negative)
 - b. look for aversive consequences to functional responses
 - c. look for inadequate or inappropriate stimulus control
 - d. consider skills deficits
 - e. ask about secondary targets that might be contributing
 - 3rd, suggest strategies based on assessment/formulation
 - 4th, check if more help is needed
3. Give feedback to and coach team members who fall out of DBT in their therapy or during the meeting.
4. Highlight “elephants-in-the-room” and topic avoidance when they arise.
5. Listen to and validate (when appropriate) members who wish to share or process experiences with clients or other team members.