

Partners In Recovery

POLICY AND
STANDARDS

Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-201B.2.i

Policy Name: Referrals for Dialectical Behavior Therapy

Policy Number: PRG - 0001

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

Unmet Needs

Policy Statement

Partners In Recovery has established standards for making a referral for Dialectical Behavior Therapy (DBT).

Purpose

To describe the process of Partners In Recovery Direct Care staff making a referral for counseling services and DBT.

Scope

Partners In Recovery Direct Care Clinics.

Key Terms

Should the reader need to inquire as to the definition of a term used in this policy, the Partners In Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

Standards

- I. Dialectical Behavior Therapy (DBT) Referrals
 - A. DBT is a systematic cognitive–behavioral approach found to get best results when used with individuals struggling with Borderline Personality Disorder (BPD), especially those with chronic patterns of suicidal or other severe dysfunctional behaviors. DBT was developed by Marsha Linehan, Ph.D. and her colleagues at the University of Washington in Seattle. This therapy has demonstrated efficacy in treating BPD. DBT has demonstrated to reduce incidence and severity of self- harming behaviors, suicide attempts, therapy drop-outs, self-reported anger and has demonstrated to increase interpersonal and global adjustment. DBT is a long- term comprehensive treatment that incorporates empirically proven strategies from different approaches. DBT has four components characterized by a hierarchy of treatment targets to address motivation and skill deficits:
 1. Individual DBT psychotherapy that focuses on motivational issues and skills strengthening;
 2. Group Skills Training focusing on skills acquisition and generalization;
 3. Phone consultation in between sessions to foster generalization of skills to everyday life outside of treatment environment; and
 4. Consultation/team meeting for the therapists and skills trainers, focusing on keeping the therapists within the treatment frame and motivated to continue treatment.
 - B. The outcomes that are desired by DBT are: decrease in suicidal ideation; suicide attempts and in self harming behaviors, as well as reductions in need for psychiatric in-patient

- services; crisis services; and outpatient psychiatric and case management services.
- C. It is the clinical team’s responsibility to assess the consumer’s needs that can be met through DBT. It is suggested that the clinical teams utilize the “DBT Referral Guide” when the needs of the consumer are being assessed. If the clinical team determines that the needs of the consumer could be met through DBT, the clinical team will make sure that the consumer receives a copy of the DBT FAQ (attached) the clinical team will assist the consumer in developing goals which will be outlined in his/her ISP. The goals/expectations of counseling will be:
1. Written clearly, in language understandable to the consumer, members of the clinical team and the counselor;
 2. Measurable and include a descriptor of what will be different upon completion of counseling; and
 3. Include timelines for completion (at least one year).
- D. Once the assessment is completed, the clinical team updates the ISP with the new information.
- E. When the assessment is completed, the clinical team can proceed to make the referral for “DBT Assessment”. The following are the steps to take when making the referral:
1. Secure counseling services through Medicare or private insurance if the consumer has these benefits already established. If these are not available;
 2. Contact the Clinical Manager/Counseling to receive information regarding openings for DBT at a Magellan contracted provider or through co-location. If there are openings, the Clinical Manager/Counseling will notify the case management site of where counseling slots are available. If there are no openings at a contracted provider or through co-location, the clinical team may request the following:
 - A request for a SCA or if there is no provider that can accommodate the consumer in counseling with a SCA, follow the Unmet Needs policy to add the consumer’s information to the list.
- F. When a counseling provider has been identified, the consumer can schedule his/her assessment session. The Clinical Team will maintain communication with the consumer to find out when the assessment session will take place. Depending upon the clinical situation, a member of the clinical team may attend the assessment session with the agreement of the consumer.
- G. It is the clinical team’s responsibility to review monthly progress reports submitted by the counseling provider and complete an assessment of consumer’s progress towards counseling goals at least every 6 months.

Associated Partners In Recovery Direct Care Clinic Forms & Attachments

Non-DBT Referral Guide for Clinical Teams

DBT Referral Guide for Clinical Teams

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