

Partners In Recovery	POLICY AND STANDARDS
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Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-201B.2.i

Partners In Recovery Direct Care Clinics (DCC) Policy:

Policy Number:	PRG - 0002
DCC Policy Name:	On Site Counseling Services, DBT and Site Referral Process
Date of Inception:	
Previous Approval Date:	
Current Approval Date:	

Partners In Recovery Direct Care Clinics (DCC) Approval(s):

Partners In Recovery Representative Title		Date
Partners In Recovery, Representative Title		Date
Partners In Recovery, Representative Title		Date
Partners In Recovery, Representative Title		Date

Cross Reference(s)

Unmet Needs

Policy Statement

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

Purpose

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

Scope

Partners In Recovery Direct Care Clinics.

Key Terms

Policy Terms & Definitions are available should the reader need to inquire as to the definition of a term used in this policy.

To access the *Policy Terms & Definitions Glossary* in MagIC, click on the below link:

[***Policy Terms & Definitions Glossary***](#)

Standards

- I. Counseling Referral
 - A. Partners In Recovery offers counseling services, including substance abuse counseling, at some of the SMI case management sites. Counseling is available on an individual basis as well as in group settings. Counseling at the sites is primarily a cognitive based therapy for consumers suffering from depression, anxiety, mood disorders and some forms of psychosis. Substance abuse counseling may utilize 12-step, self-help and family interventions in assisting the consumer in achieving abstinence from alcohol and chemical dependencies. Consumers in counseling can expect to come to therapy on average, once per week, participate in the development of their Counseling Treatment Plan, be assigned homework and actively participate in their recovery. Counseling services are available to help consumers reach their goals and improve the quality of their lives by increasing symptom management skills.
 1. All counseling services are provided by a licensed behavioral health professional.
 2. Group counseling is limited to no more than 15 consumers, or if family members participate in group counseling, no more than a total of 20 individuals, including all consumers and family members.
 - B. It is the clinical team's responsibility to assess the consumer's needs that can be met through counseling. It is suggested that the clinical teams utilize the "Counseling, Non-DBT Referral Guide" when the needs of the consumer are being assessed. If the clinical

team determines the needs of the consumer could be met through counseling, the clinical team will assist the consumer in developing goals for therapy 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; “make a referral for counseling (or DBT)” is not an acceptable goal.
 2. Measurable and include a descriptor of what will be different upon completion of counseling; and “attend counseling (or DBT)” is not acceptable.
 3. Include timelines for completion.
 4. Counseling services will be provided according to the frequency and number of hours identified in the consumer’s treatment plan.
 5. Counseling sessions are documented in the consumer’s record and include:
 - a) The date of the counseling session;
 - b) The amount of time spent in the counseling session;
 - c) The location where the counseling session occurred, if it occurred off the premises;
 - d) Whether the counseling was individual counseling, family counseling, or group counseling;
 - e) The treatment goals addressed in the counseling session;
 - f) The consumer’s observed response to the counseling; and
 - g) The signature and professional credential or job title of the staff member who provided the counseling and the date signed.
- C. Once the assessment is completed, the clinical team updates the ISP with the new information. This ISP will be utilized as part of the counseling referral.
- D. When the assessment is completed, the clinical team can proceed to make the referral following the steps below:
1. Secure counseling services through Medicare or private insurance if the consumer has these benefits already established. If these are not available;
 2. Make a referral to Partners In Recovery Provider Network. If the provider network can not accommodate consumer;
 3. Contact the site Clinical Director for openings with the Partners In Recovery Counselor (if one at your site) or with the co-located counselor. If no openings are available with the Partners In Recovery Counselor or the co-located counselor, the clinical team can make a request for a Single Case Agreement (SCA) by following the SCA Protocol and;

4. If there is no provider that can accommodate consumer in counseling with a SCA, proceed to follow the Unmet Needs policy.
- E. When a counseling provider has been identified, the consumer can schedule his/her intake session. Clinical team will maintain communication with the consumer to find out when the intake will take place. Depending upon the clinical situation, a member of the clinical team may attend the assessment session with consumer when the services will be provided by a non- Partners In Recovery Counselor and with the agreement of the consumer.
- F. It is the clinical team's responsibility to review the monthly progress reports submitted by the counseling provider and complete an assessment of consumer's progress towards counseling goals at least every six months.

II. 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 Partners In Recovery contracted provider or through the agency. 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 with the agency, 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 consumer when the services will be provided by a non- Partners In Recovery Counselor and 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

DBT Frequently Asked Questions

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