

InsightDBT Therapist Handbook v2
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DBT Therapist Employee Handbook

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1. Introduction

Welcome to InsightDBT! As a Dialectical Behavior Therapy (DBT) therapist, you play a critical role in supporting clients through structured, evidence-based treatment designed to enhance emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness. This handbook outlines the expectations, principles, and professional responsibilities essential for providing effective DBT services.

2. The DBT Framework

DBT is a cognitive-behavioral treatment that incorporates both acceptance and change strategies. As a DBT therapist, you are expected to adhere to the following principles:

- **Biosocial Theory:** Understanding that emotional dysregulation results from biological predispositions and invalidating environments.
 - **Four Treatment Modes:** Individual therapy, skills training groups, phone coaching, and consultation team.
 - **Commitment to Dialectics:** Balancing acceptance and change, helping clients integrate opposing perspectives.
 - **Behavioral Targeting:** Prioritizing treatment based on hierarchy (e.g., life-threatening behaviors, therapy-interfering behaviors, quality-of-life issues).
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3. Core Responsibilities

As a DBT therapist, your responsibilities include:

- Conducting structured individual therapy sessions focused on skill application and behavior change.
- Facilitating DBT skills training groups using standardized curriculum.
- Providing crisis coaching outside of sessions within set limits.
- Documenting sessions in compliance with legal and ethical standards.
- Participating in a weekly DBT consultation team to ensure adherence to the model and maintain therapist well-being.
- Encouraging clients to complete diary cards and reinforce skill use.

4. Therapeutic Interventions

DBT therapists use a range of interventions to foster skill development and behavioral transformation, including:

- **Validation Strategies:** Acknowledging clients' experiences while guiding them toward change.
- **Behavioral Analysis:** Identifying problem behaviors, their functions, and alternative skill-based responses.
- **Mindfulness Techniques:** Teaching present-moment awareness to reduce impulsivity.
- **Exposure Strategies:** Helping clients confront distressing emotions and situations with coping strategies.
- **Contingency Management:** Reinforcing adaptive behaviors while minimizing reinforcement of maladaptive patterns.

5. Handling Treatment-Interfering Behaviors

Treatment-Interfering Behaviors (TIBs) refer to actions that hinder the progress of therapy, whether they originate from the client, therapist, or environment. Addressing TIBs is essential to maintaining treatment efficacy.

Common TIBs include:

- Chronic lateness or missed sessions.
- Non-completion of diary cards.
- Persistent avoidance of treatment goals.
- Engaging in behaviors that disrupt therapy sessions, such as excessive emotional outbursts.
- Client pushback against therapeutic structure and expectations.

Strategies for Managing TIBs:

- Use **validation and problem-solving** to address barriers to participation.

- Implement **contingency management** to reinforce engagement and discourage avoidance behaviors.
 - Conduct **behavior chain analyses** to examine the function of TIBs and develop alternative responses.
 - Discuss TIBs in **consultation team meetings** for additional guidance.
 - Maintain **therapeutic boundaries** while holding clients accountable for their participation in treatment.
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6. Utilizing Supervision and Group Consultation

Supervision and consultation team meetings are essential for therapist growth, adherence to DBT principles, and maintaining emotional resilience.

Expectations for Supervision & Consultation:

- Attend **weekly DBT consultation team meetings** to discuss cases, address challenges, and problem-solve TIBs.
 - Seek **individual supervision** as needed for additional support and guidance.
 - Be open to **feedback and skills coaching** to enhance DBT fidelity.
 - Use consultation meetings to **address personal countertransference** and prevent therapist burnout.
 - Support peers by providing constructive feedback and sharing knowledge.
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7. Treatment Planning in DBT

A structured treatment plan is essential to guide therapy and ensure progress toward meaningful goals.

Treatment plans in DBT follow a Goal, Objective, and Intervention framework:

- **Goal:** A broad, long-term outcome the client aims to achieve (e.g., “Reduce emotional dysregulation and improve distress tolerance.”)
- **Objective:** Specific, measurable steps to achieve the goal (e.g., “Client will use at least one distress tolerance skill per week to manage emotional crises.”)
- **Intervention:** Therapist actions to facilitate the objective (e.g., “Teach and review distress tolerance skills during individual therapy.”)

Treatment plans should be reviewed regularly, incorporating new objectives based on diary card data, chain analyses, and client progress.

8. Managing High-Risk Behaviors in DBT

Identifying and managing high-risk behaviors is a critical component of DBT. Clients experiencing life-threatening behaviors such as self-harm, suicidal ideation, or suicide attempts require immediate attention and structured intervention.

Key Procedures for Managing Risk:

- Conduct **ongoing risk assessments** in every session.
- Review **diary cards** carefully for warning signs.
- Establish **clear safety plans** early in treatment.
- Engage **family support** for high-risk adolescent clients.
- If a client is actively suicidal and unable to commit to safety, **hospitalization must be considered**.
- **Immediately notify** a supervisor regarding any life-threatening behaviors.

24-Hour No Phone Coaching Rule:

- **For adult clients who engage in self-harm**, phone coaching is suspended for 24 hours to prevent reinforcing maladaptive behaviors.
- **For adolescents**, phone coaching remains available, with parental involvement in crisis management.

9. Team Collaboration and Self-Care

Maintaining a collaborative and supportive team environment is essential for DBT therapists.

Key Expectations:

- Engage in **consultation team** for support, skill-building, and adherence to DBT principles.
- Utilize **self-care strategies** to prevent burnout and maintain clinical effectiveness.
- Seek **peer support and supervision** when faced with challenging cases.
- Set **professional boundaries** to maintain work-life balance and effectiveness as a clinician.

10. Zero Tolerance Sexual Harassment Policy

1. Policy Statement

InsightDBT is committed to maintaining a workplace free from sexual harassment. Sexual harassment is a form of workplace discrimination and is unlawful under federal, state, and local

law. InsightDBT strictly prohibits sexual harassment of any kind, whether by employees, clients, contractors, vendors, or any other individuals interacting with our organization.

All employees, regardless of title or position, are covered by this policy and are required to comply with it. Retaliation against individuals who report sexual harassment or who assist in investigations is also prohibited.

2. Definition of Sexual Harassment

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, physical, or visual conduct of a sexual nature when:

- Submission to such conduct is made explicitly or implicitly a term or condition of employment.
- Submission to or rejection of such conduct is used as the basis for employment decisions.
- The conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Sexual harassment includes but is not limited to:

- Unwanted flirtation, touching, or groping.
- Sexually suggestive comments, jokes, or innuendos.
- Leering, obscene gestures, or inappropriate physical contact.
- Sharing sexually explicit materials, texts, or emails.
- Repeated, unwelcome advances or pressure for dates.
- Making derogatory comments about a person's gender or sexuality.
- Retaliation against an employee for reporting harassment.

3. Reporting Procedure

Employees should report any incidents of sexual harassment as soon as possible to: **Michael Hartman, Program Director**
 Email: **Michael@HartmanMHC.com**
 Phone: **516-205-5794**

Reports will be handled promptly, thoroughly, and confidentially to the extent possible. Employees are encouraged to report harassment even if they are not the direct target.

4. Investigation Process

- Conduct a prompt and impartial investigation.
- Interview relevant parties (complainant, accused, and any witnesses).
- Maintain confidentiality as much as possible.
- Take corrective action if necessary, including disciplinary measures or termination.

5. Employee Responsibilities

All employees are expected to:

- Treat others with dignity and respect.
- Refrain from engaging in sexual harassment.
- Report any incidents immediately.
- Cooperate fully with any investigations.

Violations of this policy will result in disciplinary action, up to and including termination.

11. Termination with Clients

Termination is a necessary part of maintaining a structured and effective DBT program. Clients must engage in treatment to experience progress, and therapists must determine when a client is no longer benefiting from the program or requires a higher level of care. Proper documentation and adherence to termination policies are essential to ensure clinical and ethical integrity.

1. When to Consider Termination

- Clients who miss **four consecutive sessions** without prior communication or reasonable explanation may be subject to termination.
- Clients who disengage from **DBT skills group** or fail to attend sessions consistently may be removed from the program.
- Clients exhibiting **chronic treatment-interfering behaviors (TIBs)** despite multiple interventions may require case closure.
- Clients needing **higher levels of care (e.g., PHP, inpatient, crisis stabilization)** due to persistent high-risk behaviors that cannot be managed at an outpatient level should be referred out.
- If therapy is no longer aligned with the client's needs or goals, a structured termination process should be initiated.

2. Proper Documentation for Termination

- All terminations must be **well-documented** in session notes.
- The therapist should review prior efforts to engage the client, including contingency management and consultation team discussions.
- The termination rationale should be discussed in **consultation team** prior to finalizing the decision.
- A formal **termination letter** should be sent to the client, offering referrals for alternative treatment when appropriate.

3. Preventing Unnecessary Termination

- Termination should be framed as a **last resort** to uphold treatment integrity.
- Engaging in **contingency management** can provide opportunities for clients to correct behaviors and remain in treatment.
- Clients should be **re-engaged** through therapist outreach when possible, with clear expectations set for continued participation.

4. Termination as a Tool to Address TIBs

- When termination is enforced, it serves as a **boundary-setting tool** to emphasize treatment structure and accountability.
- Clearly communicating the **consequences of non-engagement** can reduce future TIBs in clients who continue treatment.
- The process of avoiding termination through behavior change reinforces the importance of **skill use and responsibility** in DBT.

Termination is a powerful tool in DBT, ensuring that therapy remains structured, effective, and beneficial for those who fully participate. While it is always preferable to keep clients engaged, maintaining program integrity and ensuring the best outcomes for clients must remain the priority.

Conclusion

As a DBT therapist at InsightDBT, you are part of a team committed to providing effective, structured, and compassionate care. By maintaining fidelity to the DBT model, collaborating with your team, and upholding ethical standards, you play a crucial role in helping clients achieve a life worth living.

If you have any questions, concerns, or need additional guidance, please reach out to your supervisor or the consultation team for support.