

## HANDOUT 1. CORE DBT TEAM AGREEMENTS

1. **Dialectical Agreement.** The DBT team agrees to accept, at least pragmatically, a dialectical philosophy. There is no absolute truth; therefore, when polarities arise, the task is to search for the synthesis rather than for the truth. The dialectical agreement does not proscribe strong opinions, nor does it suggest that polarities are undesirable. Rather, it simply points to the direction team members agree to take when passionately held polar positions threaten to divide the team.
2. **Consultation-to-the-Client Agreement.** The DBT team agrees that team members do not serve as intermediaries for clients with other professionals, including other members of the team. The team agrees that clients will have more opportunity to learn when a DBT provider consults with clients on how to interact with other team members. When providers intervene on behalf of clients, clients lose that opportunity to learn to resolve problems themselves. Thus, when a clinician says things that are unhelpful or ineffective to the client, the task of the other team members is to help their clients cope with this provider's behavior, not necessarily to reform the provider. This does not mean that the team members do not conduct therapy for the therapist, plan treatment for their clients together, exchange information about the clients (including their problems with other members of the team), and discuss problems in treatment. DBT providers strive to provide such learning opportunities, and only intervene on behalf of clients when it is effective to do so.
3. **Consistency Agreement.** Failures in carrying out treatment plans can be problematic; at the same time, they present opportunities for clients to learn to deal with the real world. The job of the DBT team is not to provide a stress-free, perfect environment for clients. Thus, the DBT team, including all members of the team, agrees that consistency of team members with one another is not necessarily expected; each member does not have to teach the same thing, nor do all have to agree on what are "proper rules" for therapy. Team members can each make their own decisions about how to proceed in therapy, within the DBT frame. Similarly, although it can make for smooth sailing when all members of an institution, agency, or clinic communicate the rules accurately and

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clearly, mix-ups are viewed as inevitable and isomorphic with the world we all live in. Any time a team member, team, or agency delivers treatment inconsistently (both in relation to other providers and to themselves), it is seen as a chance for clients (as well as team members) to practice the skills taught in DBT.

4. **Observing-Limits Agreement.** The team agrees that all members are to observe their own personal and professional limits. Furthermore, team members agree not to judge limits different from their own as too narrow or too broad, and instead determine if the limits are effective in a given situation. The team may suggest that a member broaden or narrow limits to become more effective, and at the same time will accept each other's differing limits without judgment. Team members will do their best to communicate their limits effectively to clients and teammates, and at the same time, clients are expected to ask about, learn, and accept providers' limits.
5. **Phenomenological Empathy Agreement.** DBT team members agree, all other things being equal, to search for nonpejorative or phenomenologically empathic interpretations of clients' behavior. The agreement is based on the fundamental assumption that clients are trying their best and want to improve, rather than to sabotage the therapy or "play games" with their provider. When a teammate is unable to come up with such an interpretation, other team members agree to assist in doing so, meanwhile also validating any frustration or other emotions that may arise for the provider. Thus, DBT team members agree to hold one another nonjudgmentally in the DBT frame. They agree to also search for a nonpejorative interpretation of the behavior of teammates, clients' family members, and any other relevant individuals, as well.
6. **Fallibility Agreement.** There is an explicit agreement in DBT team that all team members are fallible. Thus, there is little need to be defensive, since it is agreed ahead of time that team members have probably done whatever problematic things they are accused of. The task of the team is to apply DBT principles to one another, in order to help each member stay within DBT. As with clients, however, problem solving with team members must be balanced with validation of the inherent wisdom of their stances. Because, in principle, all team members are fallible, it is agreed that they will inevitably violate all of the agreements discussed here. When this is done, they will rely on one another to point out the polarity and will move on to search for the synthesis.

## **HANDOUT 2. EXPANDED LIST OF DBT TEAM AGREEMENTS**

1. Dialectical Agreement.
2. Consultation-to-the-Client Agreement.
3. Consistency Agreement.
4. Observing-Limits Agreement.
5. Phenomenological Empathy Agreement.
6. Fallibility Agreement.
7. Consider oneself part of a community of therapists treating a community of clients.
8. Provide “therapy for the therapist.”
9. Provide DBT.
10. Conceptualize clients’ and each other’s behavior from a behavioral perspective.
11. Treat team meetings as importantly as any other therapy session.
12. Be available to fulfill the role for which one joined the team.
13. Be willing to call out the “elephant in the room” when others do not.
14. Remain one-mindful in team.
15. Assess sufficiently before offering solutions.
16. Strive to follow the assumptions about clients and therapy.
17. Follow team policy regarding providing coverage for each other, missing team, and missing appointments with clients.
18. Continue focusing on all of the above, even when feeling burned out, frustrated, tired, overworked, underappreciated, hopeless, ineffective, etc.

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## **HANDOUT 3. DBT ASSUMPTIONS ABOUT CLIENTS AND ABOUT THERAPY**

### **DBT Assumptions about Clients**

1. Clients are doing the best they can.
2. Clients want to improve.
3. Clients need to do better, try harder, and be more motivated to change.
4. Clients may not have caused all of their own problems, but they have to solve them anyway.
5. The lives of our clients can be unbearable.
6. Clients must learn new behaviors in all relevant contexts.
7. Clients cannot fail in therapy.
8. DBT team members need support.

### **DBT Assumptions about Therapy**

1. The most caring thing a DBT provider can do is help clients change in ways that bring them closer to their own ultimate goals.
2. Clarity, precision, and compassion are of the utmost importance in the conduct of therapy.
3. The therapeutic relationship is a real relationship between equals.
4. Principles of behavior are universal, affecting DBT providers no less than clients.
5. DBT providers can fail.
6. The treatment can fail even when DBT providers do not.

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## HANDOUT 4. DBT TEAM OBSERVER REMINDERS

The observer rings the bell *lightly* when:

- A team member did not speak during team.
- Nonmindfulness; a team member did two things at once.
- A team member was late or unprepared.
- A team member was defensive.
- A team member made a judgmental or noncompassionate comment.
- Solutions were offered before sufficient problem definition/assessment occurred.
- A team member was treated as fragile; there was an elephant in the room that was not discussed.
- A dialectic went unresolved.

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## HANDOUT 5. DBT TEAM OBSERVER REMINDERS CHECKLIST

Date: \_\_\_\_\_ Observer name: \_\_\_\_\_

**Check each of the boxes that apply.**

- ☐ A team member did not speak during the team meeting.
- ☐ The behavior was highlighted.
- ☐ A brief chain analysis was conducted.
- ☐ Solutions were agreed upon.
- ☐ A commitment to implement a solution was elicited.

A team member was not one-mindful, doing two things at once (i.e., reading and listening; talking on the telephone; chatting out of turn with other team members).

- ☐ The observer rang the bell.
- ☐ This behavior was highlighted and blocked by the team.

A team member was late for the meeting.

- ☐ The behavior was highlighted.
- ☐ A chain analysis was conducted.
- ☐ Solutions were agreed upon.
- ☐ A commitment to implement a solution was elicited.

A team member was obviously unprepared.

- ☐ The behavior was highlighted.
- ☐ A chain analysis was conducted.
- ☐ Solutions were agreed upon.
- ☐ A commitment to implement a solution was elicited.

A team member displayed defensiveness in response to feedback.

- ☐ The observer rang the bell.
- ☐ The behavior was highlighted.
- ☐ The team member was asked to rephrase the statement(s).

*(continued)*

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A team member spoke in a judgmental or noncompassionate manner about his or her client(s), others, or themselves.

- ☐ The observer rang the bell.
- ☐ This behavior was highlighted and blocked by the team.
- ☐ The team member was asked to rephrase the judgmental statement(s).

A team member offered solutions before the problem was clearly defined.

- ☐ The observer rang the bell.
- ☐ The behavior was highlighted.
- ☐ The problem was clarified.

A team member was treated as “fragile.” An obvious issue came up that needed to be targeted (e.g., defensiveness, judgmental talking, lateness) that was not highlighted or discussed by the team. Or, feedback clearly was needed, but was not provided.

- ☐ The observer rang the bell.
- ☐ The behavior was highlighted.
- ☐ The team discussed the avoided issue or provided the needed feedback.

A dialectic went unresolved.

- ☐ The observer rang the bell.
- ☐ The polarization was highlighted by the team.
- ☐ The other pole was sought out and explored.

## HANDOUT 6. DBT TEAM NOTES: TEMPLATE 1

Notetaker: \_\_\_\_\_ Date: \_\_\_\_\_

Team members in attendance: \_\_\_\_\_

1. Team member of the week: \_\_\_\_\_
  - a. Problem definition: \_\_\_\_\_
  - b. Team feedback/ideas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Provider agreed to: \_\_\_\_\_  
\_\_\_\_\_
2. Team member: \_\_\_\_\_
  - a. Problem definition: \_\_\_\_\_
  - b. Team feedback/ideas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Provider agreed to: \_\_\_\_\_  
\_\_\_\_\_
3. Team member: \_\_\_\_\_
  - a. Problem definition: \_\_\_\_\_
  - b. Team feedback/ideas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Provider agreed to: \_\_\_\_\_  
\_\_\_\_\_
4. Team member: \_\_\_\_\_
  - a. Problem definition: \_\_\_\_\_
  - b. Team feedback/ideas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Provider agreed to: \_\_\_\_\_  
\_\_\_\_\_

Other items of note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## HANDOUT 7. DBT TEAM NOTES: TEMPLATE 2

Day of week:

Leader:

Observer:

Notetaker:

Attendees:

Absent:

FUNCTION OF TEAM (reminder): Monitoring and increasing team members' use of effective interventions, maintain and increase team members' motivation

Paperwork out of compliance (notes, intakes, termination reports):

Compliance plan:

ADMINISTRATIVE ISSUES:

EFFECTIVE BEHAVIOR (describe):

SKILLS GROUP UPDATE:

Leaders:

Present:

Absent:

Handout/page/topic reviewed:

Handout/page/topic taught:

Homework assigned:

Clinically significant notes:

OUT-OF-TOWN DATES:

CONSULTATION (repeat this section as needed):

Team member:

Problem/issue:

Comments/advice:

TEACHING POINTS:

TEAM FUNCTIONING (IDEAS/UPDATES):

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## HANDOUT 8. DBT TEAM CONFIDENTIALITY AGREEMENT

### Confidentiality Agreement for Members of the DBT Team

Communications between DBT providers and their clients are considered to be confidential, and privileged from disclosure, as long as these communications are made in the course of diagnosis or treatment.

To have the most effective therapy possible, I understand and agree that I am seeking therapeutic treatment from other licensed providers during consult sessions. During these sessions, I am seeking treatment as a client of my colleagues, and when needed, offering my professional therapy services to other colleagues that are acting as clients to me. I understand and agree that as long as the consult meetings among DBT providers are held with providers acting in their professional roles of therapist to one another to further one's diagnosis or treatment, then the privilege also covers the consult team meetings.

I agree to maintain confidentiality of all words, conduct, and other communications, verbal and nonverbal, expressed during these consult meetings, including anything related to video/audio recordings. I recognize that effective psychotherapy depends upon an atmosphere of confidence and trust so that all group members feel comfortable to make frank and complete disclosures of facts, emotions, memories, and fears.

As a member of this group, I **agree not to disclose to anyone outside the group any confidential information that may help to identify another group member.** This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members. **I understand that I may be required to disclose confidential information for legal or ethical reasons, and team members may be required to disclose such information about me.**

**By my signature below, I acknowledge that I have read carefully and understand the Team Agreement and that I agree to its terms and conditions.**

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

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## HANDOUT 9. DBT TEAM MEETING AGENDA: TEMPLATE 1

Team member indicates a need for one or more of the following when speaking to the team:

- |   |   |
|---|---|
| (1) Validation from the team              | (3) Help improving assessment with client |
| (2) Help increasing empathy toward client | (4) Problem-solving suggestions           |

**Check box when topic has been discussed/completed.**

- ☐ Mindfulness
- ☐ Read agreement
- ☐ Review last week's notes
- ☐ Reminders to place on the agenda if more help is needed:
  - Who is treating someone at high risk for imminent suicide?
  - Who is treating a potential four-misses person?
  - Who is going out of town?
  - Who has out-of-date paperwork?
  - Who is treating someone who is doing worse?
  - Who has a client coming to the end of the treatment agreement?
  - Who spent a lot of time on the phone this week?
  - Was anyone late to team today?
- ☐ Group updates (which skill was taught, homework assigned, upcoming skill)
- ☐ Team member of the week: \_\_\_\_\_

15 minutes spent on one of the following: (1) role play, (2) viewing video, (3) presenting case formulation

### **PRIORITIZATION:**

**High priority (e.g., life-threatening behavior, high team member distress, time-sensitive topics, important team-interfering behaviors)**

**Team member initials:**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

**Medium priority (e.g., topics that are important but not time sensitive, it's OK if we run out of time today)**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

**Low priority (e.g., topics that can wait; there is a fair chance that these topics may get skipped today)**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

**Other:**

- ☐ Effective client or team member behaviors/progress \_\_\_\_\_
- ☐ Ring bell to end meeting

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## HANDOUT 10. DBT TEAM MEETING AGENDA: TEMPLATE 2

Date: \_\_\_\_\_ Leader: \_\_\_\_\_

**Check box when topic has been discussed/completed.**

- |   |  |
|---|--|
| <input type="checkbox"/> Mindfulness (10 minutes)<br><br><input type="checkbox"/> Read agreement<br><br><input type="checkbox"/> Review last week's notes<br><br><input type="checkbox"/> Skills update on whiteboard | <input type="checkbox"/> REMINDERS: if you need help with the following, please put on the agenda:<br><input checked="" type="checkbox"/> A client who is at a higher risk for suicide?<br><input checked="" type="checkbox"/> A client who is at risk of missing four sessions in a row?<br><input checked="" type="checkbox"/> A need for back-up coverage for travel?<br><input checked="" type="checkbox"/> Paperwork requirements that are out of date?<br><input checked="" type="checkbox"/> A client who is engaging in increasingly ineffective behaviors?<br><input checked="" type="checkbox"/> A client near the end of the treatment period?<br><input checked="" type="checkbox"/> Spent a lot of time phone coaching this week?<br><input checked="" type="checkbox"/> Was anyone late to team today? |
|---|--|

Place your initials on the agenda. (Remember to put the *team member* on the agenda.)

Check box for what you need today. Indicate priority and minutes needed.

Number of minutes requested	Priority: 1–5 (5 = highest)	Team member initials	I need help with ASSESSMENT	I need help with PROBLEM SOLVING	I need help building EMPATHY for my client	I need VALIDATION	I am BURNED OUT (please define for team)	I have an UPDATE	I DON'T KNOW what I need, but I need HELP!	I have an ANNOUNCEMENT

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