

DBT Case Presentation Guidelines

Plan for about 30 - 45 minutes for your case presentation including questions from the group. Please present the following:

1. Demographics:

Diagnosis, age, length of time in DBT treatment, team members, co-occurring issues, brief history including treatment history, examples of invalidating environment and emotional vulnerability. Do not use real names and alter details to protect identify of ct. if necessary.

1. History of self-injury/suicidality:

Identify frequency and lethality of past behaviors, note changes in these if relevant to presentation. Has ct. been hospitalized for these? If so, what is pattern of hospitalization?

2. Targets and Stages

Identify current targets of treatment. Be precise and specific in your language.

Orientation (explain the process you used to orient the person and their environment to treatment)

Pre-commitment (if the client is in pre-commitment, summarize the obstacles to commitment and comment on the techniques you're using (or have used) to strengthen commitment.

Stage 1 (Life threatening, Therapy interfering, Quality of life, Skill deficits). Provide examples of therapy interfering behavior (therapist and patient) and quality of life interfering behaviors that have come up, and how these were addressed. How will you know when the person is ready for stage II?

Stage II (emotion experiencing, trauma processing if applicable).

3. What is maintaining high target behavior?

Provide examples of conditioned emotional responses, dysfunctional cognitions, problematic contingencies (that you identified within the treatment and/or in their natural environment), and skills deficits. How have the secondary targets impacted treatment? Provide examples of secondary targets, episodes of invalidation and emotional dysregulation. Identify some common precipitating events and provide a sample behavioral chain analysis of high target behavior.

4. Identify some specific interventions

Provide a summary of interventions to address # 3, ie how is the treatment addressing what is maintaining the high target behaviors. Give examples of how the treatment is incorporating the change strategies; exposure, cognitive modification, skills training and contingency management to address target behaviors.

5. Provide examples of how dialectics, mindfulness, stylistic strategies and the consult team contributed to the treatment of this client.

Consider the dialectical strategies, the consult agreements, irreverence/reciprocal vulnerability, case management strategies and examples related to mindfulness and non-judgmental awareness

6. Consultation question:

a. What question(s) do you have, be specific if possible.