

DBT Practicum Handbook At California  
Lutheran University

Jamie Bedics, Ph.D., ABPP

2021-05-16



# Contents

<b>Overview</b>	<b>5</b>
<b>1 DBT Coursework</b>	<b>9</b>
<b>2 Commitment to DBT Practicum</b>	<b>11</b>
<b>3 Individual Therapy Sessions</b>	<b>13</b>
3.1 General Clinic . . . . .	13
3.2 General Procedures and Professionalism . . . . .	13
3.3 First Session Checklist . . . . .	14
3.4 Continuing Sessions . . . . .	15
3.5 Setting Goals . . . . .	15
3.6 Termination of Treatment . . . . .	16
3.7 Missed Individual Sessions . . . . .	16
3.8 Call or text Jamie . . . . .	16
<b>4 DBT Skills Training Class</b>	<b>17</b>
4.1 General Requirements . . . . .	17
4.2 Group Notes . . . . .	18
4.3 Jamie’s Tips for Skills Training . . . . .	19
4.4 General Tips for Skills Training . . . . .	19
<b>5 Phone Contact with Clients</b>	<b>23</b>
5.1 Missed Session . . . . .	23
5.2 You call the client but someone else picks up. . . . .	24
5.3 Someone calls (or emails) you about the client : . . . . .	24
5.4 Phone Coaching as an intervention . . . . .	24
<b>6 Supervision and DBT Team</b>	<b>25</b>
6.1 Individual Supervision . . . . .	25
6.2 DBT Team Meetings . . . . .	25
6.3 Practicum Class . . . . .	25
<b>7 Professionalism</b>	<b>27</b>



# Overview



Figure 1: Welcome to DBT at CLU!

## History

The DBT practicum at California Lutheran University (CLU) began in 2010 which was also the inaugural year of the PSYD Program at CLU. The training program was developed by Dr. Jamie Bedics and in collaboration with the developer of DBT, Dr. Marsha Linehan.

The goal of the DBT training program is to provide doctoral students with the coursework and training necessary to become competent providers of DBT in the community. Such intensive training in DBT during graduate school is unique. The majority of DBT practitioners in the community receive their training post-licensure through groups such as **Behavioral Tech**. Although these trainings represent the gold standard in DBT training for post-licensure clinicians, they are both costly and time consuming.

Dr. Linehan recognized the limitations of post-licensure training and received a training grant from the National Institute of Mental Health (NIMH) to develop

methods for disseminating DBT at the graduate level. The result was the packaging of her coursework at the University of Washington (Behavioral Methods, DBT Basics, Suicide Risk Assessment and Management, and Mindfulness) to be delivered and shared by her former students and colleagues. Cal Lutheran was one of the first universities to implement this DBT training model with Dr. Bedics as the trainer and instructor.

## **Learning DBT at CLU**

### *1. DBT Practicum*

Interested students typically take the DBT practicum with Dr. Bedics in their second year at CLU. Although called the “DBT Practicum” it is rare for students to gain exposure to comprehensive DBT and all the modalities of DBT. Instead, the majority of students are applying behavioral therapy consistent with that described in the core DBT manual (Linehan, 1993). Students can, however, expect to see clients who meet criteria for borderline personality disorder and struggle with suicidal behavior.

Responsibilities include:

1. Shadow Dr. Bedics as he conducts phone screenings and diagnostic assessments for the
2. Participate in DBT Skills Training Class with Dr. Bedics as co-leader
3. Watch videos of Dr. Bedics conducting DBT skills class
4. Participate on DBT Team for two-hours per week
5. Learn how to evaluate sessions as being consistent or inconsistent with DBT (i.e., r
6. Share your personal adherence ratings with the team and show video of yourself doing
7. Conduct phone coaching with clients consistent with DBT principles (as needed)
8. Work harder, read more, and prepare more than all your classmates in their second y

As should be apparent, the DBT practicum requires a strong commitment. Students who are most successful are those that are passionate and invested in learning the treatment. These students make time and, consequently, make sacrifices in other areas of their lives to get the most out of the practicum. It should also be apparent that the practicum requires humility, vulnerability, and a willingness to be wrong and corrected in front of others.

### *2. DBT Coursework*

The DBT practicum offers several course electives. The availability of these courses, however, is not guaranteed as their availability may vary from year to year and based upon the curriculum as determined by the core PSYD faculty at CLU. The DBT related courses include:

1. Behavioral Therapy (required; taken during the spring of year one)
2. DBT Basics (elective; typically offered in the fall semester)
3. Suicide Assessment and Crisis Management (elective; typically offered in the spring)
4. Mindfulness (elective; typically every other summer)
5. DBT Skills Training (optional for auditing; no course credit available and offered :

Course descriptions can be found at the **Cal Lutheran Website**. All of the courses are offered on the Thousand Oaks campus. Student who do not take the practicum can take these electives, again, pending PSYD faculty approval and space availability.

Please note that the readings for these courses are both extensive and dense. I have done my best to minimize redundancy in readings and to limit our readings to the most essential topics. The classes will be challenging, and likely very unpleasant for you, if you do not come having clearly read and outlined the readings with questions.

Mindfulness Silent Retreat 2018 in Malibu, CA

Mindfulness Silent Retreat 2017 in Santa Barbara, CA

### **Application process for the Full DBT Practicum**

Students at CLU can apply for the DBT practicum during the second semester of their first year in the doctoral program. Requirements including the following:

- Approval by their academic advisor in the doctoral program to take elective courses (if offered) in their second year.
- Approval by the Director of Clinical Training in the doctoral program.
- Good academic standing.
- Successful completion of the course in Behavioral Therapy (PSYD745) with a passing grade and the following:
  - Demonstrated a high degree of professionalism (e.g., being on time to class).
  - Clearly engaged in the material and participated in a professional manner in the classroom.
  - Demonstrated a high degree of conscientiousness in completing assignments.
- Talk to a current DBT Practicum student about the challenges and benefits of taking DBT.
- A final interview with Dr. Bedics following the applicant having met all of the above requirements and having read this manual.





# Chapter 1

## DBT Coursework

### Points to Consider

1. The readings are extensive and for most students this course is an elective on top of a full-time schedule. Students should be prepared to complete the readings and adjust their time accordingly. In addition, students are provided with a great deal of autonomy. In other words, you get out of the course what you put into it. At the same time, Dr. Bedics will notice when books are not underlined and students are not engaged in the material at the graduate level. A poor performance, lack of participation and engagement in the class are often reflected in poor letters of recommendation or students simply not requesting a letter of recommendation.
2. The majority of students do not receive an *A* in DBT courses. An *A* requires exceptional work across all assignments with the heaviest weight being placed on the final paper, presentation, and oral exam. Students who perform best are preparing for their final paper and presentation throughout the semester and not at the end of the semester.
3. All courses are offered on the Thousand Oaks Campus at the Bell House (Graduate Psychology).
4. All supervision, including team, is in Thousand Oaks at times that fit with Dr. Bedics' schedule. Students have to adjust their schedule accordingly so they are on time (ideally early) for all appointments.

### Resources

1. DBT Therapist Wiki.
2. DBT Session Adherence Guidelines.
3. Behavioral Tech.



Figure 1.1: The Bell House - Graduate Psychology in Thousand Oaks

## Chapter 2

# Commitment to DBT Practicum

### Joining Team

All new members to a DBT Team need to have a commitment session. This is true even if someone used to be on team but is re-entering. Often, the last person committed commits the newest member.

1. The primary commitment is to be on the team and to participate in the training - do your very best to learn DBT.
2. To keep the agreements of the team, especially remaining dialectical.
3. Willing to ask the team for permission when you want to go out of town.
4. Willing to stay in town if your client is in acute state of crisis and it is not in the best interest of the client for you to leave town.
5. Call out “elephants in the room.”
6. Be willing to give clinical advice to people that have more experience than you (including your supervisor).
7. Function as a therapist in the group (to the group) and not just be a silent observer or a person that only speaks about their own problems.
8. To have the humility to admit your mistakes/difficulties and the willingness to have the group help you solve them.
9. To be nonjudgmental and compassionate of your fellow clinicians and clients. To ring the bell of nonjudgmentalness to remind yourself to not be judgmental. The bell is a reminder and not a sensor.
10. To properly assess the problem before giving solutions.

11. To be willing to go through a chain analysis even though you were only 31 seconds late and you would have been on-time if there wasn't a line for the microwave or the bathroom in the Bell House. Show up on time or go through a chain.
12. If you feel that the consult team is not being useful or you don't like the way it is being run, to say something about it rather than silently stewing in frustration.
13. Be prepared to feel burnt out, frustrated, tired, overworked, underappreciated, hopeless, ineffective and yet - to carry on (easier committed than done, of course).
14. Participate in team by doing the roles of Leader, Observer, Note Taker, and Mindfulness.
15. No one can be on team and be unavailable to see a patient. Know your limits and also be flexible.
16. Be willing to be responsible for the outcomes of ALL clients on the team; agree that if a client seen by any therapist on the team dies by suicide, you will always say "yes" when asked if you have ever had a client die by suicide.
  - a. Note that this is not a minor responsibility to worry about the other therapists and clients on the team; in a way to function as a supervisor as well.
17. The best question to ask the other team members is "What experiences have you had that seriously tested your commitment to the team and how on Earth and why on Earth did you still keep your commitment?"
18. Willing to be on call 24/7 for your clients (comprehensive DBT only).
19. Willing to not miss more than 2 weeks of therapy with an individual comprehensive DBT client during the entire practicum.
20. A person may not stop being on the team while they have a comprehensive DBT client.
21. Watching videos of skills class is part of the practicum and not part of team.
22. Complete all the readings for DBT related coursework and be an active participant in all classes.

## Chapter 3

# Individual Therapy Sessions

### 3.1 General Clinic

Unless you're told otherwise by Dr. Bedics, all of your clients are general clinic clients and *not* in DBT per se. They are simply being seen under the umbrella of the DBT Clinic at CLU. They are typically receiving behavioral therapy and you are being supervised in behavior therapy based on the DBT manual.

### 3.2 General Procedures and Professionalism

Your performance and evaluation in the practicum is largely a reflection of your professionalism.

1. Please pay attention at the clinic orientation and be aware of the clinic's policies and procedures. When you have a clinic question you should refer to orientation materials prior to asking staff.
2. Plan to be early for all your appointments. The parking at Westlake is often full and challenging to find a spot. Give yourself time.
3. Be polite and respectful to all staff. I frequently ask staff about your interactions with them.
4. End all client sessions on-time, at :45 past the hour. Clinicians need to set-up after you. This means you need to start winding down your sessions but :35 past the hour.
5. You should not talk about your clients openly in the office or outside of purposeful and intentional consultation with people who have a responsibility to that client (i.e., Dr. Bedics, the clinic director, on-call supervisor). Feel free to call Dr. Bedics to discuss your cases at anytime. Simply text Dr. Bedics that you would like to talk but *do not* include a client name or information.

6. Dress appropriately at the clinic. All tattoos must be covered (including feet). The rule is business casual. No need for ties or anything that formal. See clinic policies. The best is to be conservative and boring.

### 3.3 First Session Checklist

Review Jamie's **Suicide Training Presentation** before meeting with clients and be prepared to conduct safety planning as needed. Keep the *essential sheets* with you and ready for every session.

**Checklist:**

I recommend printing this page out and bringing with you to the first session. Check the list off as you accomplish each task.

- Welcome the client and orient them to the uniqueness of the structure of the day (See Suicide Training Presentation)
- Remind client that they are being recorded and that the only person to see the tape is your supervisor.
- Review confidentiality and privacy.
- Establish the fee and ask the client to bring in proof of income. Do not bring up or mention a reduced fee option. If asked about a reduced fee then ask the reason and tell them that you will talk to your supervisor and clinic director. If they are a transfer client than review their existing fee. If it is below the minimum, then ask them the reason. Discuss on team.
- Remind them of 24-hour policy for missed sessions or they will be charged. Charges occur regardless the reason. Tell them to call ahead if they have any reason to believe they will miss or are even slightly under the weather. It is best to be cautious to avoid the automatic charge.
- Ask if they are hoping their records will be used for anything in the future or sent to any external person.
- Ask if they would like for you to talk to someone important to them about their treatment.
- Orient them to the OQ and answer their questions.
- Confirm the phone number on file and ask if you can leave a message on their phone if you have to call about logistics.
- Remind them that you start at the top of the hour and sessions last 45-minutes. You can tell them that you manage time and will look at the clock and comment on time as you proceed. The goal is to make sure they are getting what they want out of the session and are covering everything they intended to have covered.

- Orient to behavior therapy. Tell the client that you conduct short-term problem solving therapy. Sessions range from 8-10 weeks. The client can renew after the initial block of sessions. You can validate that this is likely different from their expectations or therapy that they have had in the past. The first few sessions are unusual as they involve getting to know each other and the completion of the intake form. After several sessions, you and client review progress and agree on termination/renewal time.

Students should feel free to save this checklist as a PDF and print this page out for each new client.

3. You're allowed to take written notes, use a clipboard, and write on the white board during all sessions. By default, use these methods sparingly and only as a means to help you engage the client in the spirit of problem solving.

### 3.4 Continuing Sessions

1. Set the recording up early. Minimize the screen **and** turn the monitor off.
2. You might have a therapist in the room before you that ends their sessions late. If that's the case, simply ask them if they plan on continuing to do that in the future. If so, try to find another room. If there is no other room, or you'd rather not have that option, talk to clinic staff, the clinic director, or Dr. Bedics.
3. Review the OQ *prior* to seeing your client. You should always comment on the OQ. Examples include:
  - High or Moderate distress with no change in status from baseline
  - Any note of an increase in a critical item
  - Significant improvement from baseline
4. Set a collaborative agenda. Comment on the OQ in doing so. The simple act of asking your client about the OQ shows its importance to you and is often corrective by itself.
5. Complete all notes within *one* week.
6. Use the DBT General Note for individual sessions. This is the standard note for your clients when you are supervised by Jamie.

### 3.5 Setting Goals

Creating solvable problems from your clients' stated concerns is one of the most important and challenging parts of conducting treatment. Further, this is an ongoing process that does not end with the first few sessions. The best mindset a therapist can have is to always ask "What does my client need?" or "What would have to be different for my client to create the life they want for themselves?" These are hard questions for anybody to answer about themselves.

You will help the client by modeling how to reframe your clients' concerns in

a solvable manner. Inevitably, this will help lead to realistic change which will likely also involve some distress tolerance around what *cannot* be changed in their lives.

Lastly, you never have to use the term *goal* or ever ask your client *What's your goal?* The goals naturally reveal themselves as you listen to clients' concerns. It is your job to rephrase their statements into something like:

``It sounds like there are times when it's really hard for you to say no? Do you think t`

The therapist is then responsible for following up and revising during the course of treatment.

### 3.6 Termination of Treatment

As a default, tell your client that you conduct short-term problem solving therapy. Sessions last between 8-10 sessions with an option to renew.

- After 2-3 sessions, let your client know your plan for intervention along with a timeline for termination.
  - If you're not following an exact protocol then I often make a fairly arbitrary timeline. For example, if we start on Sept 1st then I'll set a time to end right before Thanksgiving.
- Let your client know that treatment will be reassessed at that point and could be extended if the client would like to address additional areas.
- When there is a month left in treatment, remind the client every session that treatment is ending in order to focus your time.
- In *DBT only*, discuss the concept of ex-therapist for life.

### 3.7 Missed Individual Sessions

1. If a client misses a session, call and leave a voicemail following the guidelines in the section on phone contact.
2. Write a note for all sessions, even canceled. Be clear what you did as a result. See the section on phone notes.

### 3.8 Call or text Jamie

- Please do not hesitate to text Jamie to discuss a case. Do not include any identifying information in the text.



## Chapter 4

# DBT Skills Training Class

### 4.1 General Requirements

Participating in the DBT Skills Class with Jamie is not guaranteed. There is limited availability and it will significantly increase your workload. Below are the pre-requisites and responsibilities for participation in the skills class.

#### 4.1.0.1 Prerequisites for DBT Skills Class

1. Purchase the DBT Skills Training Manual along with DBT Skills Training Handout and Worksheets.
2. Watch a minimum of two DBT Skills Classes saved on Panopto (Videos Assigned by Jamie)
3. Retrospectively, create an agenda for each group that follows the template on the Google Drive and send to Jamie.
4. Take notes on the sessions and submit to Jamie.
5. Rate the two videos using the weblink provided to you by Jamie.

#### 4.1.0.2 Responsibilities during Skills Class

At any given time, a total of two students can participate in the Monday night Skills Class with Jamie. One student is a co-leader and one student completed notes.

1. Co-leaders conduct mindfulness.
  - Each week prepare a mindfulness that is emailed to Jamie by Sunday at 5:PM.
2. Co-leaders write a practice agenda for the teaching portion of the class.
  - You'll be required to outline and submit a practice agenda based on your reading of the teaching manual by 5PM on Sunday before the

class.

3. Co-leaders check on late clients and call clients who missed class with the exact HW from the week.
4. Only the leader and co-leader participate and speak in class.
5. The note-taker writes all the group notes (see below).
6. All student therapists complete the CLU DBT Skills Training Adherence Checklist after class.

## 4.2 Group Notes

Please follow these instructions for completing the DBT Skills Group note. Two separate groups notes are required in Titanium for the DBT Skills Group.

### Part I. Create and Distribute

1. Go to your task list and click on DBT Group Note.
2. You'll see the clients names listed. Click on the Group Note tab above.
3. The generic group note will appear. Select "DBT Group Note" (not "DBT Individual Group Note") to replace that template. A dialogue box will pop open and just confirm changes, click "Yes."
4. Follow the template and fill out the note.
5. Once you have completed the note, click "save."
6. Next, select "distribute" on the top right of the note menu. Select the option to distribute the note to all clients in the skills class.

### Part II. Create and Compose Individual Note

1. Go back to your task list. There should be additional tasks that have been created for each group member.
2. Click on the client's note to open-up the task. The note that opens-up should be the previously entered group note that has now been attached or distributed to the individual client's file.
3. In the "Note Type" bar, select "DBT Individual Group Note." Titanium will ask if you would like to insert the new template. Select "Yes."
4. The template for the Individual Group Note will now appear above the previously entered DBT Group Note.
5. Add the group co-leader's name following the "&" symbol on the second line and complete the template.
6. After completing the template (top portion) add the date of the next appointment.
7. Press "Enter" to move down the portion of the Group Note starting with "Session Date"
8. Add \*\*\*\*\* between the Group Note and the Individual Note so it is clear where the Individual Group Note ends and the Group note begins.
9. Sign each completed note individually and send to Dr. Bedics

### Part III. Remove Original Group Note

1. Once you have confirmed each DBT Individual Group Note contains both the DBT Group Note and the Individual Group Note write up, go back into you task list and open-up the original DBT Group Note.
2. Click OK on the box that pops up stating it is the original group note that has been distributed to the group members
3. Click the “save” button on the top left of the note, then click the “delete” button. Confirm you would like to delete the note by clicking “yes” in the box that appears.

Thanks to Andre for putting this together!

### 4.3 Jamie's Tips for Skills Training

The following are general tips for the overall running of the DBT Skills Class. Specific tips for each module is located in the Google Drive.

### 4.4 General Tips for Skills Training

- If you purchased the books, the handouts and worksheets on PDF can be retrieved at: Guilford Press. You'll have to register with Guilford but it's free.
- Managing time and setting the frame is important.
  - Do your best to start and stop on time and make those decisions clear to the group prior to clients entering group.
- Be sure to let clients know that if they are late for class they are to wait in the waiting room and we will come and get them after mindfulness (~10-minutes into class) and after HW review (~40-Minutes into class)
- We often have snacks at break. Twizzlers, pretzels, and tea for some reason. Obviously this is optional.

#### 4.4.1 Mindfulness Tips (5-10 Minutes)

- Be a leader of mindfulness. This means practice beforehand, have your script ready, and be confident and clear when you teach. Try not to read your example.
- Tell a story. Example:
 

"I like hiking and this past weekend I was out for a hike on Mt. Hood. My friend came with me and really loves trees. I never noticed the differences between a Doug Fir, Cedar, or Spruce and had fun picking them out."

- Have a clear objective. Example:
 

"Today, I brought in pictures of a Doug Fir, Cedar, and Spruce. I'm going to pass them out and I want you to use your describe skills to notice and jot down any differences you see."
- Remind about gentleness towards oneself. Example:
 

"You may notice your mind wander to other areas of your life or to your neighbor. Do your best to notice that and come back to your task. The mind will wander. The best we can do is notice and bring it back to our goal. Make sense? Any questions?"
- Pro Tip: Do not pass out material until you're done with the instructions. They'll be distracted!
- Ring bell and check-in. Example:
 

"How was that?" "Did you notice your mind wander? Were you able to bring it back?"
- Don't make it therapy. Move people along. Co-leader and Leader share too. Leader shares last.
  - Leader: Resist the urge to comment on how it's challenging to lead mindfulness while at the same time doing mindfulness. You could do this every session if you really think about it.

#### 4.4.2 Practice (HW) Review Portion of Class

1. Remind class what the practice was from last week.
2. Ask for a volunteer to start.

If Client did not complete practice:

- Complete a Missing Links Analysis (General Handout 8)
  - Did you know what to do when you left? If yes, then proceed to next.
  - When you left, did you plan doing it? If yes, then proceed to next.
  - Did you remember? If yes, then proceed to next.
  - What happened when you remembered?
- Does not have to be an averse affair. Just see if you can figure out with some curiosity, interest, what got in the way.
- Ask if they used other skills they found helpful. I do this to find something to support and encourage. Be careful not to overly reinforce them.

Always Try and Do the Following:

- Be behaviorally specific by highlighting thoughts, feelings, behaviors, or bodily sensations
- Manage time. Know your stopping point.
  - Co-leader can help.
- Keep an ear open for any practice that could lead to a discussion of destructive behavior.
  - I say things such as:
    - "Hold on one second, just checking but is this something that you can share with the group?"
  - I sometimes start off practice (HW Review) with a reminder by saying:
    - "Anybody have any practice that they want to share and that's appropriate to share with the group?"
  - The same can be said if a parent or kid starts to share about the other the party. You can say:
    - "Hold on, This sounds like it's about <other person in room>. Generally we avoid that in class. <Other Person>, do you know about this and is this okay for them to share? Generally, we want to avoid practice involving other people."

Common problems to keep an eye out for include:

- \* Clients practice their skills in high SUDS situations only
- \* Clients do not write down their assignments
- High SUDs: Remind clients at the end of every class that they are to practice in low SUDs situations so they can master the skill *first* prior to using them in the most important situations in their lives.
- Improve HW Compliance: Give yourself enough time to help clients start the assignments at the end of class.

#### 4.4.3 Teaching Portion of Class

1. Orient Group to Handout: "Okay group, turn to Handout ##"
  - Co-leader can walk around and make sure everyone is okay
2. Provide a rationale for why clients would benefit from learning the skill.
  - Typically done by connecting how the biosocial model fits with the skill being taught. "Have you ever noticed that..."
3. Always have at least on hands-on practice in class and have multiple examples ready to go.
  - Here's where you can be creative and do your thing.
  - The DBT Teaching Manual has great examples.
4. Be behaviorally specific throughout
  - When you validate, pay attention to the thought, feeling, or behavior and name it as such.
  - Same when you make a correction.

5. Give yourself enough time to assign HW.
  - Know and plan to end with enough time to adequately cover HW and to troubleshoot what can get in the way. Ideally, get them started. "What is your plan?" "What can get in they way? I know you sometimes struggle to remember with your busy schedule. How will you manage that this week?"

#### 4.4.4 Observations (Final 5-minutes)

1. If the day was busy, chaotic, you can end with something relaxing or help them prepare for what to do after session
  - Depending on class, you can give this 10-minutes if you really want to emphasize self-care after group
  - Called a wrap around procedure.
2. In the absence of problems we do observations: "Okay group, observations."
  - Clients can observe they were tired or that you're wearing a blue shirt, etc.
  - Leader goes last and should try to say something supportive or encouraging about the group as a whole. Something more "Yoda" like than what we expect from the clients.

## Chapter 5

# Phone Contact with Clients

### 5.1 Missed Session

If a client misses a session then call the client and leave a voice-mail after 20-minutes of waiting.

- Do not say the name of the clinic in the phone message unless the client confirmed that it's okay to do so at the initial meeting.

- Instead, by default say something like:

```
"This is < _your first name_ > calling. We had an appointment
at 11:00AM. I wanted to check-in and make sure everything
is okay and to confirm our next appointment. Also, since
I didn't hear from you in 24-hours, I wanted to remind
you that you'll be charged for the missed session. I just
didn't want you to be surprised the next time you come since
you'll be paying for two sessions. Also, please let me
know if you have any concerns. Please call to confirm your
next appointment by Friday at 5PM. Just leave me a message.
If I don't hear from you by that time then I'll open your
slot. I don't want you to be charged for another missed
session"
```

- Write a note based on clinic procedures. For example:

```
Client did not show for individual appointment. Therapist
called client and left a message for client to call and
confirm the next appointment. Therapist also informed
client in message of late fee charged. Next appoint is
on DATE. Client was asked to call therapist by DATE at
5:PM to confirm next appointment to avoid any additional
```

charges.

## 5.2 You call the client but someone else picks up.

"Hi. Is <\*client name\*> there? No, no message. I'll try again.  
I can't say who this is but thank you. I'll try again."

## 5.3 Someone calls (or emails) you about the client :

"I hear your concern, I cannot confirm that someone is or is not a client in the clinic and so I cannot respond to your questions. If you are concerned for safety, then I can provide general recommendations."

## 5.4 Phone Coaching as an intervention

Unless you have approval by Dr. Bedics for phone coaching in DBT, then you do not use the phone for anything but scheduling with your client.



## Chapter 6

# Supervision and DBT Team

### 6.1 Individual Supervision

1. Have a written agenda for every supervision. Write it out *before* you come to supervision.
  2. Be prepared to discuss every client.
  3. Have one video prepared for discussion (know the date and time) of the moment you want to discuss.
  4. Please be on-time for supervision and wait in the Bell House reception area for Jamie to come and get you for supervision.
- You are required to have supervision every week. It's your responsibility to schedule your time with Jamie.
  - If you're having phone supervision then do not wait for Jamie to call. Call Jamie.

### 6.2 DBT Team Meetings

1. Know your role for each week (i.e., leader, mindfulness, etc.).
2. If you miss team (for vacation), you owe the team a repair!
3. Put yourself on the agenda for problem solving every meeting.
4. Put yourself on the agenda for burnout at least once a semester.

### 6.3 Practicum Class

Doctoral students have a practicum class with faculty or staff. The class can be very helpful in hearing and learning about alternative perspectives and improving the overall care of our clients. Please do the following:

- \* Change identifying information which can include the exact nature of the primary problem.
- \* Think of this class as additional consultation. Do not implement recommendations. In
- \* **\*\*Always\*\*** talk about your client as if they were present.
- \* Discuss with Jamie any concerns you have about the class.

## Chapter 7

# Professionalism

1. Dress appropriately and follow clinic policy.
  - Men: No need for a tie and jacket.
  - Women: Dress below the knees or pant suits. Modest tops.
  - Cover all tattoos regardless of size.
2. Clinic Policy and Staff.
  - Treat the staff professionally.
  - Know the rules and procedures for the clinic. Pay attention to clinic policy and be aware of clinic rules.
  - If anything seems to contradict supervision then discuss with Jamie.
3. Computer etiquette
  - Log off from your computer and the recording system after each session.
  - When writing notes, do not leave your computer unattended without logging off.
  - Do not email anything about your clients with other providers or your supervisor (even if you use initials).
  - Do not write notes in clinic rooms unless approved by staff



## Chapter 8

# Students

The following students have completed or are completing the full DBT Practicum at CLU.

### **8.0.1 Current DBT Practicum Students**

### **8.0.2 CLU DBT Practicum Alumni**

#### **2020-2021**

Kelsey Hawthorne, Illiana Favila-De la Trinidad, Katie Patel, Jose Rios

#### **Fall 2019**

Pooneh Asgari, Kate Diasamidze, Stephen Docherty, Kaylee Jones, Shannel Kassis, Savannah Winterstein

#### **2018-2019**

Sarah Amato, Brian Knoll, Melinda Moreau, Brandon Morrison, Nico Sirianni, Andre Petrossian, Natalia Witkowska

#### **2017-2018**

Madison Bailey, Ricardo Cornejo, Kimberly Johnson, Joshua Lorimer, Sarah Rosas (MFT)

#### **2016-2017**

Rebecca Dreiling, Jon Fledzinskas, Colin Goodwin, Brandon Heimburg, Monique Loza, Dana Schmidt

#### **2015-2016**

Holly McKinley, Kayla Nelson

#### **2014-2015**

Ebony Christian, Sodah Minty, Desiree Wilson

**2013-2014**

James Battles, Jami Kerr, Amy Scott

**2011-2012**

Carli Tansey, Ashley Riberio, Bonnie Brown, Patricia Wright, Jackie Henretig,  
Ivy Luc