

A message to healthcare providers and family members of our clients:

For those of you who work with, live with, or are otherwise closely connected with one of our clients, we'd like to provide an overview of the principles we follow when collaborating with non-clients. DBT is all about helping clients actively address the problems in their life. Indeed, avoidance of problem-solving in the face of stressors is correlated with increased suicide attempts.*

One of the ways in which we do this is by *coaching and consulting to clients* on how to interact with their support network *instead of interacting with others on the client's behalf*. Intervening on behalf of the client creates two major problems. First, it removes invaluable opportunities for the client to practice active problem-solving. Second, it can compromise the relationship between the client and their individual therapist—one of the most critical elements of DBT.

This strategy, known as the *consultation-to-the-client strategy*, has a number of implications for how we interact with non-clients. For example:

- (1) We will answer questions about treatment in general terms instead of discussing the specific issues in treating a particular client.
- (2) We will often notify clients that someone has reached out to us. If a response is expected, we will coach the client on how to respond.
- (3) If we do speak to you, we will let the client know that we spoke with you and will be transparent about what was discussed.
- (4) We often do not discuss our clients' treatment with other providers even when we have the appropriate paperwork allowing us to do so.
- (5) When asked what to do about a situation involving a client (e.g., whether to discharge the client from the hospital, give the client some upsetting news, enforce a rule, etc.), we will generally respond by recommending that you follow your typical course of action for the situation in question.

We acknowledge that this can create difficulties for people who care about the client. However, the benefits of adhering to this approach so outweigh the costs, that we adhere strictly to this protocol except in life-threatening emergencies. We follow these principles in order to create the best outcomes for our clients (and, ultimately, for others in our clients' lives), not to alienate people who are invested in our clients' treatment. In fact, because clients receive treatment from both an individual therapist and group therapist, our team even uses this strategy *within* our small program. Following this protocol is in keeping with our efforts to adhere to the manualized, evidence-based strategies that are known to help high-risk individuals achieve lasting change.

* <https://www.ncbi.nlm.nih.gov/pubmed/22852781>