Creating Conversions In DBT

Your Pitch (When Introducing Yourself To Referral Sources)

Hello!

My name is **NAME** and it's nice to meet you. I've been meaning to reach out because I so appreciate the work you do in **NAME AREA OF EXPERTISE FOR THIS PROVIDER, MAIN OBJECTIVE THEY SEEK TO ACHIEVE WITH CLIENTS OR THEIR TARGET POPULATION** and believe we can be a mutual resource for one another. One of my values is ensuring that I send clients to providers I actually know and trust in order to feel confident they are in good hands and I imagine you feel the same.

If you don't know already, i'm currently specializing in treating **AGE/DEMOGRAPHIC OF IDEAL CLIENTS IF RELEVANT** that are struggling with emotion dysregulation. This typically looks like folks who are struggling with suicidal thoughts, self harming behavior, problems keeping relationships, and are not progressing in treatment otherwise. These are also clients diagnosed with Borderline Personality Disorder, treatment resistant depression, and generally clients who have multi symptoms that all stem from the core issue of emotion dysregulation.

Dialectical Behavior Therapy (DBT) is the gold star standard in treating these symptoms, and as mentioned before, I am confident that any clients you have fitting this picture will begin to make great strides in their work. The structure of DBT really helps to target crisis behaviors head on, as well as previous factors that have interfered with therapy.

USE THIS FOR OUTREACHING ANOTHER THERAPIST FOR SKILLS TRAINING CLIENTS:
There is research to support if clients attend skills training only, they will still have a reduction in symptoms. For this reason, I do allow clients to see me for skills training while working with another provider. This has been greatly helpful for those who have wanted to begin trauma work with a client, but the clients emotions are too dysregulated to do that work. Learning and strengthening skills in the areas of Mindfulness, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness will help the client in all areas of life, ultimately making your work with them go a bit smoother (win win all around)!

USE THIS FOR OUTREACHING A PRESCRIBER: Know that my goal is to keep clients in the least restrictive level of care and to support them in building a life worth living. Clients that enroll in comprehensive or full DBT programming with me will have weekly individual therapy in order to make progress on life threatening, therapy interfering and quality of life targets. They will also attend skills training once a week to create a strong set of replacement behaviors in the areas of Mindfulness, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness. In order to best generalize the skills they are learning, clients will have access to phone coaching outside of sessions, and each week I meet with a team of other DBT providers to ensure the treatment is being given as prescribed and to gain support in the treatment of our shared clients.

USE THIS FOR OUTREACHING A HIGHER LEVEL OF CARE: Know that my goal is to keep clients in the least restrictive level of care and to support them in building a life worth living. Many clients find the transition from a higher level of care to traditional outpatient a bit jarring, so having a more robust treatment plan as one does with DBT, definitely helps make the transition happen with more ease.

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As I said, I really do appreciate the work you do for our community. This work can be heavy at times but knowing that I can send clients your way for **MEDICATION MANAGEMENT, A HIGHER LEVEL OF CARE WHEN NEEDED, COUPLES COUNSELING, TRAUMA WORK, ETC. definitely helps-**so thank you for that!

The best way for a potential client to contact me **ENTER THAT INFO HERE.** If there are any other questions I can answer for you, please do not hesitate to ask.

Sincerely,

REBEL MENTE

Your Social Media Response

Your Pitch (When Positioning Yourself As The Best Referral Option In A Facebook Group)

ISO provider well versed in treating BPD

Hi! That's me. I offer comprehensive DBT which is the treatment standard in treating BPD! You can reach me at XXXXXX.

Any DBT groups out there?

Hi! Yes! I have an in **person (or virtual if an option)** skills training group happening on **XXXX** from **XXX-XXX**. Cost (or insurance) is XXX and clients can get set up using **THIS LINK TO WEBSITE/SCHEDULE.**

OR

Hi! I am fully trained in DBT and offer skills training on a 1:1 basis which is a great option for clients with scheduling restrictions or who are not able to make it into a group for whatever reason! The structure and function of these sessions will match that of a skills group and I have openings at **XXXX** time on **XXX** day. Clients can get set up using **THIS LINK TO WEBSITE/EMAIL/SCHEDULE.**

ISO provider for client seeking anger management, TIA!

Hi, DBT would be really great for this person and i'm fully trained in the model. DBT helps to manage mood dysregulation which for a lot of folks can look like anger outbursts, high reactivity, etc. Have them reach out to me here:**THIS LINK TO WEBSITE/EMAIL/SCHEDULE**

When everyone is a DBT expert in the comments but you know they aren't 😒

Pick what your TRUE differentiator is among these options:
You have a lot of great options here. I am fully trained in the model/ I am in the process of becoming certified/I am one of the only providers offering the comprehensive model/I am one of the only Linehan Board Certified Clinicians in the state.

Additional Thoughts For Facebook

Responding to Requests Type:

I like to remind myself that not every client knows what kind of therapy they need and not every therapist knows what their client will need. For example, I may have a feeling when someone would be a good fit for EMDR, but given I'm not an EMDR therapist, I'm unlikely going to post for an EMDR referral-it's difficult to request something when you don't fully know what in entails.

Because of this, I will respond with DBT as a possibility on the examples above but also things like chronic or Major Depression, BiPolar Disorder, ODD for teens, Substance Abuse Disorders (depending on the need and my experience as well as other supports in place), recent discharge from hospitalization or IOP/PHP, etc.

*Of course, you should only be treating within your scope of practice-but I know you know this! I am not encouraging you to position yourself outside of your scope, but I am encouraging you to own your level of expertise and to see things from the perspective of treating emotion dysregulation. I will never respond with myself or DBT as an option when it's not clinically indicated: Active psychosis, antisocial personality disorder, PTSD or anxiety (with solely DBT as the primary treatment).

Positioning Yourself As The Expert:

If this feels uncomfortable, it's likely because it's a skill that needs strengthening. It's also (sadly) something that you may have been conditioned to believe is braggy, rude, or doesn't have a place in the "therapy world". I'm here to tell you, that this is complete BS. There are clients out there who need the service you provide. Hiding yourself won't help them find you any sooner. If you find yourself struggling with this, know that you aren't alone. I have found that the best practice is to do just as we ask of our clients, opposite action all the way babe!

Responding to Potential Client Inquiries

Response to clients in private practice (EMAIL SCRIPT):

Hello **[client]**,
Thanks for reaching out. We are a team of passionate administrative and clinical staff who work hard to get clients and their family members the best possible care for mental health services. My name is **[YOUR NAME]** and I'm the **[INTAKE COORDINATOR OR THERAPIST]** here at **[PRACTICE]**. *My job is to put you in touch with a therapist that can best meet your needs* **(adjust language accordingly for group practice vs. solo practice)**.

Let me tell you a little bit about the work that we specialize in here. Dialectical Behavior Therapy, or DBT for short, is an evidenced based treatment, which means it has been proven to work well when followed as prescribed. It helps to decrease any maladaptive behaviors by replacing them with more skillful behaviors, while using a balance of change and acceptance based strategies. The modality is based on 4 main sets of skills, which your therapist weaves into your sessions and which clients learn weekly in skills training: Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotion Regulation.

We offer the full DBT model here, also known as comprehensive DBT. This means that we offer the program as it is prescribed in order to ensure best results for our clients. If comprehensive DBT is recommended, it includes having an individual therapist here, weekly skills training group, and access to phone coaching. A part of being a fully adherent DBT practice also means that our clinical staff also meet weekly for consultation to ensure the best care is being given in accordance with the DBT model. The first few appointments will be used for our team to assess your needs and come up with a plan that's tailored to your needs and goals.

As a specialty practice, we do not take insurance, meaning we are an out of network provider. All clients pay for services up front at the time of the appointment, though many of our clients use out of network (OON) benefits for partial reimbursement.

We understand the commitment of time and finances that come with selecting our practice for your care. Please know that as a team we are committed to delivering the highest quality care and that we appreciate the chance to help you in this journey.

Commitment Strategy Checklist

Let us not forget the tried and true strategies that DBT has to offer when it comes to gaining client commitment! Again, some may argue that using any kind of "strategy" with clients is problematic, but again, unless your ability to convert and keep a client doesn't just matter in your ability to pay the bills, it also matters in your client's clinical outcomes! You can't do much with a client who isn't in your care, or who drops out, so when it doubt, come back to these strategies when commitment needs to be nurtured. Here is a list of the DBT commitment strategies along with some examples you may find in an intake or existing client situation.

Evaluating the Pros and Cons

Express your own sense of confidence and hope that it will be effective to do what you are asking. Speak to the research, your professional/clinical experiences, and/or your own personal experience as a rationale/support for this hope. Use this information in the context of pros/cons. "Yes, it will be a time commitment as well as a financial commitment. Have you also considered how much time or finances you will end up spending in the long run if you don't get the treatment. you need?" (Note, this example could also be used for Devil's Advocate as well).

Playing the Devil's Advocate

Gently argue against the desired commitment (question why the client would actually want to, given how difficult it may be, or challenge how realistic it will be given other demands) in order to get the client arguing back in favor of it.

"Foot in the door" and "Door in the face"

Ask for a smaller commitment than desired (foot-in-door), with the expectation that you will ask for more as you see the commitment fulfilled. Or ask for a much larger commitment than you think you could get (door-in-face), and back down to the desired commitment in order to increase willingness.

Connecting Present Commitment to Prior Commitments

Reference back to previous commitments the client has made and discuss the current desired commitment as relevant and connected to the previous commitment (identify how these are all linked to the person's ultimate goals).

Commitment Strategy Checklist

Highlighting Freedom to choose and absence of alternatives
"Yes, I understand it is a lot of time and that can feel overwhelming. It IS overwhelming. At the same time, I hear you telling me that you have been in and out of the hospital and that ends up putting your job in jeopardy, which is also overwhelming."

Using Principles of Shaping
"Maybe the next step is just to get through the intake so we have a clearer picture of what's happening and go from there, and then you can decide whether or not to move forward. How does this sound?" (Note, this example is similar to foot in the door. With principles of shaping, you would need to know what is reinforcing to the client which in this moment, we are assuming time/money is a factor).

Generating Hope: Cheerleading
"Based on what you've shared with me, I do believe that DBT is what will be most helpful for you and that you will gain a lot from it compared to what you have tried so far."

Agreeing on Homework
"You'll check your out of network benefits tomorrow and I'll follow up with you by the end of the week, sound good?"

Acting As If*
Not a strategy you'll find in the textbook, but one that I find works well. Once you have the tiniest bit of commitment, speak as if it's happening. "I've got you down for next week at 1pm and you're going to complete the paperwork I send you now by the end of the day-any questions for me?"

Another disclaimer-Go with what feels right for you. **Do not say anything that 1. you don't believe in or 2. doesn't feel natural to you.** No false hope promises here! Commitment strategies are used to gain commitment, though of course keep everything in context. It's much easier to gain commitment from someone you trust and believe in (considered from the perspective of your client). **Commitment strategies are not supposed to feel sales-ly**, so if one does in particular, get curious around why that is the case-at any point in treatment!