**DBT + DBT PE Case Formulation**

**Instructions:** Please select a clinical case for whom DBT with the DBT PE protocol is indicated. The client may be at any stage in DBT treatment. For example, you may present a Stage 1 client who is struggling to achieve the stability necessary to begin the DBT PE protocol. You could also present a Stage 2 client who is actively engaged in the DBT PE protocol and the treatment is not progressing as effectively as desired.

**Your Name:** Click here to enter text.

**Your Email Address:** Click here to enter text.

**Client Pseudonym:** Click here to enter text.

**Questions for Consultation**

Summarize 3-5 questions on which you would like to receive consultation. Feel free to ask consultation questions related to any aspect of implementing the combined DBT and DBT PE protocol treatment.

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

**Background**

**Identifying Information:** Describe the client’s demographics.

Click here to enter text.

**Prior Course of Treatment:** If relevant, briefly describe any previous treatment the client has received from you or other clinicians in your agency (e.g., previously graduated from DBT and has returned for additional treatment).

Click here to enter text.

**Current Course of Treatment:** Briefly describe the treatment you are currently providing:

1. Treatment start date: Click here to enter text.
2. Treatment setting: Click here to enter text.
3. DBT modes (type and frequency): Click here to enter text.
4. DBT PE (# and length of sessions): Click here to enter text.
5. Anticipated treatment end date: Click here to enter text.

**Primary Presenting Problems:** Briefly describe the client’s primary presenting problems at intake (e.g., diagnoses, suicidal and non-suicidal self-injury, other target behaviors):

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

**Trauma History and PTSD**

**Trauma History:** Briefly describe the client’s history of trauma and significant invalidation. For each trauma type, please specify the perpetrator (e.g., mother, father) and the age at which it occurred. If known, rank order the traumas in terms of the amount of distress they currently cause (e.g., #1 should be the index (most distressing) trauma).

|  |  |  |
| --- | --- | --- |
| **Trauma Type** | **Age(s)** | **Perpetrator (if applicable)** |
| 1. Click here to enter text. | Text | Text |
| 1. Click here to enter text. | Text | Text |
| 1. Click here to enter text. | Text | Text |
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**Maintenance of PTSD:** Briefly describe the primary problematic beliefs and avoidance behaviors that have functioned to maintain the client’s PTSD.

* **Primary Problematic Beliefs** (e.g., beliefs about danger, negative beliefs about the self, self-blame for the trauma).

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

* **Primary Avoidance Strategies** (e.g., behavioral and cognitive avoidance)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

**Goals**

List the client’s current treatment goals.

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

**Stage 1 DBT**

**Notable incidents of suicidal or self-injurious behavior:**

Click here to enter text.

**Treatment successes:** Briefly describe areas in which the client has shown improvement during treatment so far, as well as the interventions that were effective in achieving these changes.

|  |  |
| --- | --- |
| **Areas of Improvement** | **Effective Interventions** |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |

**NOTE:**

* If the client is in Stage 1, please complete the rest of this section and skip the Stage 2 section.
* If the client is has started the DBT PE protocol (is in Stage 2), please skip the rest of this section and complete the Stage 2 section.

**Current treatment targets:** Briefly describe the current targets of treatment.

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

**Treatment challenges:** Briefly describe any significant difficulties you are experiencing with this client (e.g., slow or no progress on certain targets, therapy-interfering behaviors), as well as the interventions that have been tried so far.

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| --- | --- |
| **Areas of Difficulty** | **Interventions Tried** |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |

**Readiness for DBT PE:** Briefly describe the client’s current status in terms of the criteria for determining readiness to start the DBT PE Protocol.

|  |  |
| --- | --- |
| **Readiness Criteria** | **Current Status** |
| 1. Not at imminent risk of suicide. | Click here to enter text. |
| 1. No suicidal or self-injurious behavior for at least 2 months. | Click here to enter text. |
| 1. Ability to control urges for suicidal and self-injurious behavior when in the presence of cues. | Click here to enter text. |
| 1. No serious therapy-interfering behavior. | Click here to enter text. |
| 1. PTSD is the client’s highest priority goal. | Click here to enter text. |
| 1. Ability and willingness to experience intense emotions without escaping. | Click here to enter text. |

**Stage 2 DBT PE**

**Areas of Improvement:** Briefly describe areas in which the client has shown improvement during DBT PE so far.

Click here to enter text.

**Treatment challenges:** Briefly describe any significant difficulties you are experiencing with this client during DBT PE, as well as the interventions that have been tried so far.

|  |  |
| --- | --- |
| **Areas of Difficulty** | **Interventions Tried** |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |

**DBT PE Outcome Monitoring:** For each imaginal exposure session you have completed, provide the ratings from the Exposure Recording Forms for the in-session imaginal exposure as well as the PTSD score (e.g., bi-weekly PTSD Checklist).

* PTSD measure used (please specify): Click here to enter text.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exposure Session #** | **Memory #** | **Peak**  **SUDs** | **Post**  **Fear** | **Post Sadness** | **Post Anger** | **Post**  **Guilt** | **Post Shame** | **PTSD Score** |
| **1** | # | # | # | # | # | # | # | # |
| **2** | # | # | # | # | # | # | # | # |
| **3** | # | # | # | # | # | # | # | # |
| **4** | # | # | # | # | # | # | # | # |
| **5** | # | # | # | # | # | # | # | # |
| **6** | # | # | # | # | # | # | # | # |
| **7** | # | # | # | # | # | # | # | # |
| **8** | # | # | # | # | # | # | # | # |
| **9** | # | # | # | # | # | # | # | # |
| **10** | # | # | # | # | # | # | # | # |
| **11** | # | # | # | # | # | # | # | # |
| **12** | # | # | # | # | # | # | # | # |
| **13** | # | # | # | # | # | # | # | # |