

## Comprehensive DBT Program Structure

This DBT Program Evaluation checklist was developed as a user-friendly way to self-assess the extent to which a DBT program meets the gold-standard structural components of DBT. Please see *Dialectical Behavior Therapy in Clinical Practice* (Dimeff & Koerner, 2007) for a thorough guide to DBT fidelity. Affirmative responses are consistent with fidelity.

### PROGRAM STRUCTURE

**Yes    No**

1. Is the DBT program multi-modal? Does it address all 5 DBT functions (increases client motivation, enhances capability, ensures generalization to natural environment, structures the treatment environment to support DBT treatment, enhances therapist motivation/capability in treating DBT clients)?		
2. Is the DBT program voluntary – for clients and staff?		
3. Are there clearly defined inclusion/exclusion criteria for the DBT program?		
4. Do DBT therapists attend DBT Consultation Team on a regular weekly basis? Is the focus of this meeting “therapy for the therapist” (vs. staffing cases or chart review)?		
5. Is phone consultation provided by the outpatient DBT Individual Therapist after hours and as needed? Or in milieu settings is coaching provided “on the fly” and everywhere?		
6. Is treatment time-limited (vs. open-ended), roughly 12 months for outpatient services?		
7. Is each DBT client assigned a DBT Primary Treatment clinician who ultimately has control (along with the client) over the treatment plan? In most settings, this will be a DBT individual therapist.		
8. Do clients receive more treatment (e.g., treatment contract is renewed after a year) contingent on progress (vs. no progress or clinical status worsening)?		
9. Does DBT program apply the 24-hour rule for suicidal and non-suicidal self-injurious behaviors?		
10. Does the DBT program apply the Four Miss Rule?		
11. In the event that the client “violates” the Four Miss Rule, does client lose his/her DBT individual therapist and DBT skills training class?		
12. Is treatment universally structured in a fashion that supports application of DBT? (e.g., patient receives more hours of DBT per week than other services?)		
13. Does the DBT program collect outcome data and actively monitor its outcomes?		
14. Is length of DBT program structured to allow two rotations through the DBT Skills?		
15. Does the DBT team have a designated team leader? (Note: The responsibilities and function of a team leader are far greater than who runs the weekly consultation team meeting).		
16. Does the DBT team get commitment and agreements from new members to be on DBT team, to do DBT all the way, and to be on the team for a specified period of time?		
17. Is DBT offered as a comprehensive package (vs. provided a menu client can choose?) UNCLEAR?		
18. Do DBT teams practice/apply the DBT Consultation Team Agreements in their work with each other and with clients?		
19. Are DBT clients provided a DBT Diary Card to track their use of DBT skills and their primary target behaviors? Are they tailored to specific client targets?		
20. Before a client is “admitted” to the DBT program, is he/she fully oriented to DBT, are goals and treatment targets identified and agreed upon by client and primary DBT provider?		