

Dialectical Behavioral Therapy (DBT) Agency Agreement

Upon completion of this application, please email a copy with signatures to EvidenceToPractice@lsuhsc.edu

AGENCY INFORMATION

NAME OF APPLICANT AGENCY	
AGENCY STREET ADDRESS	
CITY, STATE AND ZIPE CODE	
AGENCY NPI	

APPLICATION PRE-REQUISITE:

FIRST AND LAST NAME of clinic leadership who attended the DBT TRAINING PROTOCOL ORIENTATION CALL: <i>This was executed on November 8, 2023 from 11:00am-2:00pm CDT. If your agency was unable to attend, contact Helen Best via phone or email (Phone: (206) 251-5134; Email: hbest@ticllc.org) to see if this training is a good fit for you and your DBT team. Following that conversation, please state the approval words (2) Helen gave you to continue completing the application.</i>	
POPULATION THAT WILL BE TREATED WITH DBT: <i>(e.g. Adult Outpatient, Transitional Age Youth (TAY), Residential, etc)</i>	

TIME COMMITMENT REQUIREMENTS

<p>The Center for Evidence to Practice will be sponsoring one (1) cohort of DBT training. Applicants must commit to participating and attending ALL training days and consultation calls. PLEASE CHECK OFF EACH BOX BELOW TO VERIFY COMMITMENT:</p>
<input type="checkbox"/> Two x 2-hour Team Leader Consultation: The DBT Leadership are able to attend February 8 & 20, 2024 @ 2:00PM-4:00PM CDT.
<input type="checkbox"/> 5 Half-Day Kick-Off: The DBT team are able to attend February 26-March 1, 2024 @ 9:00AM-1:00PM CDT.
<input type="checkbox"/> 3 Half-Day Booster: The DBT team are able to attend April 16-18, 2024 @ 9:00AM-1:00PM CDT.
<input type="checkbox"/> 3 Half-Day Booster: The DBT team are able to attend June 25-27, 2024 @ 9:00AM-1:00PM CDT.
<input type="checkbox"/> Team Consultation Calls: The DBT team is able to attend 18 Bi-Weekly consultations calls for 60 minutes each.

TRAINEES APPLYING FOR DBT TRAINING:

<u>NAME</u>	<u>ROLE</u> <i>(Clinician, Supervisor, Administrator, etc.)</i>	<u>LICENSE TYPE</u> <i>(LPC, LCSW, etc)</i>	<u>EMAIL ADDRESS</u>

AGENCY-BASED SHORT ANSWER QUESTIONS

DBT requires full agency support when participating in this training. For each response below, please answer in up to 300 words.

1. Briefly describe your program's experience in providing services to consumers with severe dysfunctional behaviors, especially those with chronic patterns of emotion dysregulation, suicidal behaviors, substance misuse or abuse, interpersonal dysregulation, and/or non-suicidal self-injurious behaviors.

2. Briefly describe your program's experience in running a comprehensive evidence-based treatment that requires concentrated programming and collection of outcome measures. Including but not limited to:
 - a. Child-Parent Psychotherapy (CPP)
 - b. Eye Movement Desensitization and Reprocessing (EMDR)
 - c. Parent Child Interactions Therapy (PCIT)
 - d. Preschool PTSD Treatment (PPT)
 - e. Trauma Focused Cognitive Behavior Therapy (TFCBT)
 - f. Positive Parenting Program (Triple P)
 - g. Youth PTSD Treatment (YPT)

3. Briefly describe how your program will manage referral pathways/identification of DBT recipients: Describe current sources of referrals for your program. Describe proposed strategies for creating and sustaining referral pathways for DBT, ensuring minimum caseloads for clinicians and team leader (e.g. connections with inpatient and partial hospitals, other treatment providers, and adult and child systems, such as child welfare, probation, etc.). Describe strategies to identify DBT recipients, including methods to provide education about the services and screening.

4. DBT requires significant learning time, out of session activities, and coaching; which is often not covered for fee-for-service clinicians. What proportion of your team are salaried vs. fee-for-service?
(It is highly recommended that your DBT Leader is a salaried position)

5. How will your program support and make accommodations for the 5-10 clinical staff participating in the DBT training throughout the training protocol?

DBT clinicians participating in this training protocol are required to:

- ✓ Attend all identified training dates in their entirety
- ✓ Provide weekly individual DBT therapy
- ✓ Attend weekly 1-1.5 hour long DBT team meetings
- ✓ Co-facilitate weekly 1.5-2 hour long DBT skills teaching group on a rotating basis
- ✓ Provide afterhours (not 24/7) DBT skills coaching via phone within personal limits
- ✓ Submit recordings of individual DBT sessions to be evaluated for proficiency
- ✓ Submit recordings of DBT skills teaching group to be evaluated for proficiency
- ✓ Submit written DBT case conceptualizations to be evaluated for proficiency
- ✓ Complete relevant DBT readings and review relevant DBT teaching & learning materials

6. How will your program continue to support the DBT Team & DBT clinicians after completion of the DBT training protocol?

7. For the first year of training and consultation, learning DBT effectively requires DBT clinicians to carry a caseload of (preferably) at least 3 DBT cases. Agencies should thoughtfully balance the need for clinicians to take on sufficient DBT caseload to learn the model (i.e. at least 3 DBT cases), with the need to protect clinicians against burnout as they learn a new and challenging model alongside performance of other clinical and administrative responsibilities. Please describe your agency plan for the size of DBT clinicians' DBT caseloads for the first year of training/consultation, and what proportion of clinician time/caseload will be devoted to DBT services as opposed to other services or duties.

8. Following the initial training year, building a sustainable DBT program requires planning for increasing capacity in response to DBT clinicians' comfort with the model, and increasing demand for the DBT program. This may mean that DBT team members carry partial caseloads of 4-6 DBT clients, or may mean that DBT clinicians focus exclusively on providing DBT and carry caseloads of 14-18 DBT clients. Please describe your agency's vision for how your agency will increase the capacity of your DBT program following the training year.

9. Briefly describe how your program will sustain the implementation of DBT in your setting. Sustainability requires the full engagement of leadership, policies that support the EBP practice, and efficient staff retention methods, among other strategies. Please describe your current staff retention rate (or turnover rate) and strategies used to support retention of staff. Please describe the plan to ensure that the implementation of DBT can be sustained long term, addressing the commitment of executive director and other agency leaders, policies, staff retention strategies, and continued education/ training for all ancillary staff to maintain model.

10. Why is a DBT program a good choice for your agency?

11. What, if any, concerns or barriers do you anticipate experiencing while completing this training protocol?

AGENCY-BASED PROVIDER-SPECIFIC QUESTIONS

Please complete the questions below correctly and in its entirety. A separate [Trainee Application](#) must be completed by **EACH IDENTIFIED CLINICIAN ON YOUR TEAM**. There **must be a minimum of 4 CLINICIANS per team** and up to **6 CLINICIANS per clinic**. *If your team drops below **4 clinicians**, your team is at risk of dropping out of the protocol.*

Name(s) and Email Address(es) of Clinical Leadership of the DBT Program whom we will be consulting with when programmatic support is needed:

Name of DBT Program Clinical Leadership	Email of DBT Program Clinical Leadership
1.	
2.	

Name of DBT Team Leader	Email of DBT Team Leader
1.	

Names & Email Addresses of Clinicians Registering for the DBT Training:

Name of Clinicians	Email of Clinicians
1.	
2.	
3.	
4.	
5.	
6.	

Does your program currently have an existing DBT team? (Select one)

Yes

No

Name of Supervisor:

Date:

Signature of Supervisor: _____

Note: This confirms that the supervisor is consenting the agency and individual trainee(s) to participate in this training opportunity. *Electronic signatures are acceptable*

Name of Administrator:

Date:

Signature of Administrator: _____

Note: This confirms that the administrator is consenting the agency and individual trainee(s) to participate in this training opportunity. *Electronic signatures are acceptable*

DEADLINE TO COMPLETE AGENCY AGREEMENT:

FRIDAY, JANUARY 5, 2024

Please email the completed agreement to: EvidenceToPractice@lsuhsc.edu