

Dialectical Behavioral Therapy (DBT) Agency Agreement

Please complete the questions below correctly and in its entirety. The **DBT APPLICATION** must be completed by **EACH IDENTIFIED CLINICIAN ON YOUR TEAM**. Each clinician must upload this **SAME AGENCY AGREEMENT** on behalf of this DBT Team.

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. Agency leadership support for the DBT program will play a pivotal role in its success. This is particularly true for larger agencies that have clear distinctions between clinicians and administrators. Agencies will need to identify a DBT clinician who is the lead of the DBT team. In addition, agencies should expect to involve their clinical director/supervisor in the planning for the DBT training and delivery. Finally, agency administration (if different from clinical leadership) should expect to play a role in the development and maintenance of the DBT program. This means that the agency should expect to identify at least one person from administration who will provide this support on an ongoing basis. How will your program administration support and make accommodations for the 4-10 clinical staff participating in the DBT training throughout the training protocol?

4. Briefly describe how your program administration 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.

5. Identify the agency Program Supervisor who will sponsor DBT program activities. Additionally, identify the DBT Team Leader who will manage day-to-day implementation with agency leadership. Describe how your administration will take responsibility for these activities in order to allow the practitioners to successfully focus on the delivery of DBT. Describe how your agency will assign administrative responsibility for fulfilling these commitments, and how your agency will provide coverage during that individual's absences to ensure that there is no disruption to your DBT program.

6. 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 is salaried vs. fee-for-service?
(It is highly recommended that your DBT Leader is in a salaried position)

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 1-1.5hr long DBT team meetings
- ✓ Co-facilitate weekly 1.5-2hr 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

7. How will your program continue to support the DBT Team & DBT clinicians with delivery of DBT and with maintaining the DBT program after completion of the DBT training protocol?

8. 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.

9. 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.

10. 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 the 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.

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

12. 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. The **DBT APPLICATION** must be completed by **EACH IDENTIFIED CLINICIAN ON YOUR TEAM**. Each clinician must upload this **SAME AGENCY AGREEMENT** on behalf of this DBT 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.	

Name of DBT Team Administrator	Email of DBT Team Administrator
1.	

Names & Email Addresses of Clinicians Registering for DBT Training:

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

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

☐

Yes

☐

No

Name of Supervisor:

Date:

Email of Supervisor:

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 Clinical Director:

Date:

Email of Clinical Director:

Signature of Clinical Director:

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

Name of Agency Administrator/Owner:

Date:

Email of Agency Administrator/Owner:

Signature of Agency Administrator/Owner:

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

DEADLINE TO COMPLETE AGENCY AGREEMENT:

FRIDAY, MAY 30, 2025

Please submit the completed agreement via the [DBT Application](#) on REDCap.