

DBT Program Lift-off Activities / Referral Resources / Practice Activities

DBT PROGRAM LIFT-OFF ACTIVITIES	DATE COMPLETED
Define entrance/exit criteria: DBT program supervisor, team leader, team	
Choose assessments that indicate DBT referral – DERS, BSL, L-RAMP, etc.	
Explore Psych Surveys as a possible time saver/effective data collection tool: www.psychsurveys.com	
Define/refine DBT referral process – communicate with intake coordinators/assessors/leadership regarding when DBT referral makes sense (entrance/exit)	
Marketing: Agency Leadership, DBT program supervisor, team leader, team	
Identify <u>agency</u> leadership individual(s) who will take ownership for marketing the DBT program, and ensuring that marketing is taking place consistently	
Develop your DBT 1-pager (may need 1 for clients & 1 for professional referrals)	
Update website to orient to/overview DBT and your program	
Orient front office/intake regarding DBT program	
Orient other levels of care about DBT – e.g. Case Managers, school counselors, mobile crisis, etc.	
Define and orient referral resources	
Outline plan for regular monthly contact with external referral resources	
Review productivity / caseload requirements	
Training DBT caseload – 3 / Ongoing DBT caseload – TBD by clinician and team	
Plan ramp up for ongoing program sustainment, estimate 4 – 6 DBT clients per individual clinician – e.g. if you have a team of 4, estimate ongoing programming serving a minimum of 16 clients on an ongoing basis. Ideally, it could be 20 – 24 DBT clients on an ongoing basis.	
Connect with MCO's/Payors	
In addition to enrolling your program/clinicians with the MCO's, make sure to connect with the MCO's care team so they know about your program	
Internal Billing System changes/communication	
Make sure anyone managing billing knows the codes and how to bill for DBT rates.	
Coordinate with other EBP's if applicable	
Communicate/coordinate with other EBP teams – FFT, FFT-CW, ACT, EMDR, TFCBT, MST, etc.	

Possible referral resources

- Mobile Crisis Teams
- ER's
- Private Practice Groups (that serve Medicaid clients)
- Regional Human Services Districts/Local Governing Entities (regional mental health and substance use disorders clinics)
- University counseling centers
- School District counseling centers
- Coordinated Systems of Care (CSOC)/Wrap Around Agencies
- Court Diversion Programs
- Primary Care Physicians (PCPs)
- Community Clinics
- FQHC's – Federally Qualified Health Centers
- FINS – Families in Need Services
- DCFS Family Services Cases (for children who live in a family home)
- Inpatient/residential/partial programs – step down options
- Medicaid Managed Care Organizations (MCO's)
- Other clinics within your own agency
- Children's Advocacy Centers
- Regional Human Services District/Authority
- Office of Juvenile Justice (OJJ)

PRACTICE ACTIVITIES	DATE COMPLETED
Preparing for Pre Tx	
Watch Pre-Treatment: Setting the Stage for DBT Stage 1©	
Practice orienting to DBT	
Practice orienting to the bio social theory	
Practice obtaining a life worth living goal	
Preparing for Skills Groups	
Watch Master Class: Core Skills in DBT©	
Review Skills Training handouts and worksheets manual – understand layout, review resources, start using them personally.	
Read Skills Training Manual for leader support. Determine Skills schedule your team will start with (pages 111 – 122)	
Practice teaching mindfulness (what & how skills). Develop stories to highlight relevance for clients/skills groups	
Practice teaching ER. Develop stories to highlight relevance for clients/skills groups	
Practice teaching IE. Develop stories to highlight relevance for clients/skills groups	
Practice teaching DT. Develop stories to highlight relevance for clients/skills groups	
Preparing for Coaching	
Practice coaching calls and texting	
Practice strategically using all levels of validation	
Practice on the fly assessment and teaching specific skills responding to need	
Preparing for Individual Therapy	
Watch Back into The Book: Cognitive Behavioral Treatment of Borderline Personality Disorder©	
Read Cognitive Behavioral Treatment of Borderline Personality Disorder©	
Practice reviewing diary cards and setting an agenda	
Develop a diary card for a personal target behavior and use it for at least 3 weeks	
Practice Chaining	
Practice pulling out new behavior	
Practice addressing life threatening behaviors	
Practice addressing therapy interfering behaviors	
Practice determining differences between life threatening and quality of life behaviors	
Practice developing diary cards for target behaviors	
Review the solutions and how to use them deliberately and strategically	