SOCIETY FOR DIALECTICAL BEHAVIOUR THERAPY

THE DIALECTICAL BEHAVIOUR THERAPY SOCIETY IN UK AND IRELAND

The application for Programme/Team Accreditation consists of submitting a portfolio that provides an overview and evidence of all the points below. The aim of Programme/Team Accreditation is to ensure that all functions and modes of DBT are offered in the programme and provided with fidelity and adherence to the evidence base. There is also a section on adaptions of the provisions, allowing you to outline the principle-driven rationale for the adaption. As always, if you have any questions regarding this, do not hesitate to get in touch with accreditation@sfdbt.org

You will need to have two DBT therapists accredited with SfDBT UK & Ireland in your team, one of whom needs to be the team lead.

Step One: Introduction of your programme

a. When was it founded?
b. What is the treatment setting?
c. Who are the members?
d. Who is the team leader?
e. How many clients are treated?
f. How many hours a week do you have staff to provide DBT? (i.e. what is your FTE/WTE or how many hours a week does each therapist work for DBT, e.g. 3 therapists each work 10 hours a week=30 hours per week).

A copy of your Operational Policy which is agreed at all necessary levels and is a summary of the following:

g. DBT Team members:
    i. What is each member's highest educational qualification?
    ii. List of core profession of each team member and professional registration with their regulatory body such as HCPC (keep in mind that the SfDBT recognises the following as core professions: Psychology: clinical, counselling, forensic, social work, nurses, occupational

iii. therapists, psychotherapists accredited by the UKCP, BACP or BABCP, psychiatrists CAPS (if accredited with the BPS) & behavioural analysts.

iv. For accredited DBT therapists with the SfDBT, when is the accreditation due to expire?

h. What are your hiring practices for DBT therapists, students and trainees? E.g., example of an advertisement, job description or person specification.

i. What are the attendance requirements for team members and duties?

j. What is the structure and length of treatment?

k. Description of the modalities of treatment.

2. Step Two: Guidelines for Treatment programme

a. What are the inclusion and exclusion criteria for referrals?

b. What is your referral pathway and discharge pathway?

c. What are your conditions for termination in the programme?

d. What are your attendance requirements of clients?

e. What are your guidelines for care when treatment needs to change? (i.e. outpatient who is hospitalised.)

f. What are your guidelines on interface with other relevant organisations or professionals e.g., care coordinators or psychiatrists.

g. What are your guidelines on governance structures? E.g., governed by your NHS trust in accordance with the trust's structures and professional regulatory bodies of the team? Governance meetings, organisational chart?

h. What are your funding structures? E.g., fully funded by the NHS trust that the DBT service is part of?

i. What are your guidelines for involving caregivers/others?

j. What is your protocol or guidelines for vulnerable or dependent clients?

Step Three: Treatment Contracts and Informed Consent:

a. What is your protocol for the individual therapist's role as being the primary treater for a client?
b. What is your protocol for the consultation team as treating all clients held by the team?
c. Please give some examples of a client and therapist's contracts.
d. Please give examples of informed consent documentation for treatment and recording of sessions.
e. What are your guidelines on egregious behaviour? e.g., suicide attempts, self-harm, assault, drop out, escape from a facility.
f. What are your guidelines on how treatment continuation is determined?
g. What are your guidelines on how clients' progress is measured/evaluated?
h. What is your protocol for the 4-miss rule and the 24-hour rule?
i. What is your protocol for client discontinuation from treatment and for re-entering treatment after being discharged for any reason?
j. What are your protocols for client emergency and/or between-session contact with therapists? i. Skills coaching policy. ii. Crisis intervention plan. Include a copy of the crisis/suicide risk assessment and management protocol.
k. For inpatient treatments or milieu treatments what are your protocols for coaching during clinic hours/after hours? (Please only complete if you are an inpatient/milieu programme otherwise omit.)
l. For DBT-A programmes, what is your protocol on multifamily skills groups and coaching support for caregivers attending, as well as protocol for family sessions? (Please only complete if you are a DBT-A programme, otherwise omit.)
m. Please give examples of the diary cards used in your programme.

Step Four: DBT Adapted Programmes: (Only complete if you are a DBT adapted programme, otherwise omit)

a. Please describe the need for the adaptation and the barriers to standard implementation.
b. How would you describe the adaptation made?

c. How are you preserving the principles of DBT?

d. Please describe any non-DBT elements and the ways in which they are delivered so as not to conflict with the principles of DBT.

e. Please describe how data is collected to highlight the effectiveness of the adaptation.

Step Five: Data Collection:

a. Please describe and include examples of any measures used.

b. Please describe the process for evaluation of the effectiveness of treatment.

Step Six: Consultation Team:

a. Please submit a month's worth of anonymised minutes of the consultation team meeting.

b. What is the protocol on lateness for your consultation meeting?

c. What is the protocol on missing your consultation team meeting?

d. Please give an example of how one consultation team interfering behaviour was raised and addressed.

Step Seven: Skills Training Class:

a. When does the skills training class meet?

b. Where does it meet?

c. How many people attend?

d. How are the roles of facilitator and co-facilitator decided?

e. Please give a written example of your teams "most effective" lesson with analysis of why it was effective.

f. Please give a description of how the homework feedback part of the class is done.

g. Please provide and anonymised example of a recent missing links analysis.

h. Please give a description of skills class behavioural management strategies i.e., what reinforcers are commonly used?

i. How else is behaviour shaped in your skills class?

Step Eight: Evidence of Between-Session Skills Generalising:

a. How does this happen in your team?

b. What are the barriers to clients accessing skills generalising and what has the team done to address these?