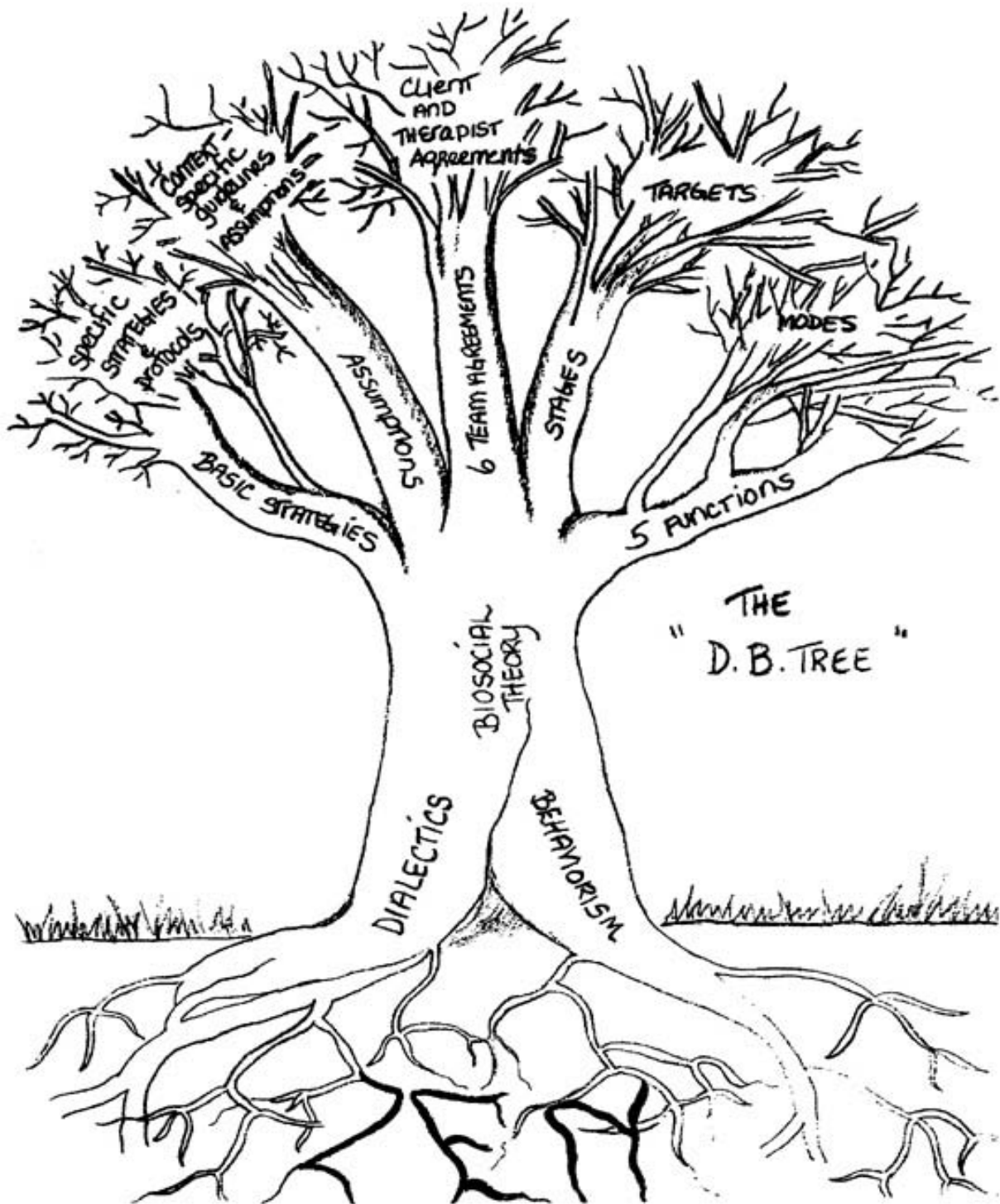


The DB-Tree



USING THE DBT TREE: A DBT PROGRAM REVIEW

INTRODUCTION

The DBT Tree represents the necessary features of an effective DBT program, ranging from the resources necessary to keep the tree (program) healthy, to the essential role of a head gardener (program director), to the use of the change and acceptance strategies in a balanced way. These features are specified below in the form of a series of questions, which can be used as a tool for reviewing a given DBT program. Every question that receives a partial or complete “no” answer may point to an area where attention is needed.

A. RESOURCES

Are the programmatic resources (time, space, money, personnel, commitment from administration) sufficient to accomplish the goals of the program?

B. LEADERSHIP

Is there a clearly designated director of the DBT program, and does that director have sufficient authority (personal capacities, authorization by administration, respect from program personnel) to carry out the tasks?

C. NECESSARY BASIC INGREDIENTS

Is there sufficient expertise in cognitive-behavioral principles and technology and in mindfulness/acceptance principles and practice to support a DBT program?

D. DIALECTICS

Is a dialectical philosophy, always moving toward synthesis of acceptance and change, guiding activity at every level of the program?

E. BIOSOCIAL THEORY

Is the bio-social theory “visible” throughout the program as the basis for understanding and treating the clients?

F. FUNCTIONS

Are all five functions of a comprehensive DBT program sufficiently carried out by the program, so that any given client has all five functions addressed? if it is not a comprehensive (all five functions) DBT program, is it clear which functions are being carried out by the program?

G. MODES

Are the modes of treatment clearly defined, and is it clear which functions are carried out by which modes?

a) Primary Therapist

Is there a primary therapist for each client who clearly serves as the “quarterback” of the team? Or, if that is inappropriate or impossible, is there a thoughtful alternative solution so that the functions of the individual therapist are carried out and the treatment is coordinated around one treatment plan?

b) Generalization of Skills

Does the individual therapist take phone calls as specified in standard DBT? If not, is there a clearly defined alternative of sufficiently trained staff that best provides for the function of generalization of skills?

c) Support of Therapist

Is there a consultation team, or teams, such that all staff working with the clients have the benefit of the functions of the team as defined in standard DBT?

d) Enhancement of Capabilities

Are all clients participating in skills training, either individually or in groups, where adequate time and attention are paid both to weekly homework review and teaching of new skills?

e) Structuring of the Treatment Environment

Is sufficient attention paid to the structuring of the treatment environment, including the relationship of the program to the surrounding context, the relationship of the modes and personnel to one another, and the environment surrounding each client, to support the treatment?

H. STAGES

Is it clear what stages of treatment are carried out in the program?

I. TARGETS

Are the targets for each client behaviorally-specific, stage-specific, and prioritized? Is there a central target list and is it clear what the relationship is between each mode and the central target list?

a) Pre-Treatment Targets

Is there a clearly delineated pre-treatment stage with specified targets and with modes (including the development of specialized pre-treatment modes if necessary) that are appropriate for achieving those targets?

J. AGREEMENTS

Does the program have public, explicit agreements for clients, for therapists, and for teams, which are adhered to throughout the program? If the program is specialized (e.g., forensic DBT program), have the standard DBT agreements been tailored to the special circumstances?

K. ASSUMPTIONS

Does the program adhere to the assumptions about clients and about therapists as delineated in standard DBT, and have assumptions been appropriately tailored to the particular clients and circumstances of the program?

L. STRATEGIES PROMOTING CHANGE

1. Is there an atmosphere within the program that is optimistic, that emphasizes problem-solving, and that consistently reinforces positive behavioral change?
2. Is behavioral analysis the routine basis for figuring out what is maintaining problematic behaviors, and is the procedure understood throughout the program?
3. Is there a case formulation guiding the treatment of each client?

4. Is the program skills-oriented (i.e., is the atmosphere pervaded by orientation and reference to DBT skills and by reinforcement of the use of skills)?
5. Does the program regularly support exposure to difficult emotions while teaching how and when to act opposite to the current emotion?
6. Are the universal contingencies (those applied to all) clear, public, and consistently reinforced?
7. Does the program staff understand and use positive and negative reinforcement, extinction, shaping, and aversive consequences when necessary (and with care)? Does the program offer repeated training for staff members in these principles and procedures?
8. Do the staff members observe personal limits in a manner prescribed in DBT? Does the program observe programmatic limits in a DBT-manner, emphasizing those limits needed for the survival of the program (as opposed to emphasizing limits needed by clients)?
9. Does the program clearly support the consultation-to-the-client strategy, reserving environmental intervention strategies for circumstances that meet the criteria for their use in DBT? Is the system surrounding the program sufficiently oriented to the program's emphasis on consulting to the client so as not to misunderstand the program's use of consulting-to-the-client strategies?
10. Do staff members regularly and sufficiently use irreverent communication strategies when called for, leading to an atmosphere characterized, in part, by straight-talk, matter-of-factness, confrontation, and occasional irreverent humor?
11. Are outcome data systematically and regularly gathered and reviewed regarding each client and regarding the program as a whole?

M. STRATEGIES PROMOTING ACCEPTANCE

1. Does the program noticeably endorse and teach principles of mindful awareness, acceptance of what is, recognition of the inter-relatedness of all phenomena, and recognition of the constancy of change?
2. Do staff members regularly use explicit verbal and functional validation of valid behaviors, understanding and using all 6 levels of validation?
3. Is it obvious that the program staff regularly look to validate (highlight and cheerlead) client's capabilities?
4. When environmental intervention is called for, does the staff freely and unambiguously intervene on behalf of the client?
5. Does the staff offer a reciprocal communication style as a constant baseline (against which irreverent communication is used when called for), emphasizing warmth, genuineness, and self-disclosure within thoughtful limits?

N. BALANCE OF STRATEGIES

Does the program effectively balance and synthesize change and acceptance strategies, so that there is an atmosphere of sufficient structure and control, optimism and problem solving, and warmth and acceptance?