DBT Program Fidelity Checklist (DBT PFC)

(Harned & Schmidt, 2022)

Instructions: This checklist has been developed as a clinical tool to evaluate the extent to which a DBT program is structured to include the critical elements of comprehensive DBT. This checklist should be used with the corresponding training manual that provides detailed information about how to rate each item. Please complete the following items as they pertain to the program's general structure and approach to delivering DBT.
**Indicates a required element of comprehensive DBT.*

0 = Below fidelity	**1** = Meets threshold for fidelity	**2** = Exceeds threshold for fidelity

Program: ___________________________ Rater: _________________________ Date: ______________

I. INDIVIDUAL THERAPY

☐ *If the program does not assign a primary provider to each client, check here and skip to Section II. (Note: Items 1 and 2 should be rated "0".)*

[ ] ***1. DBT program provides a primary provider for each client who is responsible for clinical decision-making that impacts the client's treatment plan.**

0 Primary provider is not responsible for clinical decision-making that impacts the client's treatment plan (e.g., treatment plans are managed by the DBT team as a whole or a non-DBT provider).

1 Primary provider is responsible for most but not all clinical decision-making that impacts the client's treatment plan (e.g., implementing but not developing or modifying the treatment plan).

2 Primary provider is responsible for all clinical decision-making that impacts the client's treatment plan, including developing, modifying, and implementing the treatment plan.

Optional comments:

[ ] ***2. The primary provider has individual sessions with the client that occur at least weekly and focus primarily on helping the client to replace maladaptive behaviors with skillful responses.**

0 Primary provider meets with the client less than weekly *and/or* sessions do not focus primarily on helping the client to replace maladaptive behaviors with skillful responses.

1 Primary provider meets with the client at least weekly and most but not all sessions focus on helping the client to replace maladaptive behaviors with skillful responses.

2 Primary provider meets with the client at least weekly and all sessions focus on helping the client to replace maladaptive behaviors with skillful responses.

Optional comments:

II. SKILLS TRAINING

☐ *If the program does not offer DBT skills training, check here and skip to Section III. (Note: Items 3 and 4 should be rated "0".)*

***3. DBT skills training occurs at least weekly and focuses on teaching DBT skills in a systematic way.**

0 Program offers DBT skills training less than weekly, not in a systematic way *and/or* skills training includes teaching of non-DBT skills.

1 Program offers DBT skills training at least weekly that teaches a subset of DBT skills (e.g., just emotion regulation) in a systematic way, but does not offer comprehensive skills training.

2 Program offers weekly DBT skills training in a systematic way that includes all standard DBT skills modules (mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness).

Optional comments:

***4. DBT skills training is conducted in a psychoeducational format that primarily focuses on building clients' capability to engage in skillful behavior.**

0 DBT skills training is not conducted in a psychoeducational format *and/or* skills training often focuses on issues other than teaching and practicing new skills.

1 DBT skills training is conducted in a psychoeducational format that primarily focuses on teaching new skills but does not consistently assign and/or review skills practice homework.

2 DBT skills training is conducted in a psychoeducational format that primarily and consistently focuses on teaching new skills and assigning and reviewing skills practice homework.

Optional comments:

III. BETWEEN-SESSION CONSULTATION

☐ *If the program does not offer skills coaching and crisis intervention outside of scheduled sessions, check here and skip to Section IV. (Note: Item 5 should be rated "0".)*

☐ ***5. DBT program ensures that skills coaching and crisis intervention is available to clients at all times outside of scheduled sessions.**

0 DBT program offers between-session skills coaching and crisis intervention that is less than 24/7 *and* utilizes a non-DBT after-hours service that *does not have* access to clients' DBT crisis plans.

1 DBT program offers between-session skills coaching and crisis intervention that is less than 24/7 *and* utilizes a non-DBT after-hours service that *has* access to clients' DBT crisis plans.

2 DBT program offers skills coaching and crisis intervention 24/7 *or* utilizes an after-hours service with DBT-trained staff.

Optional comments:

IV. CONSULTATION TEAM

☐ *If the program does not have a consultation team, check here and skip to Section V. (Note: Items 6-9 should be rated "0".)*

☐ ***6. DBT consultation team meets weekly and all DBT providers are required to attend.**

0 Consultation team meets less than weekly *and/or* not all DBT providers are required to attend.

1 Consultation team is scheduled to meet weekly but can be preempted by other program meetings *and/or* all DBT providers are expected to attend but some regularly miss meetings.

2 Consultation team meets weekly, all DBT providers attend consistently, and attendance is tracked and addressed when needed.

Optional comments:

☐ ***7. DBT team members commit to delivering DBT and following team agreements, and non-DBT providers do not regularly participate in team meetings.**

0 Providers can join the team without a clear commitment to delivering DBT and adhering to team agreements *and/or* non-DBT providers regularly participate in team meetings.

1 Only providers who commit to delivering DBT and following team agreements can join and regularly participate in the team, but these agreements *are not* consistently reviewed and monitored once providers are members of the team.

2 Only providers who commit to delivering DBT and following team agreements can join and regularly participate in the team, and these agreements *are* consistently reviewed and monitored at team.

Optional comments:

***8. There is a designated DBT team leader who functions as the head of the DBT team.**

0 There is no designated team leader *or* the designated team leader is not adequately trained in DBT and/or does not deliver DBT to clients.

1 There is a designated team leader who is well-trained in and delivering DBT to clients but does not effectively manage the team and/or address obstacles to team functioning.

2 There is a designated team leader who is well-trained in and delivering DBT to clients, effectively manages the team, and addresses obstacles to team functioning.

Optional comments:

***9. DBT consultation team primarily focuses on increasing providers' capabilities, motivation, and adherence, and ensures that each provider obtains sufficient consultation.**

0 DBT team often primarily focuses on clients' needs or administrative issues *and/or* there is insufficient time to help each provider to increase capabilities, motivation, and adherence.

1 DBT team primarily focuses on increasing providers' capabilities, motivation, and adherence, but team members are allowed to sit silently and/or not obtain consultation for weeks.

2 DBT team is organized to allow each provider opportunities to obtain consultation to increase capabilities, motivation, and adherence, and all team members actively participate in meetings.

Optional comments:

V. GENERAL TREATMENT STRUCTURE AND APPROACH

***10. There are contingencies in place that make it clear when a client is no longer in treatment (e.g., 4-miss rule) and to avoid reinforcing suicidal behavior (e.g., 24-hour rule).**

0 Program does not have contingencies in place that make it clear when a client is no longer in treatment *and/or* to not reinforce suicidal behavior.

1 Program has contingencies in place to make it clear when a client is no longer in treatment and to not reinforce suicidal behavior, but these contingencies are not consistently enforced.

2 Program has contingencies in place to make it clear when a client is no longer in treatment and to not reinforce suicidal behavior *and* these contingencies are consistently enforced.

Optional comments:

***11. DBT program continuously monitors client progress.**

0 Program does not monitor outcomes, assesses irrelevant outcomes, *and/or* relies solely on data not provided by clients (e.g., parent report).

1 Program inconsistently monitors outcomes (e.g., does not routinely collect diary cards or other relevant outcome measures).

2 Program routinely monitors client outcomes, including tracking of targeted behaviors daily/weekly (e.g., via a diary card) and other relevant outcome measures if indicated.

Optional comments:

***12. DBT program adheres to an agreed to length of treatment and extensions depend on evidence of client progress and recommitment.**

0 There is no length of treatment agreed to at the beginning of therapy.

1 There is an agreed to length of treatment, but extensions are allowed without evidence of client progress, a solid rationale for continuation that is discussed in team, and/or recommitment.

2 There is an agreed to length of treatment and extensions require evidence of client progress, a solid rationale for continuation that is discussed in team, and recommitment.

Optional comments:

*13. The DBT program follows the principles of behaviorism, dialectics, and acceptance across all modes of treatment.**

0 The DBT program does not adopt the principles of behaviorism, dialectics *and/or* acceptance as the theoretical foundation of treatment.

1 The DBT program follows the principles of behaviorism, dialectics, and acceptance, but not across all treatment modes *and/or* other theories (e.g., psychodynamic) are also followed.

2 The DBT program only follows the principles of behaviorism, dialectics, and acceptance, and these theories form the theoretical foundation of all modes of treatment.

Optional comments:

*14. The DBT program only adapts the treatment when needed and, if adaptations are made, they are consistent with DBT principles and assumptions and clearly documented.**

0 Adaptations were made without a sufficient rationale for changing standard DBT, that violate the principles of DBT, *and/or* when a relevant evidence-based adaptation already exists.

1 Adaptations were necessary and are consistent with DBT principles and assumptions, but the adaptations are not documented in sufficient detail.

2 No adaptations were made *or* adaptations were necessary and are consistent with DBT principles, clearly justified and documented, and well-integrated with other DBT elements.

Optional comments:

VI. PROGRAM POPULATIONS: MINORS AND VULNERABLE/DEPENDENT ADULTS

☐ *If the program does not treat minors or vulnerable/dependent adults, check here and skip to Section VII. (Note: Item 15 can be entered as "NA" (not applicable).)*

☐ **15. When working with minors or vulnerable/dependent adults, outreach is made to include caregivers (e.g., parents, other family members, or supportive individuals) in treatment.**

0 Program works only with the identified client and does not include caregivers in treatment when indicated *or* only meets with caregivers as requested by the client.

1 Program meets with caregivers to exchange information, but caregivers are not systematically included in treatment when indicated (e.g., parents of minors do not receive skills training).

2 Program systematically includes caregivers in treatment by providing skills training and/or coaching to caregivers and having regular joint/family sessions when indicated.

Optional comments:

VII. PROGRAM TYPES: MILIEU TREATMENT/DAY PROGRAM/INPATIENT/RESIDENTIAL

☐ *If the program is not milieu/day/inpatient/residential, check here and skip to Section VIII. (Note: Item 16 can be entered as "NA" (not applicable).)*

☐ **16. Milieu staff in the DBT program help to promote skills generalization and prepare clients for the external environment.**

0 Milieu staff do not know the DBT skills *and/or* there is no effort to support cue exposure or generalization of DBT skills.

1 Milieu staff coach DBT skills in a rote manner, without emphasis on cue exposure or the larger goal of generalizing skills to the client's home environment.

2 Milieu staff actively coach DBT skills with emphasis on cue exposure and generalization, and primary providers communicate relevant skills and cues to staff (when appropriate).

Optional comments:

VIII. OVERALL EVALUATION

☐ **17. Total fidelity score** (percentage of relevant items that meet or exceed the threshold for fidelity; i.e., are scored as 1 or 2)

☐ **18. Average fidelity score** (average of all relevant items)

General Comments: