

STATE CERTIFICATION OR RECERTIFICATION WITH NATIONAL CERTIFICATION

REQUIRES THE FOLLOWING FOUR ATTACHMENTS

Attachment #1: Supervision Plan for Practitioners

Mental health practitioners and clinical trainees must receive ongoing clinical supervision by a mental health professional with appropriate competencies and working knowledge of the DBT principles and practices. If an agency currently has or is planning to utilize practitioners /clinical trainees in the future there must be a plan for clinical supervision. If an agency does not currently utilize and has no plan to utilize practitioners/clinical trainees, a document stating that fact will be accepted.

Include:

A supervision plan that includes who performs the role of supervision for the mental health practitioners/clinical trainees on the team. What are supervision procedures to assure fidelity to treatment model? How is practitioner/clinical trainee work monitored? The last page is a document confirming supervisor meets qualifications defined in MN Rule 9505.0371 Subp.5 item D.

Or a document stating the agency does not utilize and has no plan to utilize practitioners/clinical trainees.

Attachment #2: Client File

Include a REDACTED file for one individual in the program who meets DBT IOP eligibility requirements.

Attach the following documents for the client file that was completed by current agency providers:

- Diagnostic Assessment
- Most Recent Functional Assessment
- Current Treatment Plan
- Individual Therapy notes for 4 consecutive weeks
- Group Therapy notes for 4 consecutive weeks

Attachment #3: Outcome Measures

Attach document with brief description of how program collects and reports required client outcomes to Mental Health Information System (MHIS) at admission, every six months and at discharge.

Attachment #4: National Board Certification

Attach certification document/email from national certification body indicating start date.

STATE CERTIFICATION OR RECERTIFICATION WITHOUT NATIONAL CERTIFICATION

REQUIRES THE FOLLOWING THREE ATTACHMENTS

Attachment #1: DBT Program Manual

The program manual contains information about the DBT program's policies and procedures which guide the delivery of DBT treatment and ensures continuity in treatment regardless of changes in staffing. The manual must contain evidence that the DBT program adheres to the definition of Dialectical Behavior Therapy Intensive Outpatient Program in accordance with [Minnesota Rule 9505.0370 Subp. 12](#) and contain evidence that the Dialectical Behavior Therapy Intensive Outpatient Program continuously meets the requirements described in [Minnesota Rule 9505.0372 Subp. 10](#) for recipient assessment, recipient eligibility determination process, program structure, treatment components, additional certification requirements, staff qualifications, staff training and supervision. The program manual is kept onsite and used as reference to all team members, including orientation to new team members.

Table of Contents:

The program manual must include the following information organized by table of contents:

- *Description of the provider agency and the community served:* This includes how to assess, adapt to provide culturally-specific services, recruit diverse staff and assure staff demonstrate ability to manage cultural issues that may arise in treatment.
- *Basis for the DBT program and mission statement.*
- *Program eligibility/exclusion criteria.*
- *Protocol for delivering stages of treatment:* Include program's process for determining the need for and process for delivering each of the treatment stages as follows; pretreatment, stage one, stage two and three treatment.
- *Referral sources and protocol for provider assignment:* Address any treatment arrangements with outside providers that are considered part of the DBT Team.
- *Description of treatment modalities:* Individual Therapy, Group Skills Training, Skills Coaching, Team consultation and how team manages ancillary modes of treatment.
- *Description of staff development, training plan and supervision:* Include a process for orientation and commitment of new providers, process for ensuring that each team member obtains and maintains competencies and supervision process for practitioners/clinical trainees if applicable.
- *Termination and Transfer procedures:* Include information on unilateral termination conditions.
- *Quality monitoring and improvement process:* Include outcome measures, program improvement and data reporting to MHIS.
- *Suicide assessment and intervention protocol/policy:* Describe staff responsible for assessing suicide risk, tool used, suicide intervention protocol, and follow up of assessment/intervention including documentation of assessment/intervention.

Appendices: Include the following document samples at end of program manual

- Individual therapy contract/agreements
- Diary card
- Coaching call protocol and documentation
- Emergency contact form
- Suicide risk assessment, protocol and tool used.
- Consultation meeting templates; agenda, agreements, assumptions, meeting note format
- Outside provider contract if applicable
- Supervision plan for practitioners if applicable
- Official documentation indicating supervisor/s meets qualifications defined in MN Rule 9505. 0371 Subp.5 item D.
- Training plan for all team members if applicable

Attachment #2: Client File

Include a REDACTED file for one individual in the program who meets DBT IOP eligibility requirements.

Attach the following documents for the client file that was completed by current agency providers:

- Diagnostic Assessment
- Most Recent Functional Assessment
- Current Treatment Plan
- Individual Therapy notes for 4 consecutive weeks
- Group Therapy notes for 4 consecutive weeks

Attachment #3: Staff Competencies

Staff are required to have competencies and working knowledge of DBT principles and practices within 6 months.

Describe how each member of the DBT team obtained appropriate competencies and working knowledge of DBT principles and practices.

- Bio-Social Theory and Framework for DBT
- Validation

- Dialectics
- DBT Mindfulness
- DBT Consultation Team
- Suicide risk assessment/intervention
- Skills training (understanding and application of principles of skill acquisition, strengthening and generalization, and in-session teaching)
- Exposure-based procedures
- Cognitive Modification
- Contingency Management
- Behavioral Analysis

Include all work the team member has accomplished to learn DBT such as:

- Courses/Training: name, description, dates, continuing education credits
- Supervision
- Consultation
- Study group led by mental health professional with competency to apply principals/practices.
- Books read and studied
- Articles, publications
- Participation in research
- Independent study

MAINTENANCE OF NATIONAL CERTIFICATION

REQUIRES THE FOLLOWING ATTACHMENT

Attachment #1: Verification E-mail

Teams must submit copy of e-mail verification of the Maintenance of Certification (MOC) from Linehan Board of Certification by December 31 of each certification year. (If team is certified after June 30th, the first MOC email verification is due December 31 of the following year after initial certification.)

The program will be de-listed from Department of Human Services DBT IOP program if MOC is not verified by March 15th each year/or if another DBT IOP application without national board certification is not submitted.

At the end of the 5 year Linehan Board of Certification period, teams will resubmit an application to DBT IOP after they recertify with Linehan Board of Certification or re-apply for DBT IOP without national board certification.

STAFF UPDATE

REQUIRES THE FOLLOWING ATTACHMENT *ONLY* IF A NEW TEAM MEMBER HAS BEEN ADDED

A DBT program must consist of a team of individuals trained in DBT treatment. New team members are expected to have the following competencies and ability to apply appropriate skills within six months of becoming part of the DBT team.

- Bio-Social Theory and Framework for DBT
- Validation
- Dialectics
- DBT Mindfulness
- DBT Consultation Team
- Suicide risk assessment/intervention

- Skills training (understanding and application of principles of skill acquisition, strengthening and generalization, and in-session teaching)
- Exposure-based procedures
- Cognitive Modification
- Contingency Management
- Behavioral Analysis

Skills trainers must understand and be able to apply principles of skill acquisition, strengthening and generalization. Advanced Training Topics for designated team members may include: Exposure Based Procedures, Cognitive Modification, Contingency Management, and Behavioral Analysis.

Attachment #1: Staff Competencies

If this update does not include new staff members, no attachment is required.

Staff are required to have competencies and working knowledge of DBT principles and practices within 6 months.

Describe how each NEW member of the DBT team obtained appropriate competencies and working knowledge of DBT principles and practices.

- Bio-Social Theory and Framework for DBT
- Validation
- Dialectics
- DBT Mindfulness
- DBT Consultation Team
- Suicide risk assessment/intervention
- Skills training (understanding and application of principles of skill acquisition, strengthening and generalization, and in-session teaching)
- Exposure-based procedures
- Cognitive Modification
- Contingency Management
- Behavioral Analysis

Include all work the team member has accomplished to learn DBT:

- Courses/Training: name, description, dates, continuing education credits
- Supervision
- Consultation
- Study group led by mental health professional with competency to apply principals/practices.
- Books read and studied
- Articles, publications
- Participation in research
- Independent study