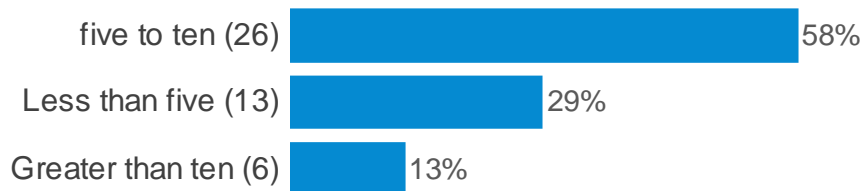


## DBT IOP Program Survey

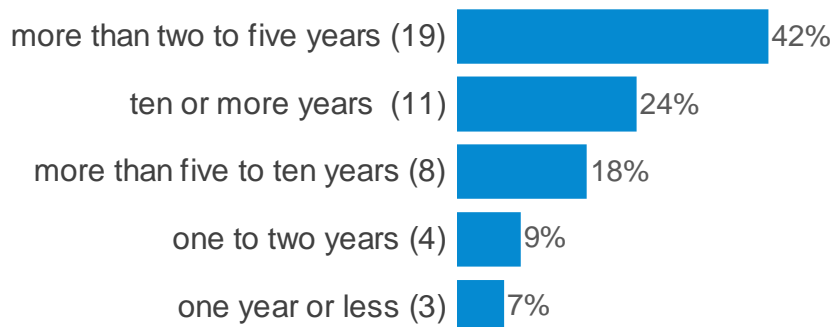
This report was generated on 02/05/18. Overall 45 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

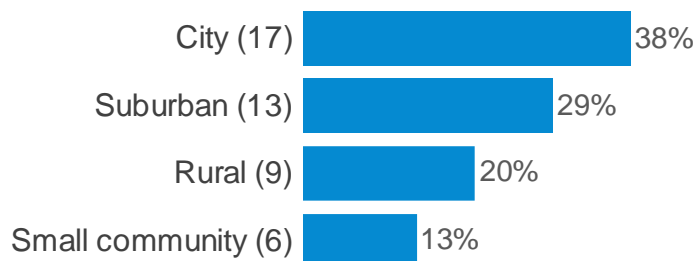
### How many clinicians are on your DBT Team?



### How long has your DBT team been working together?



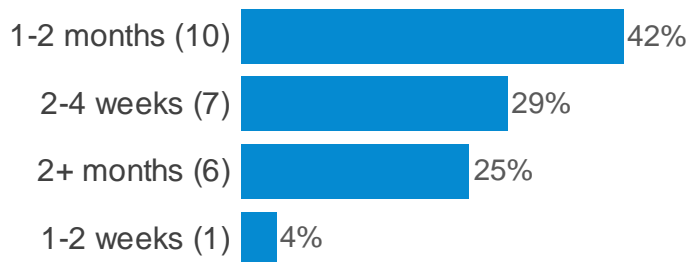
### How do you perceive your team location?



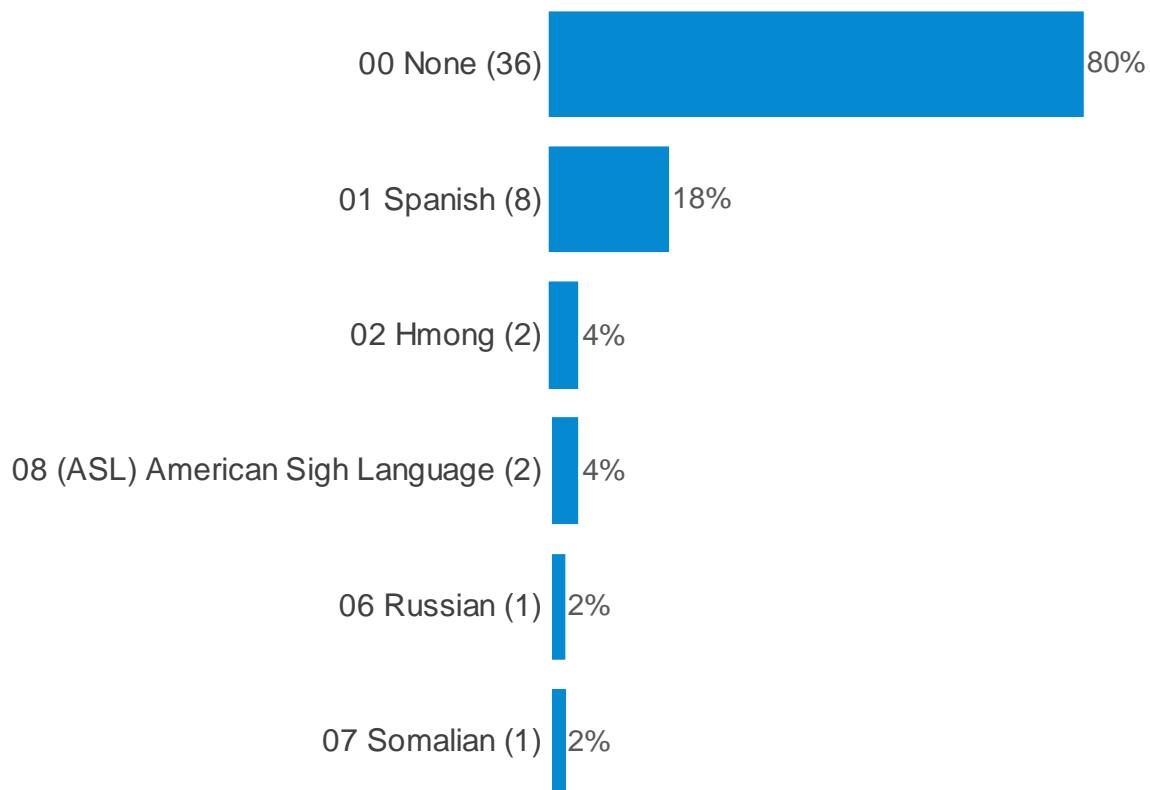
**Does your team have a client wait list for adults?**



**What is the current length of time on your wait list?**



**What language(s) other than English do your DBT clients speak? Select all that apply. (Press control and left-click.)**



**Briefly describe how your agency assesses, adapts, and provides culturally specific services in relation to: race, LGBTQ, religiongender, ethnicity, culture, refugee/immigrant, legal status, and other demographics.**

---

DBT clinicians have a broad range of cultural experiences and interests. Each client is asked about cultural experiences to inform the treatment process.

---

We do not force clients to participate in Mindfulness if they feel it goes against their religious beliefs. That is the only adapting we have had to do. I feel the manual adapts well and addresses cultural differences in skills etc.

---

Our program is open to anyone of any race, LGBTQ, religion, gender, ethnicity, culture, etc....

---

We discuss this with the client at the time of intake and work to adapt treatment plan goals, interventions, and services to meet the needs of the individual.

---

We provide interpreters as needed. Assess culture in the diagnostic assessment. We have provider that have advanced training related to spiritual, cultural, race, and LGBTQ etc.

---

This is assessed during the initial 4 sessions with a client to determine what culturally specific services can be provided. The adaptations are made if necessary with regard to who the therapist is that is assigned to work with the client based on culturally specific abilities of the therapist.

---

We don't have a lot of diversity, but have had some clients of different races. One big consideration we have encountered a few times are pregnant women. We have had them try to remain in group as much as possible and even attend after with their baby for a while if needed to stay in group if they have limited options. We have had at least one lesbian client in group and her partner wants to participate, but we are waiting until she completes first to avoid potential dual relationship issues.

---

We have a adapted DBT programs for those with developmental disabilities. All programs and services are tailored to individuals and our team strives to provide culturally sensitive programs.

---

We ask about cultural factors and take cultural considerations and needs into account when providing DBT services (for example, we ask about gender identity and preferred name/pronoun and then ensuring we consistently use preferred name and pronoun for transgender and gender variant patients).

---

At intake this is assessed and we work to provide culturally specific services as appropriate. We look within our staff expertise and utilize IMAA in our area for interpreters and translation as necessary. We have a very diverse staff as well as a diversity and inclusivity work group that we look to for information and guidance. We also utilize other area resources when indicated.

---

We have ongoing education for staff on cultural concerns, with several of our team members being experts in the area and teach such topics in other settings as well. We work toward having both linguistically appropriate therapists as well as culturally sensitive therapists addressing each of the issues above. The assessment of the concerns is done at intake and then is integrated into the Tx plan

---

The individual therapists use the diagnostic assessment and ongoing therapeutic alliance to assess needs re: culture. We currently offer two (2) all gender DBT groups (out of 4 groups total) to enhance inclusivity. We work with clients on an individual basis to best address their needs, including providing interpreter services as needed, currently none of our clients require this service. As an agency, we are addressing issues of equity, inclusivity and diversity- incouding offering training, consultation and ongoing efforts to recruit, hire and retain a diverse staff

---

We do a thorough assessment of cultural considerations in our intake process over several sessions. We also make sure to include and consistently re-assess for cultural considerations throughout the DBT treatment process. We also discuss culturally specific service delivery in our consultation team and include it in our case conceptualizations and supervision and supervision documentation.

---

**Briefly describe how your agency assesses, adapts, and provides culturally specific services in relation to: race, LGBTQ, religion, gender, ethnicity, culture, refugee/immigrant, legal status, and other demographics.**

We are piloting the CCBHC model, which includes cultural information and needs in both assessments and treatment planning. We have provided services mainly to clients with African American and Western European ancestry. Many of our clients are homosexual and some have been transsexual. We also have clients who are on probation or are dealing with CPS. I currently work with two clients who are not Christians, and I recently had to talk to one of them about being respectful to other clients who are Christians. For the most part, all are treated with respect by individual therapists as well as the group members. I am not aware of any immigrants.

during our diagnostic assessments we inquire about the above and integrate into tx as the client wishes

Discussion about how various experiences contribute to our sense of self. Work to validate from the perspective of the client. We work with many LGBTQ and transgender clients and have clinicians to have expertise in this area and are better able to help with validation and problem solving. We work on dialectic thinking from the perspective of the client's individual experiences.

At our clinic we have adapted some of the skills worksheets and homework and simplified it so it is easier to understand for our clients who have difficulty learning new information. Our therapists are culturally sensitive to race, LGBTQ, gender ethnicity.

We make an client-centered plan based on their overall needs and provide accommodations as needed.

In the diagnostic assessment, information is gathered about each client's culture and their individual needs. DBT staff is open minded and provides appropriate services and accomodations as needed.

During the intake / assessment we have questions geared toward identifying any culturally specific needs. So far we have not had any adaptations we have had to do.

Assessing for culturally specific services begins with the therapist during the diagnostic assessment. Staff have been trained to and our DA form specifically addresses all of the above areas and treatment plans are developed with these in mind based on client desires. We are careful with preferred pronouns and specific cultural needs are discussed in consultation team to keep providers apprised.

Information gathered and assessed in intake.

We are able to assess for culturally-specific needs and while we're not able to meet them all within our group or DBT program, we are knowledgeable about community-based services, have actively consulted with other when needed and have referred our clients out to other providers with any needed areas of speciality. We have begun to put together a trans-friendly group of practitioners and are working to increase our efficacy on transhealth issues both by consulting and collaborating closely with our clients who are undergoing transitions.

All staff have training in cultural competencies, routinely

We start with cultural considerations at intake. Our diagnostic assessment form provides space for a narrative on cultural considerations. We have a culture of inclusion and non-judgmental stance in our individual therapy and in our groups. We provide interpreters as needed.

We ask about culturally specific demographics to increase awareness and sensitivity. We take a non-judgmental stance and incorporate their belief systems into their therapy. We have access to interpreters, but have not had any non English speaking DBT clients.

We have a diverse team in which each person brings forth their own lens and strengths. we also assess all of these areas with our clients to see how we can best serve them. This is usually done in the DA, tx plan, and while completing orientation fro DBT

We have a question on the intake paperwork on the Adult Assessment Intake Form. We address this with the clients during the intake with the clients, asking them for input on their issues.

**Briefly describe how your agency assesses, adapts, and provides culturally specific services in relation to: race, LGBTQ, religion, gender, ethnicity, culture, refugee/immigrant, legal status, and other demographics.**

all races, we have a specific LGBTQ population, mens, womens, specific groups. DBT is morning and night to accommodate peoples work schedules.

We have additional training and culturally specific therapists.

programs are individualized based on need, clients are provided interpreters as needed.

at intake and throughout treatment we will provide an interpreter if that is needed, address cultural issues when doing the intake as well as the DA, will ask client to identify race, gender, as well as identifying preferred pronouns-

We gather detailed information during the intake and try to modify our treatment accordingly. We focus on the client's unique values according to their culture (emotion regulation skill).

During our Diagnostic Assessment we ask how client's culture may affect their medical/psychological care. We ask if clients have preferences to see a male or female individual therapist. We ask if a client has a preferred pronoun that they wish to be referred to and that is indicated in their record and notes. We ask if client has any legal issues that we should be aware of.

Cultural and spiritual background information is obtained with the diagnostic assessment and orientation to DBT Program. Areas such as race, LGBTQ, religion, gender, ethnicity, culture, refugee and legal status is obtained along with economic and vocational resources. This information is incorporated into practice with skills training, individual therapy and any coaching needs. The agency offers training to staff to increase cultural competence in several areas.

We include culturally specific information in our diagnostic assessments. We have access to phone interpreting when needed. We are handicap accessible. As a 503(C) we have an anti discrimination policy. We take part in yearly diversity training.

? Recognition of cultural diversity, effort to be sensitive and accommodating when needed.

We use the initial phone call and assessment period to identify cultural needs, through the perspective of the client, in order to pair clients with the best clinician. We also educate ourselves as clinicians on the individual clients' cultural identity, needs and background in order to meet those needs.

We have done very little, specifically, to address this.

Specifically in 1:1 setting to aid with demographic

We are mindful to assess for these areas during assessment and make accommodations as necessary.

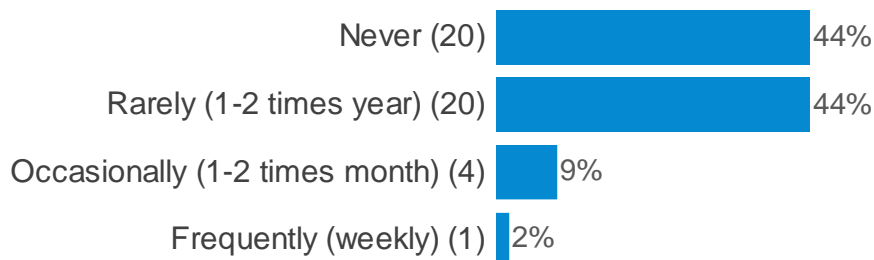
We start with assessment: how do people view their culture and how their culture will impact the work they do in the therapy setting. We seek to incorporate their culture whenever possible, particularly when it is driven by them. We also work to provide a safe environment for them to explore further how their culture impacts them in relation to the therapy provided. As a team, we also have taken assessments to determine our areas of growth needed, working towards being a more inclusive environment ourselves.

African American, Caucasian, Asian, LGBTQ, refugee/immigrant, 1st generation immigrant, low income

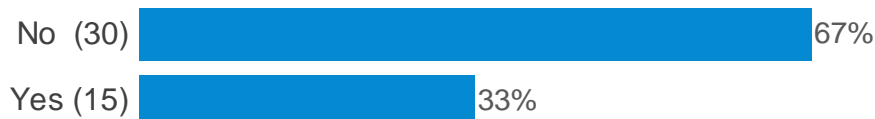
We assess in the intake session and are able to find out what it is that the client needs culturally and make those accommodations.

We do our best to be sensitive regarding culturally specific services. We address discriminatory behaviors or statements during group when they occur, and allow participants to share their concerns at their own pace. We have had interpreters in group (ASL) to assist.

**How often does your agency contract with required interpreter services to provide overall DBT treatment to non-English speaking clients?**



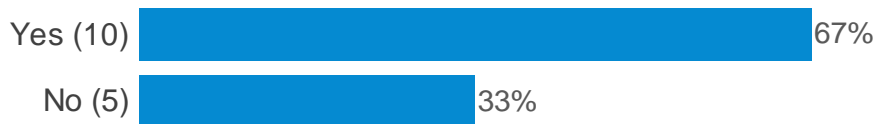
**Currently, does your team provide a FULL DBT program for Adolescents?**



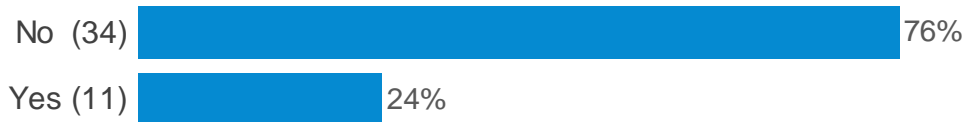
**How many in your program?**

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
15	232	15.47	13.50	4	50	46

**Is there are waiting list?**



**Currently, does your team provide a PARTIAL DBT program for Adolescents?**



**How many in your program?**

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
11	71	6.45	2.70	2	10	8

## Is there are waiting list?



## If Applicable: Reasons why a full DBT program is not provided for Adolescents, or other comments:

We are a newer clinic and hope to provide a full program in the future.

Group psychotherapy reimbursement is extremely low. We lose money on providing adolescent DBT.

Because our program is part of county adult services. There are adolescent programs within the area.

We do not offer coaching calls. The rate of reimbursement is not sufficient to allow for this.

Lack of staff resources mainly and also funding. If not enhanced, it wouldn't be doable.

low reimbursement rates make it not feasible.

This (along with a partial hospital program for adolescents) is an aspirational goal for us.

Not currently a focus for our team- we currently do not have staff who are intereste and skilled in

We provide a FULL DBT program for adolescents

There aren't enough therapists willing and able to work with this population.

we are planning to start a full program in a few months

A full DBT program is not provided at this time because of reimbursement concerns (2nd group therapi

We are not currently certified to provide DBT program to adolescents.

Because of the low reimbursement for DBT for adolescents it has not been financially feasible.

Do not have the resources/staff

have times between groups for school breaks, need more trained staff to expand

We don't have the staff availablity.

Will be starting full program 02/2018

Our program only serves adults at this time.

at this time we have not fully developed this program,

We live in a small community in MN, have had staff turnover.

Not enough clients to financially warrant a full program.

Staff and location limits

We have attempted to provide a summer DBT program for adolescents. A grant is pending.

we have not had enough referrals and individuals/families willing to commit to treatment to make thi

Small numbers; lack of evidence based programs to follow - we developed our own.

We currently do not have a large enough team, our hope is to provide this service in the near future

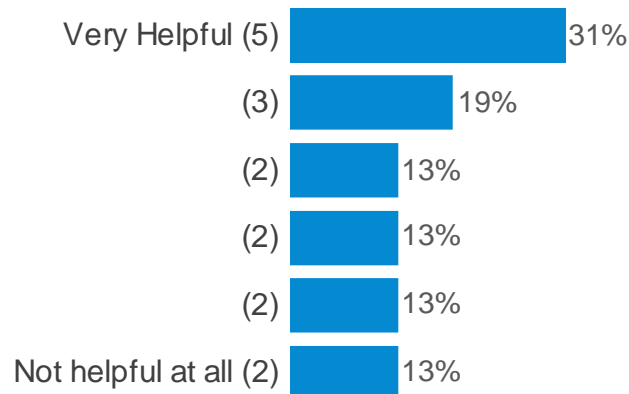
Not all team members treat adolescents

At this time Adolescents are able to see a therapist of their choosing.

## Has your team requested technical assistance?



## How helpful was the assistance you received? (Your team requests for technical assistance since December 2016?)



## Do you have any suggestions for how we can improve our technical assistance?

No

No

Offer more vidyo trainings so we do not have travel.

More recently the response time for technical issues has been quicker and more helpful. The MNITS site could be more user friendly.

The website to submit applications was really not user friendly. Having issues submitting or saving an application were really frustrating.

no

MHIS is the biggest struggle and part of our struggles are within our software as well.

I think you have been very responsive

no

What do you mean by technical assistance??

no

MHIS data entry has been challenging for us

Having someone answering the phone who can answer our questions. Assistance setting up an internal system that is usable and consumer friendly. Help with KEPRO

No

n/a

My question is, what types of technical assistance is available?



## Do you have any suggestions for how we can improve our technical assistance?

No

Be more responsive and more timely.

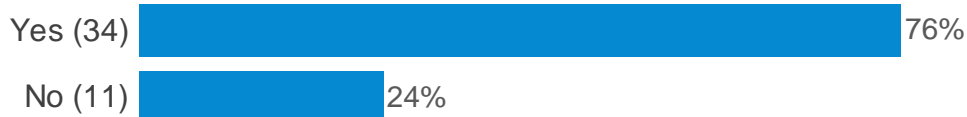
I marked yes, because we have attended trainings and had site-visits, made phone calls during Recertification, etc. The information obtain has always been helpful.

More help with billing and getting approvals for services

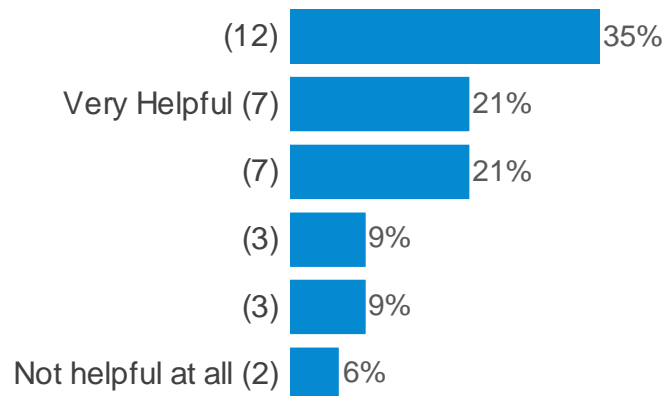
Have a central number that we can call. Also have someone whom knows what its like to use you websites from outside of DHS. When I have asked questions it feels like no one understands what its like to use the system outside of the system.

We had great difficulty uploading our re-certification materials.

## Has your team had a site visit?



## How helpful was your site visit?



## Do you have any suggestions for how we can improve our site visits?

No

site visits we have had were helpful

No

Have staff that are competent in DBT practice and that do not contradict each other.

We actually haven't had a site visit since Mary J took over. I believe the visit will be much different and more helpful with her. In the past visits were anxiety provoking and almost punishing, as if the site reviewer was looking for things to find wrong rather than being collaborative and helpful. I believe that is different now with Mary.

## Do you have any suggestions for how we can improve our site visits?

WE have had two. The first one was decent. The last, most recent one was terrible. The site visitors were very rude and condescending. If felt very negative and degrading and not very positive or encouraging or strength-based. IT was a horrible experience. To the point that we considered dropping our certification.

Our site visit was several years ago with previous admin, Florence. We received unrelenting criticism, felt unheard, and essentially the visit left us questioning if we continued to wanted to provide DBT We also felt that her understanding of DBT concepts and theories was absent.

no

We have had several site visits, some were very contentious and did not reflect the sense of "partnership" we felt we had with the State. Our last site visit was helpful, the assessor was respectful although at times seemed somewhat rigid. However, the Director of Mental health at the time also accompanied the assessor to that visit and "stepped in" a few times when the assessor was asking for/recommending program changes that seemed redundant and repetitive (ie asking staff to complete a training they had already completed, etc.). The Director's presence seemed to have a positive impact as other teams did not have similar experiences with this assessor.

We have had two site visits in the past several years. Most of the visit focused on billing and charting. Very little attention was paid to the delivery of clinical services and shaping our clinical work. The DBT representatives at that time (not the current representative, Mary, who is the best by far!) did not seem to have a clear grasp of the clinical picture of DBT and therefor seemed to 'nitpick' details - some of which were important and many that were not. It was a negative experience overall and not very helpful in shaping our team. The most helpful feedback we have received is from Suzanne Witterholt, MD when she served in her role at DHS.

The most helpful site visit was the first one, which included clinical consultation with Dr. Witterholt.

no

Have our site visits be conducted by clinicians who have experience in conducting DBT.

How critical feedback is delivered. When reviewing all that we could improve it would be helpful to hear what is being done well.

Our feedback has always been related to paperwork. What is frustrating is that there are heavy paperwork expectations that do not seem to account for how little time we actually have to meet those expectations.

Help us set this up so that we can give the information that you require. We do not have any technical staff.

No

Looking forward to a collaborative visit.

Offer support and feedback for sessions, team meetings, program development.

Provide written feedback in a timely manner following the site visit.

No recent site visits, but the one previous was helpful in determining how we could improve, and what we need to attend to

The feedback and follow-up from the site visits has not been timely. Also, the first part of the site visit felt collaborative and then the second felt very adversarial. It always works better in these situations to be collaborative.

We've been pleased with the interactions, feedback, and etc. No complaints/suggestions.

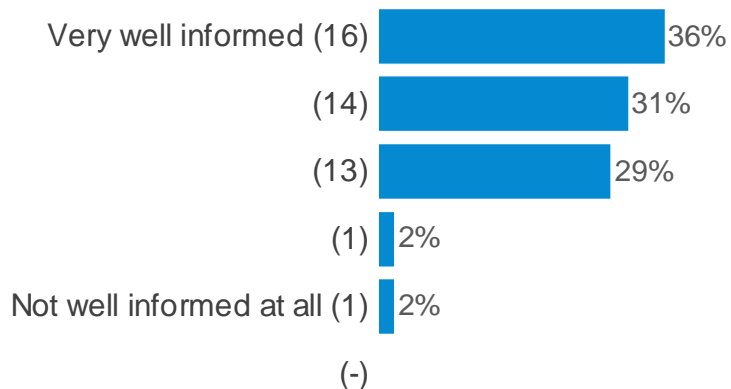
Our first site visit with Suzanne Witterholt was tremendously helpful; she was able to provide suggestions for continued growth of the team and encouragement of the process.

## Do you have any suggestions for how we can improve our site visits?

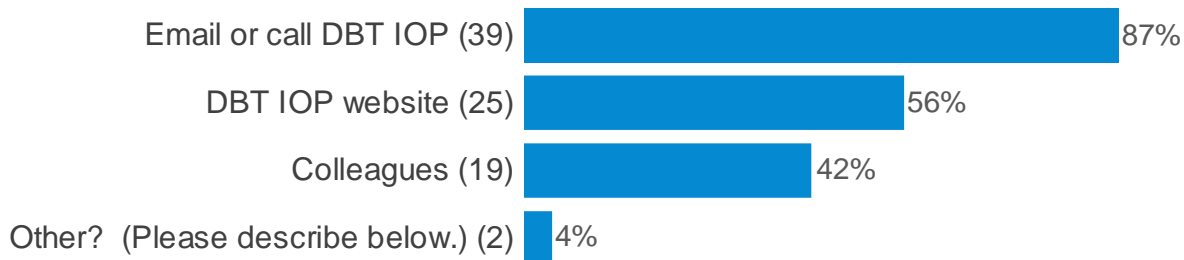
More preparation time

In years past people whom better understand DBT have done the site visits. It really needs to be someone whom can guide us in areas where we need improvement.

## How well has your team been informed of DBT IOP announcements?



## How does your team currently get announcements about DBT IOP?



## Other ways your team gets announcements?

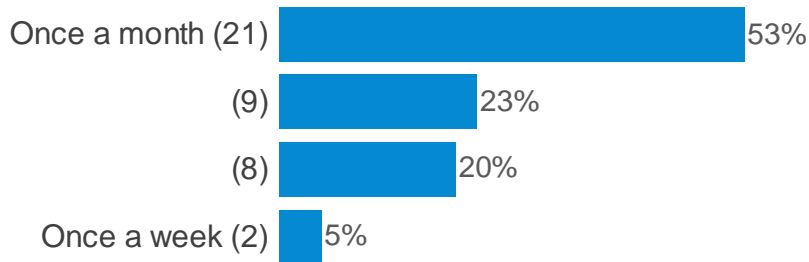
None other than noted above.

consultations with other providers, attending workshops and other consultation teams

## Does your team know how to find the DBT IOP website?



**How often does your team regularly check the DBT IOP website?**



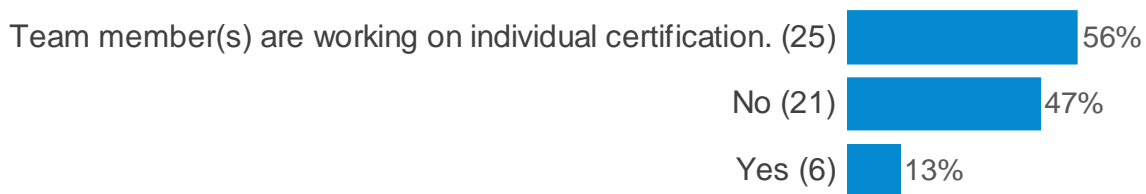
**Is your team preparing for National Certification?**



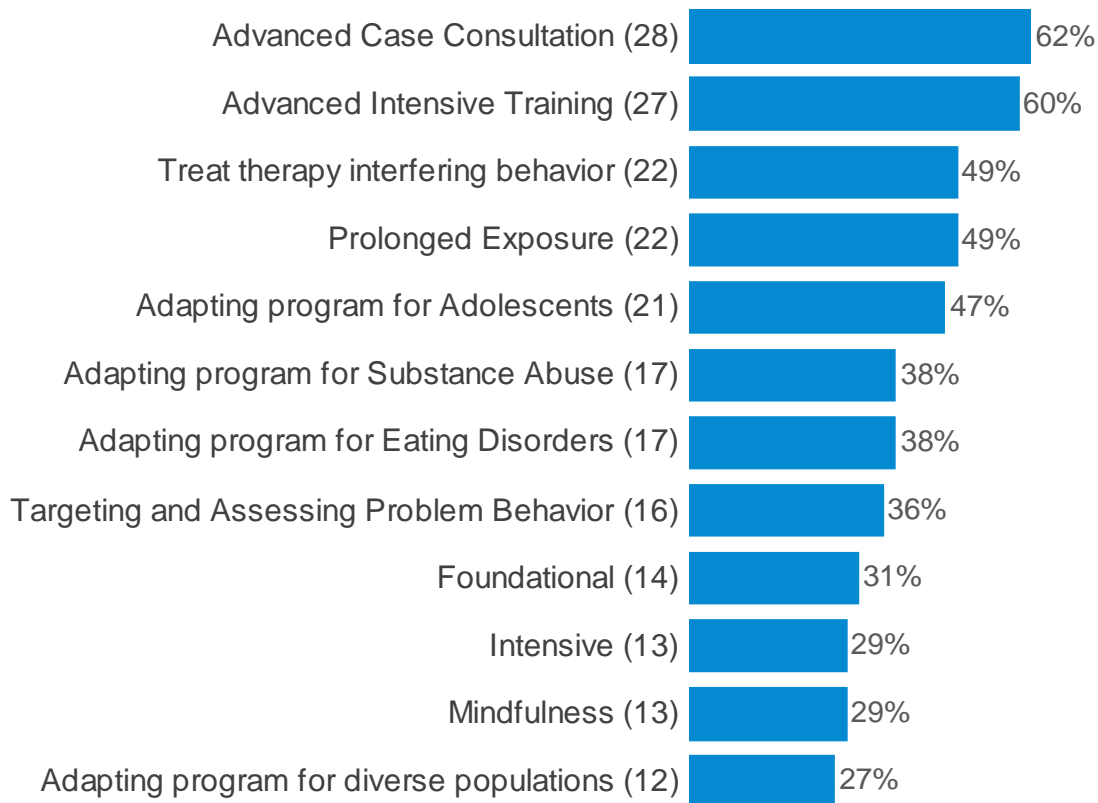
**When do you anticipate becoming certified by the national board?**



**Does your team have a member who is individually certified by Linehan Board of Certification?**



## What types of training does your team need in the next three years?



## What "Other training" your team needs? (Please describe here.)

Team consultation

Our last intensive was 9 years ago and foundational was two years ago and there have been some adjustments to intervention strategies that we feel we may not be the most up to date with.

If new team members are added they would need intensive and/or foundation and others not checked above. My suggestion is to have more diversity in who the trainers are rather than having the same couple trainers. I believe those trainers are great, I also think it can be a richer experience to have different styles.

Many on our teams are currently in the process for National Certification. Most have passed the application and the test. We are having trouble with the case formulation component. We could use more individualized training in this area. We have concerns r.e. the roll out of the National Certification process and would like to discuss those with DHS if possible.

case conceptualization

certification

Training for case formulations for national certification.

Radically Open DBT as a program

Currently going through the national certification is a struggle. Especially when feedback on case conceptualizations are not provided

Provide more availability for training. Many of them are full.

## What "Other training" your team needs? (Please describe here.)

Availability in the SW area of MN or option to do remotely.

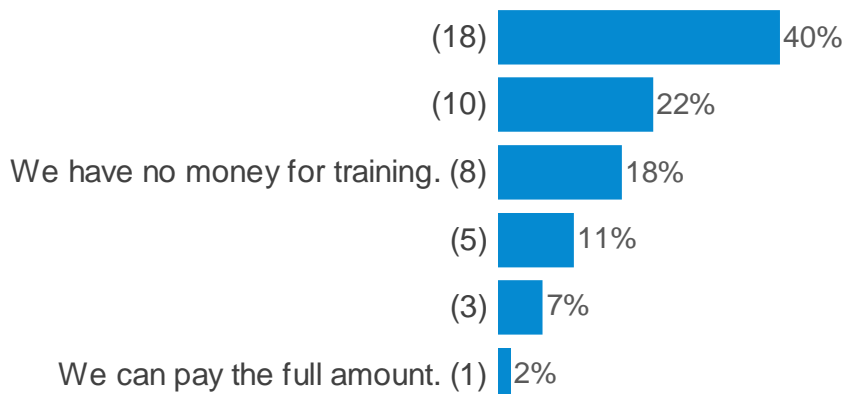
We are "struggling" to determine how best to move forward on becoming Recertified by 2020, given that the state won't be doing it and the costs of training and meeting requirements of Behavioral Tech or other private companies could be prohibitive -- given the size of our program. Also, the certified Group Leader will be retiring, between now and 2020.

Training and support for national certification, particularly the case formulation.

How to work together with private practice therapists in an outpatient setting at multiple locations

Would very much appreciate a Prolonged Exposure training in MN. :)

## What is your team's ability to pay for training team member(s)?



## Optional: What is your DBT IOP Team name?

Lighthouse Child and Family Services

Olmsted County DBT Program

Canvas Health

Highland Meadows Counseling Center, INC

LMHC Alexandria

Family Service Rochester

Life Development Resources

Tubman Chrysalis Center

Nystrom and Associates.

Northern Pines

ACP DBT team

Advanced Behavioral Health

HDC DBT Team

Nystrom and Associates, New Brighton

Highland Park Counseling Associates

People Incorporated, Family Life Mental Health Center

**Optional: What is your DBT IOP Team name?**

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Nystrom's & Associates St. Cloud

---

DBT Associates

---

LAKES AREA DBT CONSULTATION TEAM.

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Healing Connections Therapy Center

---

DBT Clinic

---

DBT Team

---

SWMHC

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Northland Counseling I'Falls DBT

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Nystrom & Associates, Ltd--Coon Rapids

---

DBT Professionals

---

choices

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Woodland Centers IOP DBT