Checklist for Team Leaders: Building a Cohesive DBT Team

1. Culture of Transparency

☐ I can point to a recent, specific example in which I created intentional space for clinicians to share beyond case presentations.

☐ I can identify a time where I modeled appropriate professional vulnerability.

☐ Team members appear clear about what sharing is optional versus what feels implicitly expected.

☐ When myths or assumptions arise, I notice and address them rather than letting them pass.

☐ I have recently checked in individually with someone who may be holding back.

What happens in me when silence shows up in team?

Who might feel unseen or uncertain about sharing right now?

2. Normalize Struggling

☐ I can recall how I responded the **last time a clinician named distress or burnout**

☐ I notice when the team shifts toward problem-solving before validation.

☐ I reinforce that asking for support is a sign of skill use.

☐ I check in with clinicians who appear stressed or overwhelmed.

Whose struggles feel easiest for me to sit with? Whose feel harder?

What messages might the team be receiving about distress?

3. Mentorship, Power, and Safety

☐ I know where a newer clinician would go if they had concerns about lived experience.

☐ Mentorship pathways are clear and feel psychologically safe.

☐ There is space to discuss stigma without fear of judgment.

☐ I ensure that consultation team is a space where clinicians can express uncertainty

If I were new here, what would feel risky to say?

Where might power dynamics be limiting openness?

4. Connection, Rituals, and Emotional Presence

☐ The team has regular practices that support connection, not just efficiency.

☐ Different voices contribute to shaping team rituals.

☐ Emotional check-ins are used intentionally rather than perfunctorily.

☐ Absences are noticed and followed up on in a relational way.

☐ I celebrate team milestones.

What do our rituals communicate about belonging?

Who might feel peripheral to the team right now?

5. Encourage Skills Use

- ☐ I model skill use during moments of tension or uncertainty.

- ☐ I normalize discussing skills failures and repair attempts.

- ☐ Clinicians feel permission to share personal skill struggles.

- ☐ I reinforce that skills are for clinicians and clients.

What is my relationship to my own skill use right now?

How might the team be learning from what I model?