Supplementary File 1

Full-Text Screening Tool

- To screen in (INCLUDE in scoping review), you should say “yes” to item 2 and onwards.
- To screen out (EXCLUDE from scoping review), you should say “yes” to item 1, or “no” to any of the other questions.

1. Should the study have been rejected at abstract screening? If yes, please indicate the reason and do not proceed to the remaining items.
   - Not in English
   - Does not contain empirical data
   - Individual case study/report
   - Sampled only non-clinical participants, or utilizes a non-clinical setting only
   - Does not include DBT (as a treatment or comparison/control condition) – at least one of four treatment modes*  
   - Does not administer any psychometric measures to evaluate a psychiatric condition
   - Only has one assessment time point
   - Duplicate of existing study that is already in this dataset

*Note*: Applies to articles that are examining interventions that are clearly integrative i.e. the, abstract itself states the components of the intervention (e.g., DBT mindfulness combined with MBSR); proceed if it is not 100% clear.

2. Does the study sample participants from any of the following clinical settings?
   - Outpatient treatment clinics (psychiatric and/or general health)
   - Community-based mental health care (e.g., assertive community treatment)
   - Partial hospitalization programs
   - Intensive outpatient programs
   - Psychiatric inpatient wards
   - Psychiatric residential treatment facilities (non-hospital entities)
   - Therapeutic milieu
   - Forensic psychiatric hospitals
   - Telemental health/teletherapy/online therapy/internet therapy/phone therapy
   - Where the setting is unclear, this is scored as a “yes” if the article mentions that participants have a psychiatric diagnosis of any type

3. Is there at least 1 DBT mode (examples provided below) being studied?
   - Standard DBT
   - Individual therapy
   - Group skills training*
   - Individual skills training*
   - Online skills training* (including via mobile applications)
   - Self-guided skills training*
   - Therapist consultation team
   - Phone coaching
   - Other between-session therapist coaching that serves the treatment function of skills generalization e.g., therapist contact offered via email or text

*Note*: To be considered DBT skills training, at least 3 of the 4 core DBT skills must be covered (e.g., DBT-mindfulness only (DBT-M), would not be included). This applies to multifamily group skills training.
4. Does the article assess pre-post treatment change (examples provided below)?
   - Paired t-tests for continuous variables
   - Calculations of “change scores” for outcome variables (e.g., Reliable Change Index; RCI)
   - Linear regression for continuous outcomes, logistic regression for binary outcomes
   - Analysis of variance with repeated measures (e.g., “time”: T0, T1, T2, etc)
   - Analysis of covariance
   - Random effects multi-level modelling (e.g., Multilevel Poisson regression)

5. Is there a comparator condition (examples provided below) in the study?
   - Healthy controls
   - Wait-list controls
   - Treatment as usual
   - Control group with no interventions
   - Comparison group with an active intervention (including standard DBT, adapted DBT or a different therapy altogether)
   - Comparison group with a supportive intervention
   - Comparison group with medical management
   - Note*: DBT itself could be a comparison group, in a study on a different therapy

6. Does the article include patient-reported data* for any measures of the following psychiatric symptoms or concerns? This includes full scales and/or subscales.
   - Mood disorders, including unipolar depression or bipolar disorder
   - Anxiety disorders
   - Maladaptive anger
   - ADHD
   - Borderline personality disorder
   - Other personality disorders or PD traits
   - Eating disorders
   - Substance use or addiction
   - Trauma and PTSD
   - OCD or trichotillomania
   - Psychotic disorders
   - Suicidality

Note*: For trial applications that cannot be linked to any publications, this is automatically “no” as the information is unavailable (patient-reported measures in any planned research can be recorded in Notes). Also, if item (3) is delivered to families of patients, then this data must be reported by the patient.

7. Decision
   Note that apart from screening in/out, there are options for “Maybe – contact author(s) to obtain dataset” and “Needs additional assessment from other raters” to indicate that additional (and distinct, depending on which option is selected) follow-up steps are required
**Known Adaptations of DBT**

This does NOT include therapy that is integrative or a different therapy that merely incorporates elements of DBT; known examples are provided below.

<table>
<thead>
<tr>
<th>Considered integrative/ a different treatment that is non-DBT/ “insufficient” DBT</th>
<th>Considered an adaptation of DBT (primarily DBT)</th>
</tr>
</thead>
</table>
| - CBT-based, ACT-based therapies  
- Schema therapy with DBT-skills  
- Family Connections or family-based DBT interventions  
- Stopping Overshopping  
- Mode Deactivation Therapy  
- One-session DBT workshops (e.g., for caregivers)  
- DBT-Mindfulness | - Radically Open DBT (RO-DBT); known in earlier studies as DBT<sup>D+PD</sup>  
- DBT for Adolescents (DBT-A)  
- The Stanford Model; known in earlier studies as DBT for Bulimia Nervosa or DBT for Binge Eating Disorder (DBT-BN/DBT-BED)  
- Multidiagnostic Eating Disorders for DBT (MED-DBT)  
- Appetite-Focused DBT (DBT-AF)  
- Standard DBT with a DBT-Prolonged Exposure Protocol (DBT-PE)  
- DBT for Posttraumatic Stress Disorder (DBT-PTSD)  
- DBT for Substance Use Disorder (DBT-SUD)  
- Skills System (SS/DBT-SS)  
- DBT for Special Populations (DBT-SP)  
- “DBT-enhanced CBT” (for trichotillomania)  
- Live FREE (for weight loss/obesity)  
- DBT-based PHP or IOP  
- DBT skills-only/shortened DBT skills (DBT-ST)  
- Guided self-help in DBT (DBTgsh; e.g. using Debra Safer’s manual)  
- DBT Coach (mobile phone application) |