



DBT Skills Group Informed Consent Agreement

Welcome to my office. I am pleased to have the opportunity to work with you. The following information is to help you get started with our work together. Please feel free to discuss any of this information or any other questions you may have when we meet.

What is a DBT Skills Group?

Dialectical Behavior Therapy (DBT) is a highly effective form of Cognitive Behavioral Therapy (CBT) that focuses on teaching individuals essential skills for managing intense emotions and improving interpersonal relationships. Originally developed by Dr. Marsha M. Linehan in the 1980s to treat individuals with Borderline Personality Disorder (BPD), DBT has since proven its efficacy in helping patients with various psychiatric disorders, including depressive disorders and anxiety disorders. The core principle of DBT lies in the dialectical balance between change and acceptance, acknowledging the need for both in promoting psychological well-being.

Objectives: The primary goal of the DBT Skills Group Therapy Program is to empower participants with practical skills to regulate emotions, cultivate mindfulness, enhance interpersonal effectiveness, and cope with distressing situations. By attending weekly sessions and engaging in homework assignments, participants can develop these skills progressively and integrate them into their daily lives, leading to improved emotional stability and better social functioning.

Program Structure

The DBT Skills Group Therapy Program is structured around four distinct modules, each building on the previous one to facilitate comprehensive skill development. The group meets weekly. Homework is assigned every week.

DBT Skills Group Rules

1. Confidentiality

Anything said in the group session is part of the group and is confidential. You understand that everything said in group is confidential. You agree to keep secret the names of other members of the group and what is said in the group. You agree to keep secret anything which occurs between or among group members. You understand that there is an exception to this confidentiality which applies to the group leader. If the group leader believes that someone is in danger, the leader has a professional obligation to take direct action in order to keep everyone safe.

2. Privacy

No group member is ever required to answer any question or to participate in any activity that makes them feel uncomfortable. You understand that you have the right to refuse discussing or participating in anything which makes me feel uncomfortable. You agree that will never pressure other group members to participate in any discussion or activity after the member has refused. You understand that the group



leader is obliged to protect this right. You also understand that you will benefit more from group the more you are able to take risks in sharing and participating.

3. Dignity

Everyone in the group will be treated with dignity and respect. No group member will ever be humiliated, hazed, or abused in any way. You agree to not engage in or tolerate such behavior. Group members are prohibited from touching one another in any way. This is a safety issue as we want everyone to feel safe while in the group. You agree to respect the boundaries and personal space of others and myself.

4. Violence or intimidation

Violence or intimidation toward other group members is never tolerated. You understand that you must never be violent nor intimidating toward other group members and that if you threaten to harm persons or property you will be asked to leave the group.

5. Alcohol and Other Drugs

Group members cannot participate in the group under the influence of alcohol or other mind altering drugs. When under the influence of chemicals, persons do not have access to their emotions and have less control over their behavior. You understand that if the leader believes that you are under the influence of alcohol or other drugs, you will be asked to leave the group.

6. Engagement/Homework

You agree to actively participate in group discussions and to complete homework assignments. If you are having difficulty, you can always reach out to the group leader for assistance.

7. Attendance

You agree that you will attend every meeting unless an emergency arises. If an emergency should arise you will notify the group leader prior to the meeting to tell him or her that you will be unable to attend. You understand that the group leader will tell the group what has happened. You understand that if you have three unexcused absences, my continued group membership will be discussed.

8. Termination

Usually, group members decide, within the group, with the leader, when it is time to leave the group. Sometimes it is necessary for a group member to leave the group unexpectedly. If you must leave the group unexpectedly, you will come to a last group meeting and tell the members that you are leaving and say goodbye. You agree to announce this at the beginning of the last meeting so that the group has time to ask questions and say goodbye.

9. Telehealth

The same group rules apply whether group is in person or via telehealth. Recording of any group, whether whole, or in part, is NOT allowed.



10. Responsibilities

You understand that it is the group leader's responsibility to enforce these procedures and guidelines. The group may, when it wishes, propose other procedures and guidelines which will be up to the group to monitor.

In Case of Emergency

To discuss any urgent concerns outside of a scheduled DBT Skills Group Session, please contact your individual therapist and/or other treating provider. Additionally, The Massachusetts Behavioral Health Help Line (BHHL) is available 24/7, 365 days per year and is available for all residents of Massachusetts by calling or texting 833-773-2445. In a medical, psychiatric, or mental health emergency, you should call 911 or go directly to your local hospital emergency room.

Professional Fees

Before joining the group, each prospective group member undergoes a 1-2 session diagnostic intake. The intake may be billed to your insurance. There are standard fees that are billed to insurance or to self-pay clients.

The DBT Skills Group is a self-pay group and members are charged \$125 per group session (up to 90 minutes). Payment is due at the time of each session. Group members are expected to commit for the duration of the program. Enrollment is subject to group availability.

On occasion, there may be other services for which there are charges, including report writing, lengthy telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing other services you may request of me. If you become involved in legal proceedings that require my participation, you may be expected to pay for my professional time. All of this would be discussed with you in advance.

Billing and Payment of Fees

Your individual diagnostic intake may be reimbursed by your health insurance company. It is important that you familiarize yourself with your mental health benefits since plans differ. You are responsible for any deductible, co-payment, out-of-pocket balance applicable to your individual policy, and for full coverage of any visit including the DBT Skills Group Fees.

For the 1-2 session diagnostic intake, I will directly bill your insurance company, and you will be responsible for your co-payment at the time of your appointment. For any weekly DBT Skills Group Session, I will not bill your insurance, and you are expected to make payment at the time of the session. To facilitate payment, I expect all clients to keep a form of payment on file to cover any out-of-pocket expenses.

Cancellations



Your appointment time is reserved. Should you need to cancel, you are asked to notify me at least 48 hours in advance. If you do not, I hold the right to bill you for the entire cost of the session. Please keep in mind that insurance companies do not reimburse for missed appointments.

Client Records and Confidentiality

Clients are assured of confidentiality, which is protected by ethical practice and law. In general, that law states that all communications between a licensed practitioner and his/her clients are confidential. Also, any information that is shared for any reason requires your consent. You should be aware however, of the following exceptions to the professional responsibility for maintaining confidentiality and your rights for authorization and notification.

- If a judge orders the release of certain records in a court case;
- If your insurance company is reimbursing your treatment, they have the right to know your working diagnosis as outlined in the Diagnostic and Statistical Manual of Mental Disorders, dates of service, and certain other information in order to approve the payment of benefits;
- If I have reason to suspect that a child or elderly person is being abused or neglected, I am legally obligated to report this information to the appropriate authority;
- In circumstances in which, to the best of my professional judgment, I believe that you may be a danger to yourself or others;
- If you were to make your mental health an issue in a legal proceeding; and
- If account is overdue and arrangements for payment have not been negotiated, a collection agency may be provided with dates of service, type of service, and total amount due.

Regarding Confidentiality

When working with a couple, I will not release records or any other personal health information (PHI) to either member of the couple or to a third party without written permission from both members of the couple.

Most uses of and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require client authorization. Other uses and disclosures not described herein will be made only with authorization from you. You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for health care services. You have the right to be notified following a breach of unsecured PHI. Commercial e-mail and texting are not secure and therefore, not confidential. I will, at your discretion, communicate with you about appointment times and non-clinical information via e-mail or text. Please do not include PHI in an e-mail or text. If you have questions about any of this, please feel free to discuss them with me directly.

Acknowledgement

I have read the above information, and I understand and accept the policies and procedures that it describes. I have read the DBT group rules and agree to be bound by them while I am a member of the group.



Name (required)

Draw Your Signature (required)

Date (required)

Full Name of Parent/Guardian (if applicable)

Type your name

Draw Your Signature (required)

Date (required)