



St. Louis DBT, LLC

Client Contract

To enter into the DBT program client agrees to contract for the following; *Please initial:*

- If the client is under psychiatric care or case management, the client agrees to keep releases up to date and continue under the care of a psychiatrist/case manager while active in the DBT program.
- Clients must be compliant with their psychiatrist or treatment team's recommendations.
- Safety contracts must be kept up to date.
- Coaching calls may be made to the therapist for the following reasons: 1. Client is in a state of dysregulation and skills are not working. In this case, client has not already employed a self-harming behavior to solve the problem. 2. To share good news or successful use of a skill. 3. The client feels there is a need to repair the therapy relationship. All phone calls will be action oriented around use of skills and be limited to 5-10 minutes.
- Clients are expected to call their therapist or the hotline prior to any act of self harm. If clients have already engaged in any self harming behavior at the time of a phone contact it will be automatically agreed, per the signing of this contract, that the therapist will need to end the call immediately with the expectation that the therapist will not be available for further phone contact for a period of 24 hours.
- Clients have discussed with their therapist the difference between self harming behaviors and suicidal behaviors. If a client is suicidal, the individual safety plan will be reviewed and hospitalization may be required.
- _____
- _____

The client's individual therapist agrees to the following (*Please initial*):

- The individual therapist will be available on a weekly/biweekly/monthly (please circle) basis for face-to-face process-oriented therapy. This will be the forum for client to process daily events, crisis and use of DBT skills.
- Individual therapist will be available for supportive calls for the purpose of coaching the client in the use of skills learned in DBT skills classes. Phone calls will be brief and action-oriented.
- The individual therapist is committed to immediately address any safety or therapy-interfering behaviors. These issues will be discussed in therapy and steps will be taken to ensure the safety of the client and the integrity of the therapy process.
- _____
- _____

The Modules:

Core Mindfulness is a core skill and will comprise the first 2 weeks of each 8 week module below.

The goal of Core Mindfulness is to decrease confusion about the self, and increase identification with oneself. Clients will learn focusing, mindfulness skills designed to assist in figuring out one's identity, controlling one's thoughts and emotions, and finding cognitive/emotional balance.

I agree to attend the following skills groups:

Distress Tolerance (8 weeks): Decrease impulsiveness. Increase distress tolerance. Clients will learn to better handle crisis situations by implementing stress reduction, self-soothing, and distraction techniques. Radical acceptance of the situation for what it is will also be a focus.

Emotional Regulation (8 weeks): Decrease “out of control” emotions and mood states. Increase ability to regulate emotions. Clients will learn about the functions of their emotions. They will learn to accept emotions and to find balance in their experience of emotional states.

Interpersonal Effectiveness (8 weeks): Decrease interpersonal chaos. Increase interpersonal effectiveness. Clients will learn how to better attend to their relationships. They will learn how to distinguish when it is appropriate to set boundaries, to say no and to ask for their needs to be met.

Financial/Attendance agreement:

I understand that my attendance in this group benefits all group attendees and my absence impacts the group as well. As such, I agree to attend regularly as much as is possible. I will make an effort to contact the group leader to inform them of my absence.

I understand that the full program of DBT skills is 24 weeks and research demonstrates that most participants require 2 rounds (48 weeks) to fully benefit and acquire the skills.

I understand that DBT is taught at STLDBT in 3 distinct sets of skill classes, comprised of 8 sessions each, called modules. I understand I am paying for the full 8-session class even if I do not end up attending the full 8 sessions. This policy is in place to encourage my attendance, hold my place in the group, and in keeping with the class-like nature of DBT skills groups.

If my individual therapist is a STLDBT therapist, I understand that St. Louis DBT, LLC requires I purchase a minimum of 1 module (8 sessions) at a time at \$45 per session. This may be paid in one lump sum (\$360) or as I go.

I want to pay for 1 module of DBT skills class in a lump sum (\$360)

I am starting mid-module, so the pro-rated fee for ____ sessions is ____.

I want to pay as I go. I understand that my credit card will be charged weekly for 8 sessions, even if I do not attend all 8 sessions.

If my individual therapist is a not STLDBT therapist, I understand that in order to cover consultation time with my therapist, my DBT group fee is \$50 per session. St. Louis DBT, LLC requires I purchase a minimum of 1 module (8 sessions) at a time at \$50 per session. This may be paid in one lump sum (\$400) or as I go.

I want to pay for 1 module of DBT skills class in a lump sum (\$400)

I am starting mid-module, so the pro-rated fee for ____ sessions is ____.

I want to pay as I go. I understand that my credit card will be charged weekly for 8 sessions, even if I do not attend all 8 sessions.

If I have more than 2 absences in a row, my spot in the group is subject to withdrawal. I will also forfeit any paid sessions.

If I must miss a class session, I am entitled to class handouts and worksheets. I must contact the group therapist to request these materials. I realize that the information alone is not equivalent to being present in class and will not provide the same benefits.

With this contract I, _____ state that I am committed to participate in DBT for the next _____ weeks/months. The protocols and expectations of the program have been explained to me. I am fully aware of the terms, expectations of this commitment including the attendance policy.

(Client signature)

(Date)

(Therapist signature)

(Date)