

Dulcinea Pitagora LCSW PLLC

DBT (Comprehensive) Agreement

Dialectical Behavior Therapy (DBT) is an evidence-based treatment that was developed by Dr. Marsha Linehan to treat borderline personality disorder (BPD). Not only is DBT an effective treatment for BPD, but it has now been shown to reduce a variety of symptoms: self-injurious behavior, suicidal behavior, impulse dyscontrol, posttraumatic stress, depression, anxiety, anger, addictions, and eating disorders. In addition, DBT has been shown to reduce inpatient hospitalizations and improve social adjustment. While we cannot make any guarantees, our goal is to implement this empirically-validated treatment in order to reduce extended costs, reduce hospitalizations, and assist people in building a life worth living.

Our program is committed to the adherent practice of DBT through a queer, anti-oppressive lens. We work with adults in the kink, sex-work, polyamorous/consensually non-monogamous (CNM), trans, gender non-conforming (GNC)/non-binary (NB), lesbian, gay, bisexual, queer, intersex, asexual, and pansexual communities. Making this program inclusive and accessible is a top priority; we welcome people of every gender, national origin, race/ethnicity, religious affiliation, and sexual orientation. Additionally, we create space for conversations that de/reconstruct whiteness and cultivate positive racial and intersectional identities.

Client Agreement

FEES & PAYMENT

Before you hire me, we agree on a therapy fee. If at any point you are no longer able to pay that fee, renegotiation may be possible. If you are able to pay my full fee or more (at your discretion), please know that you are helping to subsidize appointments for those in our communities whom are struggling financially, and would benefit from working with a therapist whom has my specializations and qualifications. If you do not communicate difficulty paying for therapy, I do not know that you are struggling. After 3 unpaid meetings, you will be put on 'vacation' from therapy until the balance is reduced; after 2 weeks of 'vacation,' your regular appointment time will be released.

Non-emergency/illness cancellations within 48 hours require payment of the full appointment fee.

If more than 2 consecutive appointments are missed without communication, your regular appointment time will be released. If you cancel or miss appointments frequently, we can discuss a different approach to scheduling.

LENGTH OF TREATMENT

When you hire me, we agree to work together until your therapy goals are achieved; at that time, I am confident that I can work with you to successfully accomplish your goals. However, change is the nature of reality; therapy goals can transform over time. I use a long-term (as opposed to time-limited) approach. Sometimes I may believe in treatment when you do not; other times, I may suggest that it is unethical to continue what seems to be ineffective therapy. At best, the decision to terminate treatment is collaborative. Though you can terminate treatment at any time, we agree to terminate by coming to a session and discussing termination.

ATTENDANCE

We both agree to attend all scheduled therapy sessions. If convenient for both parties, meetings can be rescheduled. It is not acceptable to miss therapy because you find it too uncomfortable, are not in the mood for therapy, don't want to talk about a particular topic, or feel hopeless. Of course, our most detailed plans often go awry; if you need to cancel, please give me at least 48-hours notice.

If you arrive late to a meeting, we will end at the original time scheduled.

COORDINATION OF CARE

Because I believe in your ability to advocate for yourself, I do not coordinate with other providers very often. If you

do not have the skills to advocate for yourself, therapy is an appropriate setting to develop them. Exceptions are made on a case-by-case basis.

If you think your treatment would benefit from a meeting between another one of your providers and me, we agree that you will organize, lead, be present for, and speak for yourself during the meeting.

Sometimes insurance providers, healthcare providers, or educational institutions will require letters from me. I am willing to write these letters as needed.

OUTCOME MEASURES

Our program is dedicated to the adherent delivery of evidence-based therapy through an anti-oppressive lens. Not only do we commit to remaining current on best practices, but we directly assess the outcomes of the patients in our program. There's only so much data, however, that we can collect through observation. As a member of our program, you agree to complete assessments as needed. Usually, this happens when you start a new mode of treatment (like individual therapy or skills group) and at regular intervals (like six or twelve months). All data will be saved to your encrypted record; when we synthesize data, it will be deidentified such that it cannot be traced back to you. Whenever we administer an assessment, we will provide a rationale.

LIFE AS WORTHWHILE

At best, the goal of therapy is to not need therapy. As you gain skills and strive toward a life worth living, you will depend less on therapy.

MODES OF TREATMENT

****Weekly Individual Therapy****

Stage 1.1: Decreasing suicidal behaviors

Therapy is not possible with dead people. If you engage in suicidal or nonfatal, intentional self-injurious behaviors that lead to tissue damage, illness, or risk of death, we will target these behaviors as our primary treatment goal. If you do not want to solve your problems without intentional harm, attempts to die, or suicide, then this therapeutic relationship may not be right for you. This does not mean that we cannot talk about these behaviors in therapy; in fact, we cannot overcome them if we don't talk about them.

Stage 1.2: Decreasing therapy-interfering behaviors

Therapy is a collaboration, and the therapeutic alliance is a powerful technology of change. You are the expert on your life, and I am a mental-health specialist. Our secondary goal, then, is to resolve problems that interfere with our therapy.

Behaviors that interfere with therapy get in the way of effective treatment. Therapy doesn't work when you are not in therapy. Missing meetings, arriving late to meetings, dissociating during meetings, being violent during meetings, being silent during meetings, threatening to die, and retracting agreements to work on therapy goals are all examples of therapy-interfering behaviors. We can both engage in therapy-interfering behaviors; therefore, we agree to name and resolve therapy-interfering behaviors.

Limits are lines between what we're willing to give, do, or tolerate with a person in a specific situation and what we're unwilling to give, do, or tolerate. As opposed to boundaries, limits are personal and flexible; there's no such thing as a context-free, absolute limit. If a limit is crossed, I will inform you that a limit has been crossed; if you are unwilling to work on limit-crossing behaviors, therapy is at risk. Therapy does not end when a limit is crossed; rather, we use the experience as an opportunity to modify therapy-interfering behavior. Sometimes we don't know we have a limit until it's crossed. We agree to observe our limits, extending them when necessary.

Stage 1.3: Decreasing quality-of-life-interfering behaviors

Stage 1.4: Increasing behavioral skills

Stage 2: Decreasing posttraumatic stress

Stage 3: Increasing respect for self

Stage 3.2: Achieving individual goals

Individual sessions will be structured in the following manner:

- Diary card review
- Agenda setting for session starting with target behaviors
- Behavior analysis of target behavior
- Addressing other current issues including questions from skills group (if time allows)

****Weekly Skills Training Group****

Therapy is about learning skills that increase one's ability to live a life worth living. Therapy is not about immediately feeling better. In fact, a good part of therapy is about learning to feel uncomfortable emotions in order to begin living a life worth living.

Comprehensive DBT includes skills training. These groups meet for 90-150 minutes each week over 12-24 week periods and typically include eight to twelve members. The sessions utilize lecture, discussion, and practice exercises in order to teach DBT skills. Individual sessions may also include skills training. An optional DBT graduate group is available for clients who want to continue with skills training.

DBT Skills Modules

- Core Mindfulness: Mindfulness is the ability to practice being aware and accepting one's moment-to-moment experiences. Mindfulness teaches participants how to focus the mind, direct attention, and how to non-judgmentally observe and describe what they are feeling and thinking in the moment. These skills can help people develop a more stable sense of who they are and can help reduce reactivity to painful thoughts and emotions.
- Distress Tolerance: Distress tolerance skills teach participants how to effectively distract and productively soothe themselves while in the midst of their distress. These skills typically replace problem behaviors such as missing school or work, self-inflicted cutting, physical fights, and alcohol or drug abuse.
- Emotion Regulation: Emotion regulation skills address extreme emotional sensitivity, rapid mood changes, and other unregulated moods such as chronic depression, anxiety, or hostility. Examples of specific skills include learning to identify and label emotions, learning how to increase positive moods, and learning how to make yourself less vulnerable to negative moods.
- Interpersonal Effectiveness: Interpersonal effectiveness skills address participants' difficulties in maintaining consistent and rewarding relationships by teaching skills such as how to ask for what you want, how to say no in a gentle yet effective manner, and how to maintain your sense of self-respect and independence in the face of external pressure.

****Telephone Coaching with the Therapist****

In the pursuit of new skills, you may find it difficult to think of relevant skills and/or effectively use them in crisis situations. When that happens, call or text me; see below for contact information. We will speak for approximately 15 minutes; over the course of our dialogue, we will develop a plan to survive the crisis without making the situation worse. Sometimes people feel like they burden me with crisis calls; if that's the case, we schedule practice calls until reaching out when necessary feels comfortable. Clients are encouraged to call their primary therapist before engaging in ineffective behaviors. Calls made to your primary therapist after engaging in suicidal or self-harming behaviors will not be returned for 24 hours and will be addressed as the priority target behavior in the following session. Clients who are in crisis and are unable to reach their primary therapist may call skills trainers for consultation. In the case of a life-threatening emergency, clients should immediately call 9-1-1.

****Weekly Therapist Consultation Team****

The DBT treatment team meets weekly to assist each other in providing effective and compassionate treatment. We spend time problem-solving difficulties that interfere with client progress in treatment and help keep each other practicing within a dialectical, anti-oppressive framework.

Clinician Agreement

REASONABLE EFFORT

I make every reasonable effort to competently conduct therapy. I can neither solve problems for nor save you. If I could make intense pain go away, I would; alas, I cannot. I can work with you to gain insight on your life, teach you skills for solving problems/achieving goals, and practice skills with you.

I can't walk the path for you, but I can walk alongside you with a map.

ETHICS

I obey standard ethical guidelines and professional codes.

PERSONAL CONTACT

As mentioned above, I agree to attend scheduled meetings, cancel in advance when needed, and reschedule when possible. In rare, emergency situations when I am unable to meet, I try to give as much notice as possible. On occasion, my meetings run over, and we begin therapy a little late; I will be sure that our meeting lasts for 45 minutes if this happens.

I am available for crisis consultation/skills coaching 24/7; sometimes I am busy (in meetings or asleep). If I do not answer my phone or immediately respond, know that you will be the first person I contact when I am out of a meeting or awake. It's okay if your call wakes me up; in fact, I want to wake up when you call, so that we can develop a plan as soon as possible. When I am on vacation, I will provide you with the contact information of a trusted colleague; you are to call that individual for crisis consultation/skills coaching in my absence.

RESPECT

Respecting you is an integral part of effective therapy. I am willing to respect your identities, autonomy, and inherent wisdom; when willfulness arises, I turn my mind toward willingness.

CONFIDENTIALITY

All information that you share with me is confidential, unless you disclose (1) imminent risk of suicide, (2) imminent risk of homicide, and/or (3) abuse or neglect of individuals whom cannot consent (minors, elderly individuals, or disabled individuals). If a court of law issues a legitimate subpoena for information contained in your record, I must comply. If you share sensitive information that does not breach the limits of confidentiality, I want to collaborate with you on how I phrase it in my notes.

Please note that email and iMessage are insecure forms of communication; the client portal, which is HIPPA compliant, is secure.

If we accidentally see each other outside of the therapy context, I will not acknowledge you first; rather, I will pretend like I do not know you. This is not because I do not like you; rather, your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy by outing you as someone I know. However, if you acknowledge me first, I will be more than happy to briefly speak with you.

CONSULTATION

Sometimes I need help delivering therapy. Instead of continuing an ineffective therapy or blaming you for problems in therapy, I consult with other professionals in their areas of expertise in order to provide the best treatment for you. While information about you may be shared in this context, your privacy and confidentiality will be respected and upheld per HIPAA requirements.

Assumptions about us

- We are doing the best we can.
- We want to improve.
- We need to do better, try harder, and be more motivated to change.

- We may not have caused all of our own problems, and we have to solve them anyway.
- We must learn new behaviors in all relevant contexts.
- You cannot fail therapy
- All behaviors (thoughts, emotions, urges, actions) are caused
- Figuring out and changing the causes of behavior work better than judging and blaming.

By checking the boxes and signing below I am committing to the conditions of treatment of the MAWC DBT Program as described in the previous pages and below.

- I understand that I can request further clarification when I have a question regarding specific application of any parts of this authorization. I understand that I may speak with my primary therapist or any member of the DBT team if I have any concerns.
- I am voluntarily requesting to be treated in the Dialectical Behavior Therapy Program.
- I understand that this program includes identifying patterns of reinforcement for behaviors that I want to change. It also requires that I take responsibility for my actions. There will be times when I will not get the response from therapists that I might have expected in the past, and this might increase my distress temporarily or put greater burden on others concerned about me.
- I agree to attend individual therapy and DBT Skills Group on a regular basis, on time, and for the duration of the session.
- I will not assume that the professionals involved in my treatment will pass important information along to other treatment providers. I also understand that they may do so when they feel it is necessary for their own supervision/consultation or my treatment.
- I agree to avoid coming to group or individual therapy under the influence of drugs or alcohol.
- I agree to come to group and individual therapy prepared with my homework
- I agree to keep information obtained during sessions, as well as the names of other clients, strictly confidential.
- I agree to call/email providers ahead of time when I will arrive late or miss a meeting.
- I agree to let the group know in advance if I will not be in group when I am aware in advance.
- I agree I will not form private relationships with other group members.
- I agree to pay my bill.
- I understand that physical violence, intimidation, or destructive comments are unacceptable.

Name (and Legal Name if different)::