

Statement of Understanding for Consent for Group Therapy at Dialectical Behavior Therapy Center of San Diego (DBTCSD)

Before beginning therapy at DBTCSD, it is important to fully understand what therapy will involve and the policies and procedures of the clinic. Please read this and ask for clarification if necessary before you sign. We keep a copy of this consent form at www.dbsandiego.com

Our Approach to Psychotherapy

Our therapy approach is cognitive-behavior therapy (CBT), which is a particular kind of therapy that involves the application of findings from psychology research to help individuals change in ways they would like to change. CBT is very present-focused, based on the belief that the current environment is very important in affecting our present emotions and behavior. The procedures used in CBT are generally intended to improve the person's well-being and quality of life by expanding the person's skills, abilities, and independence, and by improving abilities for managing emotions and the situations that trigger them. There is an emphasis in CBT on monitoring and evaluating the individual's progress to determine how effective the intervention is. Two specific forms of CBT we utilize are Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). All of these approaches are very similar in that they help you develop various ways to effectively tolerate and change your emotions, control your behavior, improve relationships, and build a meaningful life.

Our Treatment Team

Milton Brown, Ph.D. is the head of the DBTCSD treatment team. Dr. Brown received a Ph.D. in clinical psychology from University of Washington in 2002 and received ten years of training in DBT from Marsha Linehan. Currently he is an associate professor at the California School of Professional Psychology at Alliant International University, for which he teach classes on cognitive behavior therapy and DBT.

DBT is a team-based treatment approach, and the team consists of staff therapists (paid employees) and clinic associates (therapists who are not employees of DBTCSD). The treatment team meets at least once per week to discuss current cases, and all therapists are available to all clinic patients when the primary therapist is needed but not available, for example in case of emergencies or out of town travel. DBTCSD staff therapists and clinic associates are listed at the end of this consent form and on our website www.dbsandiego.com.

Confidentiality

All identifying information about your treatment and treatment records are kept confidential. You can submit your personal information through our secure Google web-based intake form (on our website click on "Privacy Notice" to read the ways we protect your private electronically-stored information). It is important to be aware that e-mail communication, especially non-encrypted e-mail, can be easily accessed by unauthorized users which can violate your confidentiality. The law requires that we keep your records for at least seven years following treatment.

There are some exceptions to confidentiality according to state laws:

1. If you tell us, or we suspect, that a child, elderly person, or disabled person is being abused, either by neglect, assault, battery, or sexual molestation, or other forms of maltreatment, we are required by California state law to report our suspicion of such abuse to the appropriate state agency.
2. If you seriously threaten to harm someone else, we have the legal duty to warn that person and the police.
3. If you seriously threaten to harm yourself, we may need to contact the police and/or a family member.
4. If your records are subpoenaed by an attorney, they will not be released without your written consent. However, they must be released if a court order signed by a judge orders us to do so.
5. If you are using insurance, we may be asked by the insurance company for ongoing treatment reports. These would include a diagnosis, a summary of treatment to date, and plans for future sessions.

At DBTCSD, we continually strive to improve our understanding of the problems we treat and the ways to help people change. We sometimes statistically analyze questionnaires and outcomes of our clients and publish them in scientific journals in the hopes that other treatment provides can also learn ways to improve the care they provide. In publications, we never include client names or any possible identifying information.

___ Check here, if you do not consent to publication of your numeric data

Fees & Methods of Payment

Our fee is \$300 for an intake lasting 60 to 90 minutes. The fee for sessions lasting longer than 90 minutes is \$100 per half-hour, for example, for multi-hour diagnostic assessment interviews to determine DSM mental disorders. Fees for therapy groups will be described on the phone before you schedule your intake session, and please ask if you have any questions about fees and billing.

We ask that you provide your credit card information to keep on file, and we will charge unpaid fees to your credit card about once per month, and the advance-payment discounts will not be given unless you ask us to charge your credit card in advance. If a credit card payment is not possible, we will suspend treatment until the balance is paid. In the event that you end treatment (e.g., no sessions in 30 days) we will charge your credit card for all remaining unpaid charges. The fee for returned checks is \$40.

We are currently not contracted as an in-network provider with any insurance company. Therefore, we do not generally submit insurance claims or bill insurance companies. If your health insurance plan covers psychotherapy, we will provide a statement that you can submit to your insurance company. Unless otherwise specified, we expect you to pay the full fees billed and to obtain reimbursement for the insured portion from your insurance company. It is your responsibility to verify how much your insurance company will reimburse you when you submit your claims. We do not guarantee how much your insurance company will reimburse you. Unpaid balances may be reported to a credit bureau, collection agency, or small claims court following reasonable attempts at collection. In most collection situations, we report that that an unspecified psychological service was provided to the patient.

Agreement to Continue Weekly Individual Therapy

To be eligible to participate in the DBT Skills Training Group at DBTCSD you must attend weekly individual (i.e., one-on-one) counseling or therapy sessions on an ongoing basis. Notify us immediately if you decide to change primary therapists or if you have not had a therapy session with your primary therapist for more than two weeks. Your primary individual therapist, but not your group therapists, will be available via telephone for helping you apply coping skills to challenging life situations. Also, your primary therapist will be in charge of treatment planning and your primary therapist (or a designated back-up mental health professional) must be available to you 24 hours per day (by phone or pager) to assess suicide risk and manage crises, both during skills training session times and outside of skills training session times. If the crisis plans are found to not work as intended, we will notify you and your therapist. You will not be allowed to continue skills training at DBTCSD if (1) you have a suicide crisis at the DBT skills group and your primary therapist and his/her back-up mental health professional are not available to assess and manage the imminent risk, or (2) other problems arise with the crisis plan that we cannot mutually correct.

Emergencies

First call your primary individual therapist, not the group therapists, when emergencies arise. If you have a clinical emergency, you can also call the Crisis Line at 1-800-479-3339. If you believe you cannot maintain your own safety and life until you contact your primary individual therapist, or it is a medical emergency, we expect you to telephone 911 or go to a hospital emergency room and discuss your current situation and the possibility of admission to the hospital's psychiatric unit.

Client's signature: _____ Date: _____

Disc of Video Recordings

Most clients will be given a DVD with digital recordings of videos of coping resources, including DBT skills training videos. We intend to only lend you the disk and ask that you return it before ending therapy with us. We are not authorized to give away these copy-righted materials.

Release of Information for Billing Purposes

Some people request we send bills or payment summaries to their insurance company or to family members or other people who will pay for their therapy. By signing below, you authorize me to provide specific information on bills or payment summaries. Sometimes insurance companies request additional clinical information such as treatment plans or summaries, before they will provide reimbursement. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. You should know that insurance companies do sometimes share information with each other (or ask you to release it), and that sometimes this information may affect your ability to obtain life insurance, coverage for “pre-existing conditions,” etc. In some cases, they may share the information with a national medical information databank. We make every effort to protect your privacy and to minimize the details we release.

I authorize DBT Center of San Diego to provide the following information (those circled “Yes” below)
to _____ (name) at _____ (address & phone)
(non-insurance) _____ (email address)

No Yes name, date of birth, home address None needed

No Yes all fees and fee descriptions

No Yes all diagnosis codes, except for _____

No Yes treatment plans and summaries and other basic information about your presenting problems.

Risks of Psychotherapy

Psychotherapy is a complex process, and no guarantees can be made about it or that you will benefit from it; it is even possible that adverse effects can occur. This might include some worsening of symptoms or interpersonal difficulties. At any time you may ask us to explain the approach and techniques, and we will be glad to explain them. If you have any concerns about your treatment, please raise these with one of us. You may also choose to end treatment at any time – we only ask that you discuss this with us in advance so that we can try to work out any problems between us. If there are other therapists or alternative treatments that might better serve you, we will discuss these with you at that time.

I have read the above information and have had an opportunity to ask questions to clarify the conditions under which I consent to treatment. I have received a copy of this agreement.
Furthermore, I give DBTCSD permission to thank _____ for sending me to DBTCSD.

Client’s printed name(s): _____

Client’s signature: _____ Date: _____

DBTCSD Treatment Team

The DBTCSD treatment team is headed by Milton Brown. Dr. Brown received a Ph.D. in clinical psychology from University of Washington in 2002 and completed two years of post-doctoral training in clinical psychology and behavior therapy at the Behavioral Research and Therapy Clinics (University of Washington). During these positions he received ten years of training in DBT from Marsha Linehan. He completed his clinical internship at the Veteran Affairs Palo Alto Healthcare System, which included training at the National Center for Post-traumatic Stress Disorder. Currently he holds a position as an assistant professor at the California School of Professional Psychology at Alliant International University, for which he teach classes on cognitive behavior therapy and DBT. His clinical work and research focus on the evaluation and treatment of anxiety disorders, borderline personality disorder, shame, and self-hatred. He holds an active psychology license in the state of California (Lic # PSY20785).

Staff Therapist Employees

Amanda Gutierrez received a Psy.D. in clinical psychology from Azusa Pacific University in 2009, and completed her post-doctoral training at the Sharp Mesa Vista Hospital DBT Intensive Outpatient Program. 2005-2006 she worked at the DBT program at Harbor Medical Center at University of California at Los Angeles. She holds an active psychology license in the state of California (Lic # PSY23873).

Kristen Dahlin is working towards her Ph.D. in clinical psychology at the California School of Professional Psychology, having already received a M.A. in Psychology. She has worked with adults with a variety of disorders including personality disorders. She is currently registered in California as a psychological assistant (PSB94020548), but is not yet licensed. Her clinical work is supervised by Dr. Brown.

Jason Langlois received a Ph.D. in clinical psychology from the California School of Professional Psychology. He has experience in treating adolescents and adults with BPD, depression, anxiety disorders, substance use, self-injury, and criminal behaviors. He has extensive experience with suicidal adolescents. He holds an active psychology license in the state of California (Lic # PSY29408).

Jason Weingarten received a Psy.D. in clinical psychology from Ferkauf Graduate School of Psychology, Yeshiva University in 2011, completing his pre-doctoral internship at NY Harbor Healthcare, Manhattan VA Hospital and his post-doctoral training at a private practice DBT clinic in Manhattan. He holds an active psychology license in the states of New York (Lic #019647-1) and California (PSY28756).

Maritza Contreras-Rivera received a M.A. in Marriage and Family Therapy from the University of San Diego. Maritza completed her clinical training in the Senior Intensive Outpatient Program at Sharp Mesa Vista Hospital. She is currently registered in California as a Marriage & Family Therapy Intern (IMFT #85418), but is not yet licensed. Her clinical work is supervised by Dr. Gutierrez and Dr. Brown.

If you wish to make a complaint about our activities as therapists you can contact the California Board of Psychology (866-503-3221) or the Board of Behavioral Sciences (916-574-7830 www.bbs.ca.gov).