

Dialectical Behavior Therapy Program Contract Client's Agreement

I, _____, agree to the terms and conditions of Dialectical Behavior Therapy (DBT) as follows:

I. Basic Principles of Therapy Agreement

Therapy is based on three principles:

A. Mutual Trust. My therapist and I are entering into this contract in a trusting manner. I need to trust that my therapist has made a commitment to work with me and will actually be available as per the terms and conditions of this contract. Similarly, my therapist needs to trust that I will maintain my commitment to the terms of this contract. Each party is responsible for maintaining that trust.

B. Safety. Therapy cannot proceed until there is clear agreement about maintaining safety. I agree to commit to the goal of safety towards self and others. If there are concerns that this can't happen, my therapist and I need to have in place a clear safety plan that specifies the steps I or others need to take to ensure safety. At the very least, active pursuit of harmful behaviors to self or others robs me of the chance to remain committed to the current therapy goals and to learn more helpful ways of dealing with problems in life. By agreeing to do my best to keep myself and others safe, I can have a better chance of helping myself apply the principles of DBT to my life. All participants in DBT therapy are expected to act in a way that does not endanger their therapist, family, or others (e.g., through threats or acts of violence against people or property). Such behavior may result in legal consequences or risk termination of therapy.

C. Family therapy. Effective therapy involves the inclusion of family and significant others. Although I am assured confidentiality, I agree to maintain an open and honest communication with my family in family sessions. Family members agree to be involved in treatment and to learn what they can about my problems and although they can't solve them, they will do what they can to help.

II. The Aim of Therapy Agreement

Therapy is about learning skills that are likely to increase my ability to have a life that is worth living. Therapy is not about "feeling better" in the first instance. In fact, a good part of DBT is about learning to be "better at feeling" some of my uncomfortable emotions in the service of beginning to live a life that is worth living.

III. Target Behaviors Agreement

These are of vital importance and prioritized in the following order:

A. Eliminating behaviors that are harmful to self or others: Reducing suicidal and self/other-harm behaviors are primary therapy goals. The basic agreement is that I will work towards solving problems in ways that do not include intentional harm to self, others, attempts to die or suicide.

B. Eliminating therapy-interfering behaviors: I agree to work on any problems that interfere with the progress of therapy. Therapy is about working together and requires the participation of both my therapist and me. I agree to give feedback to my therapist on how I am finding therapy. My therapist agrees to provide feedback on how they are finding therapy as well.

C. Reducing quality-of-life interfering behaviors: These are unhelpful problems that may block my chances of living a life of reasonable quality. Guidelines for addressing these problems are as follows: Problems linked to higher priority targets or to my own life goals take precedence. Beyond this, immediate problems take priority and easy problems should be solved before hard ones.

D. Increasing behavioral skills:

- Core mindfulness skills
- Interpersonal effectiveness
- Emotion regulation
- Distress tolerance
- Walking the middle path

IV. Period of Therapy Agreement

Therapy will commence on the following date: _____ and will end on _____. Throughout this period, my therapist and I will review progress, which may lead to refining targets and goals. At the end of this period, the question of whether a further phase of therapy is needed will be discussed and may be implemented by mutual consent.

V. Frequency of Contact Agreement

Guidelines for frequency of sessions is weekly for 45-60 minutes, but from time to time may be at different intervals depending on circumstances of either party and by mutual arrangement. When sessions are further apart than two weeks, it may be beneficial to implement a longer session and, if possible or desirable, contact during working hours.

VI. Therapy Attendance Agreement

I agree to attend scheduled therapy sessions. It is not acceptable to miss sessions because I find them too uncomfortable or aversive, am not in the mood for therapy, wish to avoid certain topics or feel hopeless.

VII. Agreement to Advise When Unable to Keep a Scheduled Session

I agree give 24 hours notice when unable to attend a scheduled session to minimize any inconvenience to the therapist. I agree to pay the missed session fee when assigned.

VIII. Agreement on Homework Assignments and Related Material

I agree to take responsibility for ensuring that I bring my binder and the latest homework assignments to each session because these will be a vital part of in-session work.

IX. Unilateral Termination of Therapy Agreement

If I miss 4 weeks of scheduled therapy in a row, therapy will be terminated. I cannot return to therapy until the end of the contracted period and then my return is a matter of negotiation.

X. Skills Training Agreement

Skills training is a central part of DBT. During the period of therapy, I will be expected to participate in learning DBT skills through either a group or in learning skills through family sessions or in individual therapy.

XI. Role of the Consultation Team

I understand that my therapist will receive consultation regarding my care from a team of DBT therapists, referred to as a consultation team. Consultation to the therapist is a part of the DBT treatment model. It helps to ensure that the therapist receives the support and feedback needed to offer quality DBT treatment. I also understand that, in the event of my therapist's absence, the consultation team members will provide clinical assistance for me as needed.

XII. The Ultimate Goal of Having a Life Worth Living

I understand that the goal of this therapy is to not need therapy. Therefore, as I become more competent with my skills, and strive towards a life worth living, this will result in a decrease in the need for and dependency on my therapist. Although we will have developed a strong and positive therapeutic relationship, it is meant to be temporary and that is the goal. If this is not happening, there is something wrong and consultation will be sought.

Printed name

Signature

Date

Dialectical Behavior Therapist's Agreement

I, _____, agree to make every reasonable effort to conduct the DBT program as competently as possible. This includes my working within the limits of my scope of practice and also abiding by the requirements of my profession's ethical code. Beyond this, my clients can expect me to make my best effort to be helpful, to help them gain insight and learn new skills and to teach them behavioral tools they need to deal more effectively with their current living situation.

I agree to come to every scheduled appointment, to cancel sessions in advance when needed and to reschedule whenever possible. I agree to provide reasonable backup coverage when I am out of town or unavailable and to provide reasonable telephone contact.

I agree to respect the integrity and rights of my clients and to keep confidential all information that is revealed in therapy (note legal exceptions.) The DBT model includes my involvement in a treatment team, so your information may be shared within the context of team meetings. However, I agree to keep sensitive, potentially embarrassing, information confidential unless there is a compelling need to do otherwise. Legally, I am not bound to confidentiality when a client is threatening suicide or in other circumstances where therapists are required by law to report things clients say to them. When doing so is necessary to maintain the patient's safety or that of others, such threats may be communicated to other people- either those in the client's home environment or members of the legal or mental health professional community.

I agree to obtain consultation when needed. In DBT, the client can count on the therapist to get help when needed rather than continuing with ineffective treatment or blaming the client for problems in the therapy.

I also make it clear that I cannot "save" clients, nor can I solve their problems or force them to cease suicidal behaviors. My clients need to solve their own problems. Although I can help clients develop and practice new behaviors that may help them build a life worth living, I cannot in the final analysis build my clients' life for them. The analogy of therapist as guide is helpful: I can show someone the way, but I cannot walk the path for them.

Printed name

Signature

Date