

MELINDA CARLISLE, LMFT
1885 The Alameda, Suite # 120
San Jose, CA 95126

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Welcome to Couples DBT Skills Training!

You've taken an important step in improving the relationship between you and your spouse.

The following pages include a series of disclosures and other personal information sheets that you need to complete and forward to our office. Only after you and your partner have EACH completed the following forms will you be assigned to a class. You may fax your completed documents to: (408) 521-2056 or you may email them to Mcarlisle@criticalpathcounseling.com.

Please be aware that some couples may benefit from either couples counseling or individual counseling for either spouse. We are happy to refer you to a qualified therapist at your request. The Couples DBT Skills Training Class is not a replacement for psychotherapy.

If you have any questions completing the forms you may contact Melinda Carlisle, LMFT at (408) 244-2988.

Scheduling:

Please place a 1 or 2 in your first and second choice schedule options

Name of Individual for which this form is being completed:

Telephone number to reach you for scheduling information:_____

Email address:_____

Name of Partner:_____

___ Wednesday - 4-5:30pm

___ Thursday - 9-10:30am

___ Thursday - 4:30-6pm

___ Friday - 9-10:30am

Class Assignments will be made and you will be notified no later than March 8th.

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Couples Group Skills Training Agreement

I, _____ agree that my participation in Melinda Carlisle’s Dialectical Behavior Therapy Skills (DBT) Training Class for Couples is with the following understandings:

1. I understand that although the DBT skills training material presented to me is the same material offered in the Dialectical Behavior Therapy clinical treatment program, this material, in particular, examples and exercises, is being modified for use with couples, and therefore is not being represented as a “standard” or adherent DBT program which follows a strict clinical research model and protocol.

2. I understand that I am participating in a group class that teaches skills for regulating emotions and skills for becoming interpersonally effective with my partner. I understand that this skills training class is not offered as the “standard of care” for couples or any particular clinical population and that Melinda Carlisle, Licensed Marriage and Family Therapist, and CriticalPath Counseling make no warranties of its effectiveness with couples.

3. I understand that there may be other treatments available for couples who present with difficulties in regulating emotions.

4. I understand that this skills training class is not being offered as a treatment for any mood disorder or mental health condition and that I am responsible for seeking necessary psychotherapy for any such condition while participating in the skills training class. If at any time during my participation I appear to be suicidal, or I present as a harm to myself or others, or in any way appear to be affected by a mental health condition, I understand that Melinda Carlisle may require me to attend individual therapy as a condition to participating in the skills class.

By signing my name below, I understand and accept all terms of this agreement.

Client signature

Date

DBT Skills Trainer/Therapist signature

Date

Melinda Carlisle, M.A., Marriage & Family Therapist, MFC 43877
1885 The Alameda, Suite #120, San Jose, CA 95126 VM: (408) 893-4032
Fax: (408)521-2056

CLIENT PERSONAL INFORMATION

Please print

Name: _____

Address: _____

Home Phone: _____

City: _____ State: _____

Zip: _____

Marital Status: _____ Birth Date: _____

Work Phone: _____

Drivers License #: _____

Cell Phone: _____

Person to contact in emergency: _____

Phone: _____

Is it OK to leave messages at home: Yes/No, at work: Yes/No, or on your cell phone: Yes/No?

Children's names & ages:

Person responsible for payments: _____

Highest grade/degree: _____ Major: _____

Studying now? _____

Employer/Occupation: _____

Spouse/Partner's name: _____

Contact number: _____

Have you ever been in counseling, DBT Skills Training or therapy before? Explain briefly the focus of treatment:

Name(s), address(es), phone number(s) of treating therapist(s):

Have you ever been hospitalized? If so why" # of times?

What is your reason for seeking counseling or skills training?

What are your goals for counseling or skills training?

Primary physician name/phone number/address:

Referring physician name/ phone number/address:

Are you on any type of prescribed medication? If so, what type and why?

Have you ever attempted suicide? _____

When? _____

Describe the circumstances that led to the attempt?

Are you currently having suicidal thoughts? Please describe:

Please describe your childhood:

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe:

Have you been a victim of a violent crime? Please describe:

Do you engage in self-harm behaviors like cutting or other self-injury? Please describe:

MEDICAL HISTORY

Have you ever been diagnosed with a serious illness? Please describe:

Do you have any medical conditions that may affect your participation in skills group?

Please describe your overall health:

Are you experiencing any medical/physical symptoms that attribute to a mental, emotional, or stress-related condition? Please describe:

Have you ever been in a 12-step program? Please describe:

Do you smoke? Yes/No How much? _____ For how long? _____

Do you drink alcohol? Yes/No On average, how much do you drink in a week?

Do you currently use illegal drugs? Yes/No Please describe your drug of choice:

Have you ever used illegal drugs or abused prescription drugs? Please describe:

FAMILY OF ORIGIN HISTORY

Mother's name, age, living/deceased, client's age at time of mother's death, description of relationship with mother:

Father's name, age, living/deceased, patient's age at time of mother's death, description of relationship with mother:

Names and ages of siblings:

OTHER INFORMATION

Please describe your spiritual orientation:

Please describe your interests and hobbies:

Are you now or have you been involved in a lawsuit? _____
Please describe:

Please feel free to include any other information, not previously requested; that you believe is relevant to your treatment:

CHECK ITEMS THAT APPLY TO THE WAY YOU FEEL OR BEHAVE:

- | | | |
|---|--|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> nightmares | <input type="checkbox"/> can't stay asleep |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> sexual problems | <input type="checkbox"/> ready to explode |
| <input type="checkbox"/> stomach problems | <input type="checkbox"/> financial problems | <input type="checkbox"/> unable to work/study |
| <input type="checkbox"/> bowel problems | <input type="checkbox"/> depressed | <input type="checkbox"/> can't get interested |
| <input type="checkbox"/> feel tense | <input type="checkbox"/> panicky feelings | <input type="checkbox"/> can't have a good time |
| <input type="checkbox"/> irritable | <input type="checkbox"/> bulimia/anorexia | <input type="checkbox"/> trouble concentrating |
| <input type="checkbox"/> unusual thoughts | <input type="checkbox"/> always worried | <input type="checkbox"/> can't make/keep friends |
| <input type="checkbox"/> strange experiences | <input type="checkbox"/> unable to relax | <input type="checkbox"/> fear loss of self-control |
| <input type="checkbox"/> weight change | <input type="checkbox"/> feel worthless | <input type="checkbox"/> feel apart from family |
| <input type="checkbox"/> always tired | <input type="checkbox"/> can't make decisions | <input type="checkbox"/> fear things I shouldn't |
| <input type="checkbox"/> can't go to sleep | <input type="checkbox"/> thoughts of suicide | <input type="checkbox"/> conflict within family |
| <input type="checkbox"/> racing thoughts | <input type="checkbox"/> like high-risk situations | <input type="checkbox"/> don't need a lot of sleep |
| <input type="checkbox"/> restrict food intake | <input type="checkbox"/> binge/purge | <input type="checkbox"/> number times per day/week |

CriticalPath Counseling

1885 The Alameda, Suite #120, San Jose, CA 95126 Phone: 408/893-4032 Fax: 408/448-1828
www.criticalpathcounseling.com

Policy and Disclosure Statement – Agreement for Services

Introduction

This document is intended to provide important information to you regarding your participation in the High Conflict Couples Skills Training Class. Please read the entire document carefully and be sure to ask your DBT Skills Trainer any questions that you may have regarding its contents.

Information about Your DBT Skills Trainer

At an appropriate time, your DBT Skills Trainer will discuss his/her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your Skills Trainer's background, experience and professional orientation.

Licensure status

Melinda Carlisle, M.A is a Licensed Marriage and Family Therapist # MFC43877

Information about This Practice

The name of this practice is: **CriticalPath Counseling**

The individual therapist who operates this practice is:
MELINDA CARLISLE, LMFT # MFC 43877

Psychotherapist-Patient Privilege

The information disclosed by Client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-Patient privilege results from the special relationship between the Therapist/Skills Trainer and Client in the eyes of the law. It is akin to the attorney-client privilege or doctor-patient privilege. If therapist/Skills Trainer received a subpoena for records, disposition testimony, or testimony in a court of law, Therapist/ Skills Trainer will assert the psychotherapist-patient privilege on Client's behalf until instructed, in writing, to do otherwise by Client or Client's representative. Patient should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

FEES

The fee for service is \$____\$75_____ per group skills training class, payable for the entire module (6 weeks)

The fee for service is \$ 150.00 per individual therapy session or skills group intake session.

Individual Sessions and intake sessions are approximately 50 minutes in length. Group sessions are 1.5 hours in length.

Fees are payable at the time that services are rendered.

Please inform your Skills Trainer if you wish to receive a receipt that you may utilize for health insurance reimbursement. Although your Skills Trainer/provider is happy to assist your efforts to seek insurance reimbursement by providing statements, we are unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your skills trainer.

Fees for group sessions are payable at the beginning of each Skills Training Module. The cost for each Skills Training Module is \$450. There are 4 modules: Mindfulness, Emotion regulation, Distress Tolerance, Interpersonal Effectiveness. Cash, check or credit cards are accepted. Should you miss a session for any reason, even if it is a planned absence, no refunds will be given for the missed sessions. Every effort should be made to attend all sessions to gain the maximum benefit.

Therapist Communications

Your Skills Trainer may need to communicate with you by telephone, mail or other means to discuss schedule changes or updates. Please indicate your preference by checking one of the choices below. Please be sure to inform your Skills Trainer if you do not wish to be contacted at a particular time or place, or by a particular means.

My therapist may call me at my home. My home number is: () _____

My therapist may call me on my cell phone. My cell phone number is:
() _____

My therapist may call me at work.
My work phone number is: () _____

My therapist may send mail to me at my home address:

My therapist may communicate with me by email. My email address is:

My therapist may send a fax to me. My fax number is:

Confidentiality

All communications between you and your Skills Trainer will be held in strict confidence unless you provide written permission to release information about your treatment. There are exceptions to confidentiality. For example, therapists/DBT Skills Trainers are required to report instances of

High Conflict Couples DBT Skills Group Agreements

1. Attendance:
 - a Missing four scheduled weeks in a row of group equals dropping out of skills group.
 - b If a client who is required to have individual therapy discontinues weekly individual therapy at any point during Skills Training, that client will not be permitted to continue Skills Training.
 - c Members come to group on time and stay until the end.
 - d Members who are going to be late or miss any session call ahead of time.
 - e Members validate each other and give helpful, non-critical feedback only when asked.
 - f Members keep information obtained during sessions, as well as the names of other members, confidential.
2. Members are not to lead each other into temptation.
 - a Members are not to discuss current or past target behaviors or other risky behaviors with other members outside of sessions.
 - b Members are not to suggest risky or destructive behaviors to each other.
 - c Members are not to come to sessions under the influence of drugs or alcohol.
 - d Members under the influence of drugs or alcohol are to come to sessions acting and appearing clean and sober.
3. Members are not to form personal, confidential relationships with each other outside of group while participating in skills group.
 - a Members are not to be partners in risky behaviors, crime, or drug use.
5. **Dialectical Agreement:** We agree to accept a dialectical philosophy – there is no absolute truth. When caught between two conflicting opinions, we agree to look for the truth in both positions and to search for a synthesis by asking such questions as, “What is being left out?”
6. **Consultation Agreement:** We agree that the primary goal of this group is to improve our own skills as we each make our way in the world. We agree that the spirit of this group is warm, validating, and non-critical. We agree to do our best to assist one another even when we do not share one another’s goals or point of view.
7. **Consistency Agreement:** Because change is a natural part of life, we agree to accept diversity and change as they naturally come about. This means that we do not have to agree with each others’ positions about how to respond to specific situations, nor do we have to tailor our own behavior to be consistent with everyone else’s.
8. **Nonjudgmental Agreement:** We agree to practice a nonjudgmental stance towards one another and ourselves. We agree to assume that we and others are trying our best and want to improve. We agree to strive to see the world through our community’s eyes and through one another’s eyes. Because judgment will arise in ourselves and our communities, we agree to avoid judging the judging and instead to search for a nonjudgmental understanding of our communities’, ourselves, and other members’ behavior.
9. **Observing Limits Agreement:** We agree to observe our own limits. As group members we agree to not judge other members for having different limits from our own (e.g. too broad, too narrow, “just right”).

10. **Fallibility Agreement:** We agree ahead of time that we are each fallible and make mistakes. Because we are fallible, we agree that we will inevitably violate all these agreements, and when this is done we will rely on one another to point out what's happened, understand how we came to be where we are, and move to a synthesis.

Rules 1-4 adapted from *Skills Training Manual for Borderline Personality Disorder* by Marsha M. Linehan, © 1993

Rules 5-10 adapted from *Cognitive-Behavioral Treatment for Borderline Personality Disorder* by Marsha M. Linehan, © 1993

I agree to the above Group Rules:

Signature

Print Name:

Date

DBT Skills Training Group Disclosure

Over the years of teaching skills training it has become evident that clients may enter class participation with various kinds of expectations about not only the content of the teaching, but also the process of the group and the structure. Therefore it is in everyone's best interest to outline the general characteristics of the group process and make important distinctions between skills training classes and ordinary psychotherapy process groups.

First, DBT Skills Training for couples has as its primary goal, the objective of teaching clients the DBT Skills so that they may then work with their partners to become more validating, and more interpersonally effective. The format of the skills training group is classroom style in that participants are expected to take notes and complete homework assignments, and report briefly on the use of skills at the beginning of each module.

Unlike other forms of treatment, sharing of homework is limited by the group leader to approximately 2-3 minutes in order to preserve the majority of the group session for teaching and practicing of new material. The Group Leader may raise their hand or otherwise structure a person who is reporting in a lengthy or rambling fashion, in order to help them report more succinctly, which also helps them to develop confidence in this area. Any redirecting that occurs will be done in a non-judgmental fashion.

DBT Skills Training differs from other kinds of "process therapy" groups in that members are discouraged from commenting on the thoughts and feelings or stories of other group members. Instead, group members are encouraged to consider all material that is reported in group as simply food for thought, and to consider it in terms of their own use of skills, emotional challenges, and areas of growth.

Because maintaining a non-judgmental stance is so critical to creating a safe environment for learning, we teach this throughout all of the modules. Clients should be aware that at no time will personal attacks, threats or other angry interpersonal discussions toward anyone be acceptable in group session. In fact, no session time will be used to "work out" any interpersonal problems between members. Group members are encouraged to discuss difficulties they may have with others members with their own individual therapist and utilize distress tolerance skills during group sessions, so that the course material presentation can stay on track.

Additionally, hostile comments toward the group leaders, challenging the group leaders in an angry way, excessive use of foul language or other excessive negative comments made during group is harmful to the groups sense of safety and will not be tolerated. Such behavior will be treated as therapy interfering behavior, and the group leader reserves the right to terminate the member's participation in the group.

Your DBT Skills Trainers are there to teach clients the DBT skills as concepts and to provide exercises and Q & A periods to help clients learn the material. We recognize that couples may have unique challenges and complex problems in their relationships and at

home. We also understand that couples often have significant relationship histories and other mental health issues that contribute to problems in their current relationship.

Couples should not think of this DBT Skills Training class as a replacement for couples counseling or individual psychotherapy. This is because in the Couples Skills Training Group couples attend the classes separately, but complete joint homework assignments and practice exercises. The Skills Group format and the emphasis on learning skills does not permit sufficient time for partners to explore or process feelings in the way individual or couples counseling would. If at any time you would like a referral to an individual or couples therapist please contact Melinda Carlisle, LMFT at (408) 244-2988.

Crisis issues will not be addressed in skills group sessions. If a client attends a skills training session and appears to be in a crisis, they will be escorted out of the skills training session by the skills training leader or co-leader and asked to contact appropriate resources indicated on the clients crisis plan including but not limited to contacting 911. The group skills trainer or co-facilitator will assist the client in making the necessary contact.

I accept and agree to abide by the above terms. I understand that failure to honor the above guidelines and principals may result in me being terminated from the DBT Skills Training Group

Client Signature

Date

Client Printed Name

Crisis Plan

Participant: _____

Name of Individual Psychotherapist (if applicable)

Telephone number of individual Psychotherapist: _____

In a crisis, if I feel that I am in danger of harming myself or someone else, when I am unable to utilize DBT skills to help myself tolerate distress and get through the crisis, or when I need medical assistance of any kind, I agree to implement the following crisis plan: (check all that apply)

___ Contact friend, relative, spouse Name: _____ Telephone # _____

___ Contact individual psychotherapist Name: _____ Telephone # _____

___ Contact Emergency Services or 911

___ Contact Crisis Line Telephone # _____

I understand that if I attend group with crisis symptoms such as expressing thoughts of suicide or intent to harm myself, my skills trainer or co-leader may, at their discretion contact emergency services or 911.

I acknowledge and agree to abide by the above crisis plan

Client Date

Client's individual psychotherapist Date