

## **DBT Group Member Guidelines**

---

This DBT Skills Group consists of four modules: Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. These skill modules will be taught over 12 months. The majority of studies conducted on DBT include 12 months of participation, which is why members interested in beginning this group have been asked to commit for 12 months.

While the curriculum is modular, often times there is a cumulative nature to the skills or educational examples. Therefore, a commitment to being on time and attending every group is vital for the entire group to successfully master the material together. Missing four sessions out of any five adjacent meetings, will be considered voluntarily dropping out of the group. Members who voluntarily dropout, will be prevented from attending any more sessions during the current module. She/he can rejoin at the beginning of the next module, if a consultation session with the group leader results in the leader recommending future participation. Refunds will not be given for any of the sessions dropped during the last month for which the group member paid.

Practicing skills between sessions in one's "real life" is a crucial element of treatment. Continuing individual therapy with a primary mental health provider is also important for the DBT skills to be effectively implemented. We encourage group members to continue to see her/his current therapist and to ensure that the therapist understands the basics of DBT and agrees with the client's participation in this DBT Skills Group, clients must begin individual therapy with a DBT informed clinician prior to the group beginning. It is important for group leaders to be free to communicate with the individual therapist and/or family members, loved ones, etc. as necessary. Therefore, at a minimum, group members need to sign a two-way release of confidential information for group leaders to be able to communicate with her/his individual therapist. This will allow the leader to gather and share information and to better coordinate care.

Group members are expected to respect the confidentiality of everyone in the group. It is understandable that at times you may wish to share about your experience in the group with others outside of group. However, it is necessary that no confidential information shared by another group member, or about another member is ever shared. If you have questions about this policy, or any other information on this page, please ask the group leader immediately for clarification.

Having read and understood the above information, I further agree to the following:

1. I recognize the importance of punctuality and attendance of weekly group meetings. Therefore, I commit to attend every session unless I am prevented from attending my circumstances that are beyond my control. If I cannot attend, I will inform the group leader as soon as possible, and commit to work to accept myself regardless of my attendance. While members are encouraged to come to the group, even if she/he is running late, showing up 15 minutes late (or more) will be counted as an absence.
2. I recognize that I will be voluntarily dropping out of the group if I miss four out of any five consecutive DBT Skill Group meeting dates.
3. I recognize the importance of practicing the skills outside of group and understand that I will be expected to bring records of that practice (homework) to group sessions to be shared with the group. I commit to doing my best to complete and present these assignments for my benefit and the benefit of the entire group.
4. I recognize the importance of participation during the group. Therefore, I commit to doing my best to use the skills I learn in group to help me do my best to fully participate both in and outside of group sessions.
5. I agree to abstain from using alcohol or drugs (unless legally prescribed) on the day the group meets, or at any time where the effects would impair my active, effective participation in the group, or where my appearance or behavior would be noticeably affected.
6. I agree to authorize communication between group leaders and my individual therapist or other professional when/if asked.
7. I commit to attending the full 12 months of this DBT Skills Group.
8. I agree to actively work to solve my problems using the skills I learn in this group and refrain from methods of self-harm or suicide.
9. I agree not to discuss past self-injury behaviors with other members outside of group.
10. I agree to accept help from another group member if I call her/him for help or when I am distressed.
11. Sexual partners may not be in the same DBT Skills Group. In addition, while friendships can be made in group and maintained outside of group, these relationships cannot be kept private from group. If what is done or said cannot be shared in the group, please refrain from that behavior.



Your signature below indicates that you have read the information in this document and agree to its terms.

---

Patient Name (printed)

---

Patient Signature

Date

---

DBT Group Therapist Signature

Date

If patient is under 18 years old:

---

Legal Guardian Name (printed)

---

Legal Guardian Signature

Date