

Multi-Family DBT Group Member Agreements

1. I agree to participate in the 22-week program, and participate in ongoing individual therapy.
2. I agree not to come to sessions under the influence of drugs or alcohol.
3. I agree to keep information obtained during sessions (including the names of other group members) confidential.
4. I agree to practice the skills taught in the group and to do all homework assignments. If homework is not completed, I cannot share with the group. I may be asked what got in the way of homework completion.
5. I understand that missing 4 consecutive group or individual sessions will mean that I will no longer be in treatment. I may reapply 8 weeks after their first group meeting.
6. If I am late or miss a session, I agree to call a group leader ahead of time to notify them and to obtain the homework.
7. I agree not to discuss past suicidal behaviors or past “war stories” about using alcohol or illicit drugs with other group members either inside or outside of group and individual sessions.
8. I agree not to contact other group members when in crisis. Instead, I agree to contact a skills trainer or my therapist, follow my crisis plan, call 911, or go to the nearest emergency room.
9. I agree not to form private relationships (cliques, dating) with other group members while in group.
10. I agree to be kind and respectful to other group members.
11. I understand that I have committed to a 22-week DBT Multi-family skills program and have a reserved space in this group. For this reason, I will be charged for all of the sessions. I have the option to cancel one session without being charged.

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Caregiver initials / Teen Initials

- 12. If I choose to discontinue my participation in the group prior to completing the 22-weeks, I agree to provide a minimum of 24-hours notice prior to my last group. If I do not provide the minimum 24-hours notice, I agree to be charged for that final group session.
- 13. If I have a question or concern about a session charge, I agree to contact the group leaders directly to discuss and resolve my concerns. If I choose to formally dispute a charge through a credit card provider, I agree to be charged for any associated dispute fees.

After you have read and discussed the above agreements with your Intake Coordinator, please fill out the following two acknowledgement sections:

I understand and agree to the aforementioned Multi-Family DBT Group Member Agreements.

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Parent/Guardian Signature

Date

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Print Your Full Name

Authorized on behalf of:

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Print the name of the minor child receiving treatment

Your Relationship to minor child: \_\_\_\_\_

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I understand and agree to the aforementioned Multi-Family DBT Group Member Agreements.

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Teen/Young Adult Signature

Date

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Print Name