

Dear Potential Applicant:

Thank you for considering our 13-session Dialectical Behavioral Skills Group. If you have not already done so, visit our web pages on www.NedButlerMFT.com to learn more about us. Successful groups require 6-9 motivated and committed participants. This application process is to find these participants before the first meeting.

First, determine if you are really ready to commit to the 13-week sessions. The material is not difficult to understand and the group dynamics are nurturing; but it is difficult to integrate the skills into your life. Almost everyone finds some internal resistance to this process. Sharing the frustration and success stories helps, but it still requires hard work. At a minimum, you need to commit to coming to all 13 classes and meeting with your therapist. If you do not come, DBT will not be able to help you. You are unlikely to have sufficient motivation if you are doing this class to please someone else like your parent, your spouse or your therapist. DBT definitely works, but it does not magically do it for you.

Once you are ready to commit to the 13 week class, call Ned Butler at 916 662-5744 to see if we have room in the group you want to join. Groups usually fill before the application deadline. If a group is full, you can be on a waiting list or apply for the next one. If there is space, complete and mail in the forms in this file.

Forms to be mailed

1. A completed *Application Form* (page 2).
2. A completed *Release of Information* (page 4) for us to exchange information with your therapist and, if relevant, send a separate *Release of Information* (page 5) for your psychiatrist.
3. A \$100 check for a deposit that also covers the cost of our individual consultation with you.

Check made payable to and mail application to: Ned Butler, MFT 717 K Street, Room 225 Sacramento, CA 95814 Ph. (916) 662-5744

Your Individual Consultation with both Group Leaders

When Ned receives your application he will call to acknowledge receipt. He may schedule your individual consultation or let you know when he will call back to schedule this meeting. Since we schedule consultations back to back, we need several applications. You will have a chance to get to know your two group leaders and ask questions. We have two purposes for this meeting. The first is to help you determine if you are ready to commit, the second is to help you formulate specific behavioral goals that your therapist may want you to track using the daily DBT diary cards.

Release of Information

DBT skills groups are intended to make your individual therapy work better. Therefore, we contact your individual therapist. In order for us to speak with either you psychiatrist or your therapist we must have a release(s) of information signed by you. The therapist or psychiatrist will also need a copy for us to speak. You can give them a copy or we will send them a copy if you provide the correct address. We try and speak with your therapist before your consultation.

Costs

The policy described below is intended to screen for participants who are really committed. Commitment is essential in DBT. Don't sign up unless you are committed.

Payments need to be in cash or a check made payable to Ned Butler. We do not take insurance. If your insurance company will reimburse you, we will provide evidence of your payment and the classes you attended.

The total cost is \$620: \$100 for your individual consultation with the two leaders and \$520 for the 13 classes. To hold a place in a group, a \$100 deposit is required with your application. At the consultation, we need a check for \$520 to guarantee your place in the group.

We hold your \$520 check for 72 hours to give you time to be sure you are ready to commit after meeting us. If you do not call us to withdraw from the class, we will deposit your check.

Refunds

We will not refund the \$100 unless we decide the group is not a good fit for you. If you call to withdraw within 72 hours of your consultation, we send your \$520 check back to you. After the 72 hour consideration period, we will only refund your \$520 only if a person on the waiting list will take your space. There will be no refund once the first class has begun.

Targeted Behaviors and the Diary Card

This section is to prepare you to define the behaviors that you can monitor with your therapist over at least the 13 weeks of the class. Your DBT skills groups is designed to help you learn new skills that you can substitute for the current dysfunctional ways in which you attempt to solve problems. DBT assumes that progress in therapy is inhibited by certain behaviors. The class is going to teach you skills to substitute for these therapy-inhibiting behaviors, so your therapy can move forward. The last page of this application is a DBT diary card. The diary card helps identify behaviors to be eliminated.

DBT targets a hierarchy of behavioral goals. The highest priority involves suicide. In DBT, suicide is viewed as a dysfunctional solution to your problems. It must be eliminated if you are going to make progress in therapy. Suicidal thoughts or plans must be monitored. Secondly, self-harm urges must be monitored. The urge to use drugs or alcohol is a common problem and an excellent indicator of anxiety.

On the last page of this file is a blank diary card. The Diary Card has the following codes: suicidal thinking or urges (S) and self-harm (SH). Suicidal thinking or urges, urge to self-harm and urge to use drugs or alcohol should be graded every day from 0 (indicating none) to 5 indicating the highest level. If your self-harm or use drugs or alcohol during the week, the amount and type of substance as well as the kind of self harm should be recorded. The lower rows are for other behaviors you would like to eliminate once the priority behaviors are eliminated. We will explain the diary card in more detail at the consultation when you may add other behaviors you would like to target for extinction. We will also help you use the dairy card correctly during the first week. After that it will be between you and your therapist.

Sacramento Dialectical Behavioral Therapy Group

Application Form

Client Information:

Name (First, Middle, Last) _____

Street Address _____ Date of Birth ____/____/____

City, State, Zip _____ Social Security Number ____/____/____

Gender male female Email _____@_____

Phone Numbers: If we can leave our name on a recorded message or with someone who answers the phone circle yes and underline the number you prefer us to call first.

Home _____ yes Work _____ yes Mobile/Pager _____ yes

How did you hear about our group? _____

	Emergency Contact Name	Relationship	Phone Number

Name of Person in Household	Relationship	Age

Occupation _____

	Therapist	Psychiatrist
Name		
Street		
City		
Zip		
Phone		
FAX		
Date began seeing		

Continue on Reverse Side

Medications (List all current prescription medications)

Name of Drug	Reason of Prescription	Months or Years on Drug

Psychiatric Hospitalizations

Month/Year	Duration of stay	Hospital Name	City and State

Scheduling Your Individual Consultation

Group members meet individually with both group leaders in consultation prior to joining the group. Your 40 minute meeting will occur on the Wednesday either two or three weeks prior to the first class. Determine the dates of the first and second consultation meetings for your group using the table below.

	Date of first Wednesday	Date of second Wednesday
Winter Group	1/2/2008	1/10/2007
Summer Group	5/14/2007	5/21/2007
Fall Group	9/3/2007	9/10/2007

Once you know the dates of the Wednesday consultation x out appointment times you know you cannot make in the table below. If you have a preferences for specific times label them 1st, 2nd and 3rd. This will help Ned in scheduling consultations. He will call to schedule your meeting at least a week before the meeting.

Time of Day	First Wednesday	Second Wednesday
11:00AM-11:40AM		
11:45AM – 12:25 PM		
12:30 PM – 1:10 PM		
1:15 PM – 1:55 PM		

Sacramento Dialectical Behavioral Therapy Skills Group

Authorization to Release Information

I _____ authorize the following DBT skills group leaders
Print Your Legal Name

Ned Butler, MFT 717 K Street Room 225 Sacramento, CA 95814 Ph. (916) 662-5744 FAX (916) 444-7323 ned@NedButlerMFT.com MFC41745	Margit Ilgen, MFTI P.O. Box 163483 Sacramento, CA 95816-9483 Ph. (916) 752-7035 FAX (916) 444-7323 milgen@surfbest.net IMF44857
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to disclose mental health treatment information and records obtained prior to and during a DBT Skills Group among themselves and with:

Therapist Name: _____ (circle one): PhD, MD, LCSW, MFT

Street _____ Room or Suite: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

Email: _____

I understand that I have a right to receive a copy of this authorization if I request it. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. Such revocation must be in writing and received by a DBT Skills Group Leader at one of the above addresses to be effective.

I am allowing these parties to exchange written or verbal information from _____ until
Today's Date

one year after the completion of the DBT skills group in which I participate. The objective of the exchange is to coordinate treatment planning.

Consent Signature _____ Date _____

Printed Name _____

Participants under the age of 18 must have both legal parents sign as well for a total of three signatures

Sacramento Dialectical Behavioral Therapy Group

Release of Information

I _____ authorize the DBT skills group leaders
Print Your Legal Name

Ned Butler, MFT 717 K Street Room 225 Sacramento, CA 95814 Ph. (916) 662-5744 FAX (916) 444-7323 ned@NedButlerMFT.com MFC41745	Margit Ilgen, MFTI P.O. Box 163483 Sacramento, CA 95816-9483 Ph. (916) 752-7035 FAX (916) 441-4690 milgen@surfbest.net IMF44857
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to disclose mental health treatment information and records obtained prior to and during a DBT Skills Group among themselves and with:

Psychiatrist Name: _____

Title: MD, DO other: _____

Street _____ Room or Suite: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

Email: _____

Conditions of the Exchange

I understand that I have a right to receive a copy of this authorization if I request it. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. Such revocation must be in writing and received by a DBT Skills Group Leader at one of the above addresses to be effective.

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DBT Diary Card

Name _____

Date of Thursday _____

	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Urges to: ¹							
S							
SH							
Use Drugs or Alcohol							
Actual Behavior							
SH							
Alcohol Used ²							
Drugs Used ²							
Other Behaviors							

1 For each day indicate the intensity or pervasiveness of urges (0=none to 5= most)

2 Record the what was used and the quantity