



North Shore Center, LLC

FAMILY DBT SKILLS TRAINING – INFORMED CONSENT

PROGRAM OVERVIEW

The Family DBT Skills Training program is designed primarily for parents or family members struggling to respond skillfully to various dynamics within the household. This might include anything from feelings of invalidation to conflict to emotional or behavioral dysregulation. The skills taught within the training program aim to:

- Increase awareness of self and relationships
- Provide healthier alternatives for handling distress
- Improve emotion regulation
- Improve interpersonal communication
- Provide behavioral strategies to changing behavior patterns within the family
- Identify unhelpful thought patterns getting in the way

FORMAT

The Family DBT Skills Training program includes three 3-hour sessions held monthly. During the intensive, skills will be taught didactically on all areas of focus to include skills practice and discussions on individualizing skills in the home environment. Participants may receive practice assignments between sessions.

GROUP TRAINING – NOT GROUP THERAPY

Given the training will be facilitated by licensed psychotherapists, it is important to note that this program is considered a training group – not group or family therapy. This means that the focus will be on teaching skills in a large group format rather than in-depth application of therapeutic interventions on an individualized basis. If individualized intervention would be beneficial, it may be recommended by the facilitators to engage in family or individual therapy in addition to the training group.

RULES OF ENGAGEMENT

All participants in the training are asked to adhere to the following expectations:

Confidentiality

Participants are expected to keep information about other participants private. This includes not discussing information about other participants outside of group or on break as well as not sharing other participants identifying information (name, contact, etc.) with others outside of group. We recognize participants may have pre-existing relationships outside of group (i.e., children on the same sports teams); however, we ask you to consider these as separate relationships with differing rules of engagement. For example, "outing" your fellow participant as attending the training group outside of group is to be avoided. Breaches in confidentiality may result in a request to leave the program. Given the training is facilitated by licensed clinicians, facilitators may need to breach confidentiality should concerns for imminent safety (risk of harm to self or others, abuse/neglect of a minor) be raised.

Participation

Participants are expected to actively participate. This means skillfully and effectively listening, answering reflective questions, engaging in group exercises, completing practice assignments between sessions, submitting questions for review, and engaging in relevant group dialogue. Participants are expected to be respectful to others at all times.

Cell Phones and Electronics

Participants are asked to put their phones and other electronic devices on silent or turn them off during group. We ask participants to avoid using electronics, talking on the phone, or texting during sessions as much as possible. When extenuating circumstances present (i.e., being an on call physician), we ask participants to quietly excuse themselves and return as soon as possible. Breaks will be provided, and we ask that participants maximize these breaks for necessary electronic use to ensure increase presence during teaching portions.

COST

For the 9 hours of training, the cost of the program will be \$900 and paid in either one or two installments. The first half of the payment \$450 will be paid on the first day of the month the program begins. The remainder of the payment, if not paid in full, is due halfway through. If cost is a barrier to accessing the training, please reach out to admin at admin@northshorecenterllc.com.

AGREEMENT

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with training, please consult your facilitators directly at any time.

Client signature

Date

Client name



North Shore Center, LLC

CREDIT CARD ON FILE BILLING AUTHORIZATION FORM

Please complete this form if you would like North Shore Center, LLC to keep your credit/debit card on file for future appointments/monthly payments. You may elect to provide us payment information with each visit if you do not wish us to keep your information on file. You may also cancel this automatic billing authorization at any time.

Patient Name

Cardholder Name

Visa/Mastercard/Discover

Card Number

Expiration Date

Authorized Signature

Security Code

We do not share information provided to us with any third party. We take special care to ensure that all account and personal information is held in the strictest confidence.