



Long Island Cognitive Wellness Counseling Services, LCSW, P.C.

Lianne E. Conroy, LCSW-R

269 West Main Street, Bay Shore, NY 11706

631-913-8201

lconroylcsw@gmail.com

www.licognitivewellness.com

Dialectical Behavior Therapy (DBT) Attendance Contract and Participation Agreements

Entering into the DBT Program is a commitment, and there are expectations regarding attendance. By signing this contract, I agree to:

1. Attend weekly individual therapy (either with Lianne Conroy or an approved outside therapist) for a period of one year.
2. Attend weekly DBT skills training for a period of 1 year.
3. Discuss any changes in my schedule with my individual therapist and/or skills trainer(s) 24 hours prior to scheduled appointments.
4. Abide by the official attendance policy, which states that if I miss four consecutive weeks (of individual therapy or skills training) it will mean that I have “dropped out” of DBT for the remainder of my contracted treatment period. I further understand that I will not be able to apply for re-entry into the DBT program until after the conclusion of my original contract period.
5. Attend all scheduled psychopharmacology appointments. Missing three consecutive psychopharmacology appointments will constitute “dropping out” of DBT.

Furthermore, as a participant in the program, I agree to:

1. Enter into, stay in, and regularly attend individual therapy sessions and the DBT Skills Group sessions for 1 full year. At the end of that time, my progress and participation in the program will be reevaluated.
2. Work on the three primary goals of therapy, which are to reduce: suicidal and self-injurious behaviors, therapy-interfering behaviors, and behaviors that threaten my quality of life (ex: substance abuse).
3. Practice DBT skills and complete homework assignments.
4. Abide by therapy attendance rules and arrive on time for scheduled appointments, as per the DBT Attendance Agreement listed above.
5. Attend all sessions free from the influence of drugs and alcohol.
6. Use outside of session contact with skills group members for support and recovery, and NOT to discuss past (even if immediate) self-injurious/target behaviors.
7. Accept help from group members if I phone them due to self-injurious thoughts or urges.
8. Refrain from forming private relationships with other group members outside of group.
9. Understand that sexual partners may not be in skills training together.
10. Pay for individual and group sessions at the time of service.

As partners in your recovery, the clinicians on your DBT Team agree to:

1. Make every reasonable effort to conduct competent and effective therapy.
2. Obey standard ethical and professional guidelines.
3. Respect the integrity and rights of the client.
4. Provide individual therapy sessions.
5. Maintain confidentiality, unless a client is suicidal or threatening the life of another.
6. Obtain weekly case consultation with colleagues within treatment team meeting format.

I, _____, agree to participate in the Dialectical Behavior Therapy Skills group with Lianne Conroy. Furthermore, by signing below, I certify that I have read and understand the attendance and participation agreements listed above and agree to abide by them.

CLIENT NAME

ASSIGNED INDIVIDUAL THERAPIST

ASSIGNED PSYCHOPHARMOCOLOGIST

ASSIGNED DBT SKILLS GROUP – DAY AND TIME

SKILLS TRAINER NAME

CLIENT SIGNATURE

DATE

SKILLS TRAINER SIGNATURE

DATE