



## DIALECTICAL BEHAVIOR THERAPY PROGRAM: CRISIS INFORMED CONSENT

Consistent with (dialectical behavior therapy) DBT, we believe that pain is a part of life. Pain can be physical or psychological, it can be sudden and overwhelming or it can slowly increase over time. When our pain becomes overwhelming, we might think and act desperately. This moment of desperation can be very serious, sometimes a matter of life and death. We call this a crisis. A crisis can be self-destructive (suicide, risk-taking, substance abuse) or destructing (violence, abuse). In these moments, resisting destructive urges means choosing life, but this also means choosing to feel life’s pain.

*We want to know if and when you are having a crisis to keep you alive and help decrease your pain. We ask that you tell the DBT leaders that you are in a crisis – before, during or after skills group.*

We do not want our response to be a surprise. Therefore, we would like to collaborate, negotiate and compromise on a plan now.

If you have told a therapist or physician you were in a crisis before, what was a helpful response?

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If we are very concerned for your/others safety, the group leader will notify the director of the DBT program, Dr. Tiffany Abrego. We will need to notify another trusted professional, like your therapist or psychiatrist and it is also helpful to call another person you trust for support – a family member, partner, spouse or friend. These calls will be made together, with a DBT leader and a licensed psychologist (Dr. Tiffany Abrego, Dr. Marilyn Franklin).

### Professional

Who else can we call? Would you like to call this person or would you prefer us to call this person?

Relation \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Select one:  I want to call this person.  I prefer you call this person



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Relation \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Select one:  I want to call this person.  I prefer you call this person

After the calls, we will agree on next steps. This could include DBT skills, scheduling an immediate appointment with your therapist or psychiatrist, asking a trusted support to be with you and/or pick you up from our clinic or calling 911 to begin a hospitalization.

After this appointment, your DBT clinician will discuss this plan with your therapist and psychiatrist. They will be asked to provide the best number to call in case of an emergency. We also want your treatment team (therapist and/or psychiatrist) to be aware of your DBT crisis plan.

Signing below gives our clinic the approval to provide this plan to your treatment team. It also shows a commitment to notifying DBT leaders if and when you are in a crisis.

Name \_\_\_\_\_

**Signature** \_\_\_\_\_

Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_