



# Adolescent DBT Program Caregiver Orientation

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## General Program Information

Group Program Facilitator:

Phone:

Group Room:

Start Date:

Group meets every Mon/Wed or Tues/Thurs

Adolescent group program meets from 4:30-6:30 PM

- Caregiver Education Nights are held monthly via Zoom on Wednesdays from 4:45 – 6pm. You will receive a flyer by email each month providing the topic and date. Attendance is not required, **but is strongly recommended**, as it provides you an opportunity to learn about supporting your teen with mental illness.

You register for these nights here: <https://www.mhs-dbt.com/events-calendar/register/>

Rather than billing insurance, we are charging \$20/education night. Please reach out to [education@mhs-dbt.com](mailto:education@mhs-dbt.com) if you are unable to make this payment.

### Group Structure

**4:30-5:15 PM** Teaching hour: Facilitator leads teaching, discussion, and practice of DBT skills

**5:15-5:30 PM** Break/Teens write up diary cards in preparation for second hour of group

**5:30-6:30 PM** Diary card hour: Each teen takes time to check in on symptoms and progress toward group goals, and receive support and problem-solving for stressors

Adolescents in the program are expected to attend weekly **individual therapy sessions in addition to group sessions**. The individual therapist can be at MHS or from an outside clinic.



Mental Health Systems, PC  
6600 France Ave. S., Suite 230  
Edina, MN 55435  
952-835-2002  
952-835-9889 fax

## **MHS DBT Safety contracting and transportation and safety policy**

- DBT clients are expected to accurately report all safety concerns to their group and/or individual therapist. (In the case of children and adolescents it is expected that caregivers will inform therapists about safety concerns prior to the start of their child's session.)
- At that time the therapist will ask the client whether or not they can contract to remain safe from suicide and/or self-injury until the next time they see that therapist.
- If they are willing the client will work to update their safety plan to assure safety. Included in that plan is a commitment that if conditions change where the client cannot remain safe with the plan they have, that they will go to the emergency room to be assessed for safety and potential admission.
- Safety planning will be goal driven with the safety plan as a goal and will be time limited (Approximately 5 minutes).
- If a client is unwilling to commit to safety, the offer to plan for safety will be given and followed through with. The goal being a commitment to safety at the end of the planning time (5 minutes).
- If a client is unwilling or unable to commit to safety and will not engage in safety planning, or is unable to commit at the end of that planning, a transportation hold will be executed to safely transport the client to the hospital.
- Transportation to an emergency room is a process by which a mental health professional assesses the situation, completes a transportation hold form and police or paramedics are called to take the client safely and securely to the hospital.
- If the teen client is unable to commit to following their safety plan, an MHS clinician will initiate the transport hold process. Transportation by parties other than paramedics or police is not supported by MHS policy. This MHS policy is in place to assure the safety of all concerned. If the legal guardian does not consent to the transport hold process they must sign the Transport Hold Form confirming that they were informed of our safety assessment policies and procedures.
- For telehealth teens unwilling or unable to commit to safety, teen will be asked to remain on camera while they get their caregiver or therapist will call client's caregiver. Therapist will inform client and caregiver that 911 will be called so the paramedics/emergency response team can perform a wellness check. Client will stay on camera while waiting for the paramedics/emergency response team to arrive. The therapist can end the zoom call once there is confirmation that paramedics/emergency response are present.

# **Adolescent DBT Program Rules and Expectations**

Group members are responsible for knowing and following these rules and expectations. Group members are expected to use their Wise Mind to act respectfully and effectively in the group, even if a situation arises that is not specifically mentioned in the following list. Additional rules for specific program groups may be added at the discretion of the group facilitator.

## **Confidentiality**

Group members are expected to keep information about other group members private. Group members and group issues cannot be discussed outside of group or on group breaks. This also means not sharing other group members' names outside of group, or telling people outside of group who is in group. Confidentiality applies not only to your group, but to members of other groups as well. Breaking confidentiality may lead to discharge from programming. Therapists are required to break your confidentiality if you or another minor are not safe, or are being hurt or neglected by a parent, guardian, or authority figure.

## **Communication with Caregivers**

Therapists will use their discretion in what they share with your caregivers, but generally try to keep what you share in group private. Therapists may give your caregiver updates, but your therapist will try to include you in these updates. If there is a significant safety or other concern, in which your therapist is concerned you may act on suicidal thoughts or act on self-injury urges that could cause serious harm, your caregivers will likely be informed. Therapists will attempt to involve you in these conversations if possible.

## **Safety**

All clients are required to create an active safety plan that can be used to help you remain safe and/or find care for yourself if you are experiencing distress while away from MHS. If you are unable to commit to following your safety plan prior to the end of a group or individual session, we will initiate a transport hold. Members are not allowed to act on suicidal ideation (SI) or self-injurious behavior (SIB) urges while on premises; doing so would be grounds for discharge. Group members may not contact other group members for 24 hours after acting on SI or SIB. Group members must not contact each other when in a crisis or depend on each other for safety needs. Group members must not share details of SI/SIB, or details about other topics that could be triggering. Therapists are required to report situations in which you are a danger to yourself or others.

## **Attendance**

Group members are expected to attend every group. It is also expected that group members will arrive on time for group programming, stay through the entire group, and leave when group is scheduled to end. Attendance less than 85% will result in an attendance contract. Group members are expected to plan ahead and inform the therapist and group of absences as soon as possible. A phone call to the therapist is expected for absences with short notice. You could be asked for documentation of reasons for your absence. If you do not show up and do not call for three groups in a row, you will be discharged from programming.

## **Participation**

Group members are expected to actively participate. This means skillfully and effectively listening, giving feedback to others, contributing to teaching, bringing the program binder to each group session, doing a daily diary card, and completing behavior chains and homework as assigned. This also means

taking time in group to problem-solve and use skills when you are in a crisis or have high levels of distress.

### **Feedback and Behavior**

Group members' feedback and behaviors are expected to be respectful at all times. Discrimination and harassment of any kind will not be tolerated and may be grounds for discharge. Group members' feedback and behaviors are expected to be respectful at all times. If a group member is disrespectful, a verbal warning will be given and that member may be asked to leave or take a break from group. Group members could be placed on a behavior contract or discharged from programming for a pattern of disrespectful behavior. Disrespectful feedback and behavior includes, but is not limited to: interrupting others, yelling or using inappropriate verbal or non-verbal language, using judgmental words, or violating the boundaries of others.

### **Breaks**

Group members are expected to be effective during break times. Group members are expected to put their diary cards up during break. Group members are expected to keep their voices at a reasonable volume and avoid inappropriate language and topics during breaks, especially if they are in the hallways. Group members are not allowed to smoke cigarettes, use smokeless tobacco product, or use e-cigarettes (this includes vaping of non-nicotine products) at any time while on premises.

### **Cell Phones and Electronics**

Group members are expected to put their phones and other electronic devices on silent or turn them off during group. Group members may not use electronics, talk on the phone, or text during group. Group members may only use these devices during breaks. Group members may be asked to turn in their cell phones or other electronic devices if they are unable to follow this rule.

### **Relationships with Group Peers**

Group members can use each other via call/text only for non-crisis skill support outside of group, but members are expected to be respectful of each other's boundaries. Group members are not allowed to spend time with each other outside of group or have romantic or other private relationships with each other. Group members should also not discuss safety concerns or details of TIBs with each other outside of group. Anything discussed between group members outside of group must also be able to be discussed in the group setting. Group members are not allowed to use alcohol or drugs, or participate in other treatment-interfering behaviors together. Violation of any of these rules may lead to discharge.

### **Drugs and Alcohol**

Group members are not allowed to attend group under the influence of alcohol or other drugs, use alcohol or other drugs on premises, and must not have alcohol, other drugs, or paraphernalia on premises. These behaviors are grounds for discharge. Group members may not glamorize the use of substances, and any discussion about substances in group is expected to be effective.

### **Treatment Team**

Group members are required to participate in ongoing individual therapy, and are expected to comply with prescribed medications and recommendations from psychiatrists and medical professionals. Group facilitators will contact members of your treatment team regularly to check-in about your progress in therapy.



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## MHS DBT Program Attendance Policy

Consistent attendance is necessary for DBT programming to be effective for you and other program members. Attendance, timeliness, and consistency are also life skills.

**It is expected that program members attend all programming sessions.** Please schedule other appointments around your DBT programming. The policy allows for absences for illness, emergencies, and other causes, there are no “excused” absences.

If you miss more than 1 session in 6, you will be put on an **attendance contract**. A discussion regarding barriers to attendance will occur which could include members of your treatment team as needed. While on an attendance contract you must attend 5 of the next 6 sessions to end the attendance contract. If you miss more than 1 of 6 sessions while on an attendance contract you will be put on a **discharge contract** and barriers to attendance will be discussed with all who can help you succeed. Like the attendance contract, you must attend 5/6 of these sessions. If you miss more than one of those 6 sessions, you can be discharged from the program and cannot reapply until the barriers to attendance have been successfully addressed. The goal of all contracts is to support success in programming.

At the discretion of the program, allowances for circumstances beyond a person’s control will be considered prior to discharge. For this to occur documentation of the cause of the absence may be required.

You are responsible for keeping your therapist and the program informed if you have to miss your program session. Always call before programming if you will be absent.

Three consecutive absences without phone calls will be grounds for discharge.

Three instances of tardiness, in a short period of time, count as an absence. A tardy is returning late after break or arriving late for the start of programming.

A **Leave of Absence (LOA)** may be granted at the discretion of the therapist/treatment team and must be planned with a clear time-limit. It is your responsibility to contact your therapist and team during an LOA. Documentation to support a LOA may be required.



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## **Co-pay, Co-Insurance, Deductible, and Spend-down Policy**

Mental Health Systems, PC (MHS) is committed to providing excellent service to our clients. We are a fee for service clinic and cover our expenses through payment for services provided. MHS has legal and contractual obligations to bill clients for co-pays, deductibles, and spend-downs as dictated by your insurance policy.

If you are unable to pay your bill in full, MHS will negotiate a monthly payment agreement that fits your budget. Unlike many other clinics, MHS will not charge you interest on your bill or send your bill to collections. In exchange, we ask that you honor your payment agreement by paying at least the agreed-upon amount each month you have an outstanding balance due to MHS.

All clients whose insurance assesses a copay, co-insurance, spend down or deductible, regardless of financial status, will be required to make some form of regularly scheduled financial contribution toward services received at MHS. No client with an outstanding balance will be seen without a minimum contribution regardless of financial situation.

If you are unable to make your monthly payment, we ask that you inform your therapist and/or business office so that your agreement can be revised if necessary or so another arrangement can be made.

Your monthly payment is due on the 20<sup>th</sup> of each month. Please give make your payment online, give to your therapist, or send to the business office in Edina.

Clients are responsible for informing MHS when a change in insurance occurs.

We understand that loss of insurance or unexpected financial hardship may occur to a client while being seen at MHS. It is MHS's policy not to immediately discharge a current client from our programs because of lack of insurance. Clients are expected to actively pursue health insurance during lapses in coverage. New payment agreements need to be negotiated when clients lose their insurance. Clients without insurance and paying a reduced fee have a maximum of six months to complete the DBT program.

Three consecutive months of non-payment without making another arrangement may be grounds for discharge.

**Thank you in advance for honoring your payment agreement. Your cooperation allows MHS to have a flexible policy for both you and others.**



## Caregiver Participation

We value and encourage Caregiver participation in adolescent programming. The following are some guidelines for participation:

- In order to build trusting relationships with teen clients, respect their privacy, and foster communication between you and your teen, we ask that you limit the seeking of information about teens from program facilitators. Facilitators will inform you of any information needed on a more immediate basis, such as concerns about your teen's safety. Facilitators will promote direct communication between you and your teen about other information. This means that you will not receive regular updates from program facilitators about your teen and facilitators will not participate in meetings without the teen present. However, you can expect to be involved in initial and quarterly treatment plan reviews.
- If you have concerns about your teen and would like to inform your teen's provider, you are welcome to do so, with an understanding that the program facilitator may choose not to engage in further discussion of concerns. Telephone contact is preferred to email contact with MHS providers to ensure confidentiality.
- Caregiver Education Nights are held monthly via Zoom on Wednesdays from 4:45 – 6pm. You will receive a flyer by email each month providing the topic and date. Attendance is not required, **but is strongly recommended**, as it provides you an opportunity to learn about supporting your teen with mental illness.

You register for these nights here: <https://www.mhs-dbt.com/events-calendar/register/>

Rather than billing insurance, we are charging \$20/education night. Please reach out to admin if you are unable to make this payment.

## **Frequently Asked Questions**

### **What will my teen be learning in the program?**

During their time in program, teens are taught and given opportunity to practice skills focused in four areas: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Mindfulness skills help teens to increase self-awareness, improve focus on the present moment, and recognize behavioral patterns. Distress tolerance skills promote effective coping with strong emotions. Emotion regulation skills help teens reduce vulnerability to symptoms and improve mood over time. Interpersonal effectiveness skills aid teens in communicating effectively and building self-respect.

### **Should my teen be talking with me about what they are doing in group (e.g. diary cards, skill teachings)?**

Some teens are comfortable sharing about their group process, and some may be less comfortable in doing so. Your teen can still learn the skills and make positive changes even if they are not initially sharing about their group experience. Often, through learning and practicing the skills, teens become more open about their experience and want to share what they are learning. In group, we work with teens to increase interpersonal effectiveness in communicating with you about their experiences. Diary card can be very personal for teens, as it is a daily log of their symptoms, feelings, skill use, and relationship quality, which some teens may want to keep private. Rather than asking to see the daily diary card if your teen would like to maintain privacy, it may be more helpful to promote a face-to-face dialogue about their daily experiences. It is expected that teens follow confidentiality rules in not sharing about specific group members if they do choose to talk with you about group.

### **How can I best support my teen while they are in the program?**

General recommendations for providing support to your teen include attending Caregiver Education nights consistently, learning and modeling effective coping and communication skills, showing interest in and validating your teen's experiences, and providing encouragement to your teen when you notice their positive efforts. It may also be helpful to ask your teen how they would like to be supported, as each teen will have different preferences.

### **How long will my teen be in the program?**

Length of time for completion of the program differs for each client, and is based on the teen's progress toward their individualized treatment goals. We use several criteria in determining whether a teen is ready to graduate from the program, such as reported symptom severity, quality of support system, skills knowledge and generalization, effectiveness of their engagement in the program, as well as scores on a standardized outcome measure given quarterly to all teens in the program.

### **When can I expect to see changes in my teen's symptoms and behaviors?**

Change is an individualized process for every teen. Some teens learn and implement skills quickly, and for some it takes more time. It is encouraged to recognize efforts toward change that your teen is making along the way. For example, if your teen is now trying coping skills prior to acting on harmful urges, that is positive change, even if the behavior still occurs.

### **Why does my teen need to meet with an individual therapist while in the program?**

Both group and individual therapy are essential components of successful treatment. Individual therapy provides an opportunity for the teen to deepen the personalization of skills and explore their concerns in an in-depth manner that is not available in the group setting.

### **Can my teen also meet with their group facilitator for individual therapy?**

Your teen's group facilitator is not able to meet with your teen for individual therapy at MHS, in order to maintain equal relationships between the facilitator and group members. Whether your teen's individual therapist is at MHS or outside of our clinic, group facilitators will be in regular contact with individual therapists to promote quality of care.

### **Does my teen have homework or tasks they should be doing outside of group? Should they bring anything to group?**

It is expected that teens in the program complete their daily diary cards and practice skills being taught in group outside of the therapy setting. Some facilitators may assign additional tasks to be completed between group sessions. Teens are expected to bring their diary cards and DBT binders to group each session.

**What should I do if my teen is unable to attend group? Can my teen take a break from group to attend camp, participate in sports, etc.?**

If your teen is unable to attend group on a particular day, please call to notify the facilitator of intended absence. Leaves of absence from program are granted on an individual basis at the discretion of the group facilitator and/or MHS clinical team. Decisions regarding leaves of absence are based on multiple factors, such as the severity of the teen's symptoms and the potential benefit of the activity. The complete MHS attendance policy can be found on page 13 of this packet.

**Can my child be friends with group peers and spend time with group peers outside of group?**

As stated in the group rules your teen receives, group members can communicate outside of group for skill suggestions only, and they are expected to be respectful of each other's boundaries. They are not allowed to spend time together outside of group, nor are group members allowed to have romantic or other private relationships with each other. Anything discussed between group members outside of group must also be able to be shared in the group setting. Group members are not allowed to use alcohol or other drugs, or participate in other treatment-interfering behaviors together, and are not allowed to talk to each other about details of suicidal thoughts, self-injury, or treatment-interfering behaviors.

**I am concerned that my teen will adopt ineffective or harmful behaviors from other group members. How does your program address this concern?**

The structure of our program provides boundaries that limit teens' exposure to discussion of ineffective or harmful behaviors. For example, teens will rate the level of urges to engage in self-injury and whether or not they acted on those urges, but further discussion of how they engaged in self-injury does not occur. Responses to these behaviors are focused on skill use and promote change. Rules are also in place to avoid glamorizing of ineffective behaviors such as substance use.

## **Bill of Rights for Persons Served**

1. Mental Health Systems, Inc. (MHS, Inc.) does not discriminate on the basis of religion, race, sex, marital status, age, sexual orientation, gender identity, national origin, previous incarceration, disability or public assistance status.
2. Every client shall be fully informed, prior to or at the time of the intake session, of the services available at MHS, Inc. and of related financial charges that are the client's responsibility to pay beyond the coverage (if any) of health insurance.
3. Every client can expect complete and current information concerning their diagnosis and individual treatment plan in terms they can understand from their mental health professional or practitioner. This information shall include diagnosis, the nature and purpose of the proposed treatment, the risks and benefits of the proposed treatment, the possible negative outcomes of and possible alternatives to the proposed treatment, the probability that the proposed treatment will be successful, and the prognosis if the client chooses not to receive the treatment.
4. Every client shall have the opportunity to participate in the formulation of their individual treatment plan.
5. Every client shall have the right to know the name and competencies of the licensed mental health professional responsible for coordination of their treatment.
6. Every client who will be treated by an unlicensed mental health practitioner shall have access to a Statement of Credentials posted in the lobby of each facility that will include the following information before treatment begins:
  - a. Name, title, business address and telephone number of the unlicensed practitioner;
  - b. Degree(s), training, experience, or other qualifications of the unlicensed practitioner;
  - c. Name, business address and telephone number of the unlicensed practitioner's licensed mental health professional supervisor;
  - d. Brief summary, in plain language, of the theoretical approach used by the unlicensed practitioner in treating clients.
7. Every client shall have the right to respectfulness of privacy as it relates to their psychotherapy treatment program. Assessment, case discussion, consultation and treatment are kept private.
8. Every client shall have the freedom to voice grievances and recommend changes in policies and services to MHS, Inc. staff free from restraint, interference, coercion, discrimination, or reprisal.
9. In addition to the rights listed above, consumers of psychological services offered by psychologists licensed by the State of Minnesota have the right to:
  - a. Expect that a psychologist has met the minimal qualifications of and experience required by state law;
  - b. examine public records which contain the credentials of a psychologist;
  - c. to obtain a copy of the rules of conduct for psychologists. A consumer who wishes to obtain a copy should contact the Minnesota Board of Psychology, 2829 University Avenue S.E., Suite 320, Minneapolis, MN, 55414-3237, 612-617-2230.
10. In addition to 1-8 above, consumers of psychological services offered by social workers licensed by the State of Minnesota have the right to:

- a. Expect that a social worker has met the minimal qualifications of and experience required by state law;
  - b. examine public records which contain the credentials of a social worker;
  - c. to obtain a copy of the rules of conduct for social workers. A consumer who wishes to obtain a copy should contact the Minnesota Board of Social Work. 335 Randolph Ave, Suite 245, Saint Paul MN 55102, 612-617-2100.
11. In addition to 1-8 above, consumers of psychological services offered by counselors licensed by the State of Minnesota have the right to:
  - a. Expect that a counselor has met the minimal qualifications of and experience required by state law;
  - b. examine public records which contain the credentials of a counselor;
  - c. to obtain a copy of the rules of conduct for counselors. A consumer who wishes to obtain a copy should contact the MN Board of Behavioral Health and Therapy, 335 Randolph Avenue, Suite 290, St. Paul, MN 55102, 651-201-2756.
12. Every client has the right to refuse to participate in any experimental research.
13. Every client has the right to reasonable notice of changes in services or financial charges.
14. Every client may expect courteous treatment and to be free from verbal, physical, and sexual abuse by MHS, Inc. staff.
15. Every client shall receive information on billing before receiving treatment.
16. Every client may refuse mental health services or treatment.
17. Every client has a right to coordinated transfer when there will be a change of therapists.
18. Every client may assert the client's rights without retaliation.
19. Every client has the right to choose freely among available mental health professionals and practitioners in the community and to change therapists after mental health services have begun within the contractual limits of the client's health insurance, if any.
20. Other mental health services may be available in the community. For more information, telephone First Call for Help at 211.

## **Procedures for Filing a Grievance (Complaint)**

1. If a client believes that their rights have been violated by a mental health practitioner, the client is encouraged to submit an oral or written complaint to the clinic lead of the location they are receiving services. If the client is not able to submit a complaint written by the client or by someone else of the client's choosing on behalf of the client, the client may choose to submit a taped complaint in the client's own voice identifying the specific rights violation(s) believed to have occurred. The clinic lead shall investigate the complaint and attempt to rectify the problem within five working days. The client may request that this resolution be put in writing and given to the client.
2. If a client believes that their rights have been violated by a mental health professional, the client is strongly encouraged to submit a written complaint clearly stating the specific rights violation(s) and signed and dated by the client to the clinic lead. The client may choose to file a complaint with the mental health professional's state licensing board, or with the Office of Mental Health Practice in the case of a mental health practitioner.
  - A nurse is licensed by the Minnesota Board of Nursing, 1210 Northland Drive Suite 120, Mendota Heights, MN 55120. Call 612-688-1841 or file [here](#).
  - A psychiatrist is licensed by the Minnesota State Board of Medical Practice, 335 Randolph Avenue, Suite 140, St. Paul, MN 55102. Call 612-617-2130 to file.
  - A psychologist (LP) is licensed by the Minnesota Board of Psychology, 2829 University Avenue S.E., Suite 320, Minneapolis, MN. 55414. Call 612-617-2230 or visit the [board website](#) for more information on filing a complaint.
  - A counselor (LPCC, LPC, LADC) is licensed by the MN Board of Behavioral Health and Therapy, 335 Randolph Avenue, Suite 290, St. Paul, MN 55102. Call 651-201-2756 or visit the [board website](#) for more information.
  - A social worker (LICSW, LGSW) is licensed by the Minnesota Board of Social Work. 335 Randolph Ave, Suite 245, Saint Paul MN 55102. Call 612-617-2100 or file [here](#).
  - An unlicensed mental health practitioner is regulated by the MN Board of Behavioral Health and Therapy, 335 Randolph Avenue, Suite 290, St. Paul, MN 55102. Call 651-201-2756 or visit the [board website](#) for more information.

## **Data Privacy Notice for Clients Who Provide Information in Person**

1. Minnesota Statute requires MHS, Inc. to give a "data privacy notice" or "Tennessee Warning" before asking anyone for private or confidential data. Often the first contact with a prospective client is over the telephone. In cases where persons are asked for private data such as name or service desired or some details about circumstances, they must be given the following data privacy information:

"Before I can ask you to give me any information I am required by law to explain who can see it and how it will be used. The information you give will be used by the staff of this agency to help you determine the kind of treatment you need. No law requires that you give us information, but we cannot help you without some information. What you say will be kept private. but it could be reviewed by the staff who work in the program(s) you are treated within.

If you are a minor you can ask that data about you be kept private from your parents."

Any prospective client given this information over the telephone should also be given a copy of the complete data privacy notice at the intake session.

2. Federal and state laws require MHS, Inc. to keep all information about you strictly private. Anyone at MHS, INC. who may have access to information about you must keep that information private. Anyone who illegally shares information about you is subject to fines, dismissal or other legal action.
3. All information we request will be used for one or more of the purposes stated below:
  - a. to evaluate your need for care;
  - b. to plan the types of care that will help you the most;
  - c. to assist MHS, Inc. in collecting payment for the service we provide you.
4. You are not required to provide any information to us. However, if you choose not to give us information about you, that will make it more difficult for us to help you, and may interfere with or prevent achieving your counseling goal(s).
5. Information about the type, the amount, the dates, the cost, the outcome and the evaluation of the treatment given to you will be available to MHS, Inc. staff who need such information to keep records. This information may be sent to your insurance company for billing purposes, but only after you give your signed permission.

No audio or video recording of a treatment session will be made without your written permission. No one except MHS, Inc. staff involved in your treatment will view or listen to a treatment session or recording of a session, or read a verbatim transcript of a session, unless you give your permission.

There are a few instances where MHS, Inc. may be unable to protect your privacy. MHS, Inc. staff are required by law to report suspected child or vulnerable adult maltreatment, even if the information was received in confidence. If you are involved in a court action, your record may be subpoenaed. During an emergency non-MHS, Inc. affiliated individuals or agencies may be contacted (for example, physician, hospital, telephone answering service) in order to help you resolve your emergency. If you do not pay your bill on time, it may be reviewed by our attorney, used in a lawsuit or turned over to a collection agency.

6. You may see all the data about you unless it is used to investigate an illegal action or if a licensed mental health professional believes that it will be harmful to you or others. You may have the information explained to you and have information corrected you think is wrong and MHS, Inc. finds to be wrong. If you consider incorrect any information which MHS, Inc. finds to be correct, you may still attach your own explanation to your client record.

### **Privacy**

Most of the information we collect about you will be classified as private. That means that you and MHS, Inc. staff who need the information can see it while others cannot. For example, MHS, Inc. therapists may participate in periodic case conferences for case review in order to insure that you and other clients receive the most effective service possible. Your therapist will inform you if your case is discussed in a case conference.

Occasionally statistics and other anonymous data may be taken from the information we collect about you. This is public and open to anyone, but it will not identify you individually in any way.

### **Access by You**

You can see all public and private records about yourself and your children. (See section on minors for an exception.) To see your file, submit a written request for records to your primary clinician. Access may take a few days, but ten working days is the longest you can be asked to wait. You may also authorize anyone else to see



your records. Any access is without charge, but you will be charged for photocopies. Remember to bring identification with you when you request to see records.

### **Access by Others**

Employees of MHS, Inc. will have access to information about you any time their work requires it. Any individual or agency you authorize by informed signed consent may have access to information about you for the purposes you identify. By law, some other government and contractor agencies may also have access to certain information about you if they provide a service to you or if they provide a service to this agency that affects you and requires access to your records. In circumstances specified in statute, information about you may or must be released without your consent. For examples of these circumstances, please review the document, "Access to Health Records: Practices and Rights," given to you at the time of your intake interview.

Details about how the information we collect about you may be shared are available from the staff person(s) who work with you.

### **Purposes**

The purposes of the information we collect from you, or that you authorize us to collect from others about you, are listed below. Because this list of purposes covers a variety of situations, some of the purposes will not apply to you. Details about the purposes of the information we collect from you are listed on any release of private data form(s) you will be asked to complete and are available from MHS, Inc. staff. Depending on the services you receive. The purposes of the data we collect from you are:

- to assess your need for treatment;
- to provide effective care and treatment of problems identified by you;
- to coordinate your treatment with other members of your interdisciplinary team;
- to prepare statistical reports and do evaluative studies (you will not be individually identified in the reports or studies);
- to enable us to collect federal, state or county funds for the services, care or assistance that you or your dependent(s) receive from this agency;
- to permit this agency to collect from you or the Minnesota Department of Human Services or a county human services agency the payment owed us for the service(s) you receive from MHS, Inc.;
- to evaluate and audit programs; and
- other purposes specifically authorized by you.

### **Other Rights**

You have the right to challenge the accuracy of any of the information in your records. If you want to challenge any information, talk to your MHS, Inc. therapist or write to a MHS, Inc. clinic lead. Your challenge must be answered in 30 days.

You have the right to insert your own written explanation of anything you object to in your records.

You have the right to appeal the decisions about your records. To file an appeal, you may write to the Commissioner of Administration, State of Minnesota. 50 Sherburne Avenue, St. Paul, Minnesota. 55155. Your notice to the Commissioner of Administration should contain the following information:

- your name, address, and phone number, if any;
- a statement that Mental Health Systems, Inc. is the agency involved in the dispute and that one of MHS, Inc.'s clinic leads is the responsible authority representing MHS, Inc.;
- a description of the nature of the dispute, including a description of the data; and
- the desired result of your appeal.

This notice must be filed within 60 days of the action being appealed.

### **Minors**

If you are a minor (i.e., less than 18 years old), you have the right to request that information about you be kept from your parent(s) or legal guardian(s). This request should be made in writing to your MHS, Inc. therapist and both explain the reasons for withholding data and show that you understand the consequences of doing so. In a few cases the law permits us to withhold data from your parent(s) or legal guardian(s) without a request from you, if that data concerns the treatment of drug abuse or venereal disease or if you are married. If you have any questions about this, ask the MHS, Inc. therapist who works with you.

### **Whom to Contact**

If you have any questions regarding the Data Practices Act or any of the information above, ask your MHS, Inc. therapist or an MHS, Inc. clinic lead. Please refer to [www.mhs-dbt.com](http://www.mhs-dbt.com) for current contacts. You may also direct inquiries to the Data Privacy Division, Department of Administration, 305A Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155, 651-296-6733 or 1-800-657-3721.

### **Funding**

MHS, Inc. is a private, for-profit clinic whose sole source of revenue is based on fees for services provided. Major sources of reimbursement for services provided are the Minnesota Health Care Programs (MHCP), and private health insurance. MHS, Inc. accepts MHCP (Medical Assistance, MinnesotaCare, or Medicare) reimbursement as payment in full for covered services provided to a recipient with the following exceptions: (1) in the case of a spend-down, (2) when the recipient has received an insurance payment designated for the service, in which case MHS, Inc. is allowed to bill the recipient directly to recover the insurance payment that the recipient has received, and (3) under MinnesotaCare, if a co-payment or dollar cap on the service exists. A fee schedule is available in the lobby of the each clinic or upon request.

### **Responsible Authority**

The clinical leads at Mental Health Systems, Inc. are the responsible authority regarding the interpretation and implementation of the Government Data Practices Act. They are the people responsible in this Center for answering inquiries from the public concerning the provisions of the Data Practices Act.

# Resources

## Crisis Resources

**Crisis Text Line:** Text 741741

**Suicide and Crisis Lifeline:** 988

**Metro Area Mental Health Crisis Lines** (24 hours per day, 365 days per year)

Anoka County 763.755.3801

Carver/Scott Counties 952.442.7601

Dakota County 952.891.7171

Washington County 651.777.5222

Ramsey County *Children* 651.774.7000

Hennepin County *Children* 612.348.2233

Sexual Violence Center crisis line 612.871.5111

HCMC Suicide Hotline 612.873.2222

Regions Hospital crisis line 651.254.1000

East Metro Area Crisis Services (EMACS) 651.266.7880

Love Lines Crisis Center (Christian-based) 612.379.1199

## **National Crisis Lines**

Hope Line Network 1.800.273.TALK [1.800.273.8255] (press 2 for Spanish language)

LGBT Youth Suicide Hotline (Trevor Project) 1.866.488.7386

National Crisis Line 1.800.SUICIDE [1.800.784.2433]

Native Youth Crisis Hotline 1.877.209.1266

## **Metro Children's Crisis Response Services**

Additional crisis resources

<http://www.childcrisisresponsemn.org>

## **Washburn Center**

Crisis stabilization in Hennepin, Ramsey and Dakota Counties

612.871.1454      <https://washburn.org>

Mobile Crisis Response (responds to crises with face-to-face assessment, intervention, and stabilization services at home, school, or in the community)

651.777.5222 to reach Washington County Mobile Crisis Response

763.755.3801 to reach Anoka County Mobile Crisis Response

**If you or a child are in immediate danger, please call 911**

## Family Therapy

### **Washburn Center**

Minneapolis, Minnetonka, and Brooklyn Park locations  
612.871.1454

### **Relate Counseling Center**

Minnetonka and Chaska locations  
952.932.7277

### **Ellie Family Services**

1150 Montreal Ave #107, St Paul, MN 55116  
651-313-8080

### **Family Innovations**

Eden Prairie 952.224.2282/Maplewood 651.748.5019/Stillwater 651.383.4800

### **Youth Service Bureau**

Stillwater 651.439.8800/Cottage Grove 651.458.5224/Woodbury 651.735.9534

### **Mindful Families**

One Corporate Plaza  
7400 Metro Blvd, Suite #377  
Edina, MN 55439  
612.486.2956

### **Family Attachment Center of Minnesota**

18322 Minnetonka Blvd. #C  
Wayzata, MN 55391  
952.475.2818

### **Family Enhancement Center**

Center for child abuse prevention and treatment  
4826 Chicago Avenue S, Suite 105  
Minneapolis MN 55417  
612.827.3028

### **Cedar Valley Center for Child and Family Therapy**

3460 Washington Dr. Ste. 110  
Eagan, MN 55122  
651.688.0488

## Caregiver Support and Education

### **National Alliance on Mental Illness (NAMI)**

Parenting Resource Groups (several Twin Cities locations):

<http://www.namihelps.org/support/parent-resource-groups.html>

- Connect with a parent peer specialist through NAMI's parent email warmline:  
[parent.resources@namimn.org](mailto:parent.resources@namimn.org)

### **Pacer Center**

Offers workshops for caregivers with children with mental health and behavioral disorders such as how to advocate during IEP meetings and effective parenting strategies for behavior problems

8161 Normandale Blvd.

Bloomington, MN 55437

952.838.9000      [www.pacer.org](http://www.pacer.org)

### **Sentier Psychotherapy**

Offers parent consultation and co-parenting support

670 Cleveland Ave. South

St. Paul, MN 55116

(763) 913 – 8261      [msigmon@sentiertherapy.com](mailto:msigmon@sentiertherapy.com)

### **Youth Service Bureau**

Offers parent education classes and events

Stillwater 651.439.8800/Cottage Grove 651.458.5224/Woodbury 651.735.9534

<http://ysb.net>

### **Headway Emotional Health Services**

Offers parenting seminars and co-parenting classes

Various Twin Cities metro locations

612.861.1675      [www.headway.org](http://www.headway.org)

## Books

*Why Do They Act That Way?* by David Walsh (explains the changes in adolescent brains and how to use the information to understand, communicate with, and connect with adolescents)

*Helping Teens Who Cut* by Michael Hollander (utilizes DBT strategies to assist in regulating emotions and explains self-injurious behaviors and how to talk to adolescents about it without making it worse)

*Parenting a Teen Who Has Intense Emotions* by Pat Harvey and Britt H. Rathbone (utilizes DBT strategies to address emotional and behavioral challenges)

*What's Wrong With My Kid? When Drugs or Alcohol Might Be a Problem and What to Do about it* by George E. Leary Jr. (A judgment-free guide for caregivers on recognizing the warning signs of alcohol and drug use in their kids, and getting them the help they need to grow and flourish.)

## Diary Card

Diary card used in the adolescent DBT program. A diary card is a log which tracks items that are important in therapy. Each day in group, your teen presents their diary card and takes some time to talk about symptoms, skills, and their individual treatment objectives. **\*Adolescents are expected to bring their DBT binder and completed diary card with them to each group session.\***

This guide will help you identify each item listed on the diary card:

**RX:** Medication – reported on as a yes or a no, indicating if medication was taken as prescribed

**Dep:** Depression – reported on a scale of 0-10 (0 = none, 10 = worst)

**Anx:** Anxiety – reported on a scale of 0-10 (0 = none, 10 = worst)

**Ang:** Anger – reported on a scale of 0-10 (0 = none, 10 = worst)

**SI:** Suicidal Ideation – suicidal thoughts/urges are reported on a scale of 0-10 along with a yes or no to indicate if thoughts/urges were acted on or if intent to act on current urges exists

**SIB:** Self Injurious Behavior – self-injurious thoughts/urges are reported on a scale of 0-10 along with a yes or no to indicate if thoughts/urges were acted on

**TIB:** Therapy Interfering Behavior (behaviors that interfere with progress in therapy, – thoughts/urges are reported on a scale of 0-10 along with a yes or no to indicate if thoughts/urges were acted on

**BM:** Build Mastery (a DBT skill about having a daily accomplishment, aimed at increasing feelings of competence, confidence, and control) – reported as a yes or no

**BPE:** Build Positive Experience (a DBT skill about having a daily positive event) – reported as a yes or no (engaged in BPE since last group session)

**Balanced Eating:** reported as a yes or no

**Balanced Exercise:** reported as a yes or no

**Energy:** reported on a scale of 0-10 (0 = no energy, 10 = mania)

**Sleep:** reported as number of hours of sleep obtained the night before

**Feelings:** list feelings experienced since last group

**Skills Used:** skills used during the week

**Others (My Goals):** Each client has 3 therapy goals that are revised approximately every 3 months

**Relationships:** Effectiveness of each relationship (Family, Adults, Peers, Self) - reported on a scale of 0-10 (0 = very ineffective/negative, 10 = very effective/positive)

MON	Rx	ANG	DEP	ANX	SI	SIB	TIB	ENERGY LEVEL	HOURS OF SLEEP	BM	BPE	OTHERS (MY GOALS)
RATING 0-10												1.
Skills												2.
												3.
TUES	Rx	ANG	DEP	ANX	SI	SIB	TIB	ENERGY LEVEL	HOURS OF SLEEP	BM	BPE	OTHERS (MY GOALS)
RATING 0-10												1.
Skills												2.
												3.
WED	Rx	ANG	DEP	ANX	SI	SIB	TIB	ENERGY LEVEL	HOURS OF SLEEP	BM	BPE	OTHERS (MY GOALS)
RATING 0-10												1.
Skills												2.
												3.
THURS	Rx	ANG	DEP	ANX	SI	SIB	TIB	ENERGY LEVEL	HOURS OF SLEEP	BM	BPE	OTHERS (MY GOALS)
RATING 0-10												1.
Skills												2.
												3.
FRI	Rx	ANG	DEP	ANX	SI	SIB	TIB	ENERGY LEVEL	HOURS OF SLEEP	BM	BPE	OTHERS (MY GOALS)
RATING 0-10												1.
Skills												2.
												3.
SAT	Rx	ANG	DEP	ANX	SI	SIB	TIB	ENERGY LEVEL	HOURS OF SLEEP	BM	BPE	OTHERS (MY GOALS)
RATING 0-10												1.
Skills												2.
												3.
SUN	Rx	ANG	DEP	ANX	SI	SIB	TIB	ENERGY LEVEL	HOURS OF SLEEP	BM	BPE	OTHERS (MY GOALS)
RATING 0-10												1.
Skills												2.
												3.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Self: Family: Adults: Peers:							
FEELINGS							
THANKFUL							
Eating							
Exercise							
Daily Goal							

Core Mindfulness

**Wise Mind (WM)** To dialectically balance emotion and reason so you can respond rather than react  
**Observe (OB)** To just notice experience  
**Describe (DE)** To put words on experience  
**Participate (PA)** To fully enter into your experience  
**Nonjudgemental Stance (NJS)** To not attach strong opinions or labels to experience  
**One-mindfulness (OM)** To focus your attention on one thing  
**Effectiveness (EF)** To focus on what works

Pleased (PL)

**Physical Health:** To engage in behaviors that keep your body healthy  
**List Resources and Barriers:** To identify your resources and barriers for each area of PLEASED  
**Eat Balanced Meals:** To maintain a healthy diet everyday  
**Avoid Drugs and Alcohol:** To minimize or eliminate drug and alcohol use  
**Sleep 7 to 10 Hours:** To get the amount of sleep that helps you feel good  
**Exercise:** To exercise 20 minutes three to five time each week  
**Daily:** To make PLEASED skills daily habits, for maximum benefit

**Build Mastery (BM)** To do things to help you feel competent and in control  
**Build Positive Experience (BPE)** To seek out events that create positive feelings  
**Attend to Relationships (A2R)** To connect with meaningful people in your life  
**Mood Momentum (MM)** To perform balanced behaviors to maintain positive moods  
**Opposite to Emotion (O2E)** To do the opposite of the action a negative emotion pulls you to perform

Emotion Regulation

Distress Tolerance

Distract with ACCEPTS

**Activities (AC):** To keep busy and involved  
**Contributing (CON):** To do something for others  
**Comparisons (COM):** To see that others struggle, too  
**Emotions (EM):** To do something that creates other emotions  
**Push Away (PA):** To shelve your problem for later  
**Thoughts (T):** To think about something other than your distress  
**Sensations (S):** To invigorate your senses or to do something physically engaging  
**Self-Soothe (SS)** To relax yourself through the senses  
**Urge Surfing (US)** To ride the ebbs and flows of emotions/urges without reacting  
**Bridge Burning (BB)** To remove the means to act on harmful urges

IMPROVE the Moment

**Imagery (IM):** To relax or practice skills visually in your mind  
**Meaning (ME):** To find the “why” to tolerate a difficult time  
**Prayer (PR):** To seek connection and guidance from a higher power  
**Relaxation (RE):** To calm the mind and body  
**One Thing at a Time (OT):** To focus on one thing when overwhelmed  
**Vacation (V):** To take a brief break  
**Encouragement (EN):** To coach yourself with positive self-talk

**Pros and Cons (P&C)** To weigh the benefits and costs of a choice  
**Grounding Yourself (GY)** To use OB and DE to come back to the here and now  
**Radical Acceptance (RA)** To acknowledge “what is” to free yourself from suffering  
**Everyday Acceptance (EA)** To accept daily inconveniences that occur in life  
**Willingness (WI)** To remove barriers and do what works in a situation

Fast (F)

**Fair:** To be just and take a Nonjudgemental Stance (NJS) with yourself and others.  
**Apologies Not Needed:** To not apologize for having an opinion, for your own viewpoints or for things over which you have no control  
**Stick to Values:** To know what values are non-negotiable and when values conflict, work to resolve the conflict through Wise Mind (WS)  
**Truth and Accountability:** To be honest and accountable with yourself and others

Give (G)

**Genuine:** To be honest, sincere, respectful and real with others  
**Interested:** To make efforts to connect with a person — listen intently, ask questions and listen to the answers, make appropriate eye contact  
**Validate:** To acknowledge others’ feelings, thoughts, beliefs and experiences without judgement  
**Easy Manner:** To treat others with kindness and a relaxed attitude

Dear Man (DM)

**Describe:** To outline the situation in nonjudgemental language  
**Express:** To share your opinions and feelings if they relate and will help others understand the situation  
**Assert:** To ask clearly for what you want or need, say no or set your boundary  
**Reward:** To let others know what is in it for them, avoid ultimatums and threats  
**Mindful:** To stay focused on your goal  
**Appear Confident:** To use an assertive tone of voice, make eye contact and use confident body language  
**Negotiate:** To strike compromises that make sense, meet in the middle

Interpersonal Effectiveness