Adolescent DBT Program
Caregiver Orientation

General Program Information

Group Facilitator:

Phone:

Group Room: Start Date:

Group meets every (Mon/Wed) or (Tues/Thurs)

Adolescent group program meets from _____ PM

Group Structure

First 45 min: Teaching hour: Facilitator leads teaching, discussion, and practice of DBT skills

15 min break: Break/Teens write up diary cards in preparation for second hour of group

Final Hour: 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.

Group Rules and Expectations
In-Person Adolescent DBT

Group members are expected to use their Wise Mind to act respectfully and effectively in the group. 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 all clients at MHS private. This includes names of group members, issues discussed in group, and disclosing how you know a group member. Breaking confidentiality may lead to discharge from programming. Therapists are required by law to act on behalf of all members if there are reports of maltreatment, neglect, or safety concerns if a member cannot commit to safety.

Communication with Caregivers

Therapists will use their discretion in what they share with your caregiver. Therapists will provide updates and involve them in treatment goal planning. Caregivers will be updated when safety or other concerning behaviors increase and/or are needed to support change. MHS believes it is best practice to support collaborative communication between caregivers and teens, and therapists aim to facilitate this process.

Safety

Safety is the primary goal of therapy. Group members are encouraged to avoid sharing details about suicidal ideation, self-injury, or other sensitive topics that may cause distress to others. 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 make contact with other group members for 24 hours after acting on SI or SIB.

Assessing Safety

If safety concerns are present, they will be addressed via safety planning. Teen will review the current safety plan or choose to create a new one. Therapists will ask for a commitment to safety. If the teen cannot commit to following their safety plan, using the skills and supports identified until returning to program, the therapist will initiate a Transport Hold in which police and paramedics will support transporting them to the hospital. If caregivers refuse this process and/or further assessment, this may be grounds for discharge.

Attendance

Group members are expected to attend every group on time and stay for all scheduled hours. If your attendance falls below 90%, you will be put on an attendance contract. Group members are expected to inform the therapist of absences. Please contact your therapist if you will be late or absent from programming. If you do not attend, do not make attempts to contact your therapist, and are unable to be reached for three therapy sessions in a row; you will be discharged from programming.

Treatment Team

Group members are required to participate in ongoing individual therapy, comply with prescribed medications and recommendations from psychiatrists and other medical professionals. Group facilitators will contact members of your treatment team regularly to coordinate care.

Relationships with Group Peers

Group members are not allowed to spend time with each other outside of programming, have romantic, or private relationships with one another. Each group facilitator will establish specific expectations regarding communication between group members outside of programming. If communication outside of programming is permitted, group members should not discuss safety concerns or any other ineffective behaviors/topics with each other. Anything discussed between group members outside of programming must also be disclosed in the group therapy 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 programming under the influence of alcohol/drugs or use alcohol/drugs during program time. These behaviors are grounds for discharge. Group members may not glamorize the use of substances, and any discussion about substances in programming is expected to be effective. Group members are not allowed to smoke cigarettes, use smokeless tobacco products, or e-cigarettes (this includes vaping of non-nicotine products) at any time while on the premises.

Preparing for Group

Please arrive on time with your DBT manual and completed diary card. Be prepared to take notes. You may bring a fidget or snacks if desired.

Breaks

Group members are expected to be effective during break times and comply with building rules. Break times include writing diary card on the board and using the restroom as needed. It is expected that group members avoid inappropriate topics, are mindful of their volume, and are respectful of all spaces in the building.

Feedback and Behavior

Group members' feedback and behavior are expected to be respectful at all times. Discrimination and harassment of any kind will not be tolerated and may be grounds for discharge. If a group member is disrespectful, a verbal warning will be given, and the group member may be asked to leave or take a break from programming. Group members may be placed on a behavior contract or discharged from programming for a pattern of disrespectful behavior.

I will participate in effective behavior by:	Ineffective Behavior is Considered:
- Arriving on time and staying in program until dismissed - Silencing devices - Completing diary card prior to group - Engaging with group by asking questions, answering questions or offering skills suggestions throughout group - Practicing active listening	- Playing games, doing homework or texting others - Taking phone calls, recording or taking photos within the group room - Swearing or using judgmental language directed at others - Arguing with program therapist

Families are expected to comply with their monthly payment agreements and can make payments via the MHS website: https://www.mhs-dbt.com/pay-online/

Group Rules and Expectations
Virtual Adolescent DBT

Group members are expected to use their Wise Mind to act respectfully and effectively in the group. 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 all clients at MHS private. This includes names of group members, issues discussed in group, and disclosing how you know a group member. Breaking confidentiality may lead to discharge from programming. Therapists are required by law to act on behalf of all members if there are reports of maltreatment, neglect, or safety concerns if a member cannot commit to safety.

Communication with Caregivers

Therapists will use their discretion in what they share with your caregiver. Therapists will provide updates and involve them in treatment goal planning. Caregivers will be updated when safety or other concerning behaviors increase and/or are needed to support change. MHS believes it is best practice to support collaborative communication between caregivers and teens, and therapists aim to facilitate this process.

Safety

Safety is the primary goal of therapy. Group members are encouraged to avoid sharing details about suicidal ideation, self-injury, or other sensitive topics that may cause distress to others. Group members may not make contact with other group members for 24 hours after acting on SI or SIB.

Assessing Safety

If safety concerns are present, they will be addressed by safety planning. Teen will review the current safety plan or choose to create a new one. Therapist will ask for a commitment to safety. If the teen cannot commit to safety using the skills and supports identified until returning to program, the therapist will initiate a Wellness Check. Emergency services will come to your location and determine what services are needed moving forward. **If you accidentally become disconnected during a safety assessment, email or call your therapist immediately. Your therapist will also reach out to your caregiver. If you intentionally disconnect from session during a safety assessment, you will be discharged from program.**

Attendance

Group members are expected to attend every group on time and stay for all scheduled hours. If your attendance falls below 90%, you will be put on an attendance contract. Group members are expected to inform the therapist of absences. Please contact your therapist if you will be late or absent from programming. If you do not attend, do not make attempts to contact your therapist, and are unable to be reached for three therapy sessions in a row; you will be discharged from programming.

Drugs and Alcohol

Group members are not allowed to attend group under the influence of alcohol/drugs or use alcohol/drugs during group time. 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, 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.

Relationships with Group Peers

Group members are not allowed to spend time with each other outside of group or to have romantic or private relationships with one another. Each group facilitator will establish specific expectations regarding communication between group members outside of group. If communication outside of group is allowed, group members should not discuss safety concerns or details of TIBs with each other. Anything discussed between group members outside of group must also 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.

Preparing for Group

Please arrive early to test your technology. Bring your DBT manual and completed diary card. Be prepared to take notes. Have a fidget, snack, and/or drink ready. Turn your camera on. Use headphones when you are able. You must be in a confidential space with a door closed without others around. You are not able to join group from a moving vehicle.

Breaks

You may turn video and audio off when on break. You will use your break time to prepare your diary card for sharing. Use appropriate volume, tone, and language during breaks. Therapists can monitor breaks to ensure skillfulness.

Feedback and Behavior

Group members' feedback and behavior are expected to be respectful at all times. Discrimination and harassment of any kind will not be tolerated and may be grounds for discharge. If a group member is disrespectful, a verbal warning will be given and the member may be asked to leave or take a break from group. Group members may be placed on a behavior contract or discharged from programming for a pattern of disrespectful behavior.

I will participate in effective behavior by:	Ineffective Behavior is Considered:
- Arriving on time and staying in program until dismissed - Fully dressed and sitting up, as though you are in person - Silencing other devices - Completing diary card prior to group - Engaging with group by asking questions, answering questions or offering skills suggestions throughout group - Practicing active listening - Showing my face on camera - Using zoom chat feature when needed	- Recording any part of session - Turning camera on and off - Using multiple devices or other distractions - Playing games, doing homework or texting others - Swearing or using judgmental language directed at others - Privately chatting other group members - Arguing with program therapist

Families are expected to comply with their monthly payment agreements and can make payments via the MHS website: https://www.mhs-dbt.com/pay-online/

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.

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 out of 10 sessions, you will receive an **attendance contract** for the next 10 sessions. Your therapist will discuss and problem-solve barriers to attendance with you, and may include members of your treatment team as needed. While on an attendance contract you must attend 9 of the 10 sessions to end the attendance contract. If you miss more than 1 of 10 sessions while on an attendance contract you will receive a 10-day **discharge contract** and barriers to attendance will be discussed with all who can help you succeed. Like the attendance contract, you must attend 9 out of 10 of these sessions. If you miss more than one of those 10 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.

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

Mental Health Systems, Inc, (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 20th 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 involvement in our adolescent programming. Your support plays an important role in your teen's progress. The following guidelines are intended to promote effective collaboration:

- To build trust with teen clients, respect their privacy, and support healthy communication between teens and caregivers, we ask that you **limit direct requests for detailed information** about your teen from program facilitators. Facilitators will share important updates as needed—particularly regarding **safety concerns**—and will work with your teen to encourage open communication with you about other aspects of their experience.

- As part of this approach, you will **not receive regular updates** from facilitators and they **do not participate in meetings** unless your teen is present. However, you can expect to be involved in your teen's **initial and treatment plan reviews**.

- If you have concerns about your teen, you are encouraged to share them with your teen's provider. Please understand that the facilitator may acknowledge your concerns but choose not to engage in extended discussion, in keeping with program guidelines.

- To maintain confidentiality, **telephone contact is preferred** over email when communicating with MHS providers.

Frequently Asked Questions

What will my teen be learning in the program? During their time in the program, teens are taught and given the opportunity to practice skills in four core areas:
- Mindfulness skills help teens increase self-awareness, focus on the present moment, and recognize behavioral patterns.
- Distress tolerance skills promote effective coping strategies for managing strong emotions.
- Emotion regulation skills reduce vulnerability to emotional symptoms and support long-term mood improvement.
- Interpersonal effectiveness skills strengthen communication and help teens build and maintain healthy relationships and self-respect.

Should my teen be talking with me about what they are doing in group (e.g., diary cards, skills taught)? Some teens are comfortable sharing their group experiences, while others may be more private. It's important to know that teens can still benefit from the program, even if they aren't initially open about their participation.

Over time, as teens learn and practice skills, many become more willing to share. Group facilitators support teens in developing their communication skills to help them feel more confident talking with caregivers.

Diary cards can feel personal, as they often include a daily log of emotions, symptoms, skill use, and relationship quality. If your teen prefers to keep their card private, consider encouraging open conversations about their daily experiences instead of asking to review the diary directly. Please also be mindful that teens are expected to maintain confidentiality about their group peers if they do choose to share with you.

How can I best support my teen while they are in the program? You can support your teen by:
- Learning and modeling effective **coping** and **communication** skills.
- Showing interest and offering **validation** for your teen's experiences.
- Encouraging and affirming **positive efforts**, even small ones.
- Ask your teen how *they* would like to be supported, as each teen's preferences vary.

How long will my teen be in the program? The length of the program is individualized based on your teen's progress toward their treatment goals. Readiness for graduation is assessed using several criteria, including:
- Symptom severity - Quality of the support system - Knowledge and use of DBT skills - Engagement in the program - Outcomes from a standardized measure completed quarterly

When can I expect to see changes in my teen's symptoms and behaviors? Every teen progresses at their own pace. Some begin using skills quickly, while others need more time. Recognizing **efforts toward change** is key. For example, if your teen begins using coping skills before acting on harmful urges, that's a meaningful improvement—even if the behavior hasn't fully stopped yet.

Why does my teen need to meet with an individual therapist while in the program? Both **group and individual therapy** are essential components of the program. Individual therapy offers a space for deeper exploration of personal challenges and the opportunity to personalize the skills learned in group, which isn't always possible during group sessions.

Can my teen also meet with their group facilitator for individual therapy? No. To maintain fairness and therapeutic neutrality, group facilitators at MHS cannot serve as a teen's individual therapist. Whether your teen's individual therapist is at MHS or elsewhere, facilitators stay in communication with them to support coordinated care.

Does my teen have homework or tasks outside of group? What should they bring to group? Yes. Teens are expected to:
- Complete **daily diary cards, -** Practice skills taught in group, - Bring their **diary cards** and **DBT binders** to each session. Some facilitators may also assign additional tasks between sessions.

What should I do if my teen is unable to attend group? Can they take time off for camp, sports, etc.? If your teen will miss a session, please call the group facilitator to notify them of the absence. **Leaves of absence** are reviewed on a case-by-case basis by the facilitator and/or clinical team. Factors such as symptom severity and the benefit of the planned activity are considered. The complete attendance policy can be found in this packet.

Can my teen spend time with or be friends with group peers outside of group? Per group rules, teens may not spend time with other group members or develop private relationships with their group peers. Please speak directly with your teen's group therapist to learn about specific communication boundaries that their group upholds.

I'm concerned my teen might pick up harmful behaviors from other group members. How is this addressed? The program is designed with **clear boundaries** to prevent glamorizing or promoting ineffective behaviors. For example:
- Teens may report **urge levels** and whether they acted on urges, but they do not discuss specific details about self-harm or unsafe behavior.
- Group responses are centered on **skill use and behavior change**.
- Facilitators enforce rules that discourage the romanticization of behaviors such as substance use or self-injury.

These structures help maintain a focus on recovery and growth.

Bill of Rights for Persons Served

1. Mental Health Systems, Inc (MHS) 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 receive in writing a Statement of Credentials 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 a copy of the MHS, INC. fee schedule and 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)

I. 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 "Tennessen 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. Yournotice 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 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 primary 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
Scott County 952-818-3702
Carver Counties 952-442-7601
Dakota County 952-891-7171
Washington County 651-275-7400
Ramsey County *Children* 651-266-7878
Hennepin County 612-596-1223

Alternative Crisis Lines
OutFront Minnesota (domestic violence/LGBTQ+): 612-822-0127 (option 3)
Sexual Violence Center crisis line 612-871-5111
Love Lines Crisis Center (Christian-based) 612.379.1199
Teens Helping Teens 866-465-0083 or Text –TEEN to 839863
Hope Line Network 1.800.273.4673
LGBT Youth Suicide Hotline (Trevor Project) 1.866.488.7386 or text START to 678-678
National Crisis Line 1.800.SUICIDE [1.800.784.2433]

Metro Children's Crisis Response Services
http://www.childcrisisresponsemn.org

Washburn Center
Crisis stabilization in Hennepin, Ramsey and Dakota Counties
https://washburn.org

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

Family Therapy

Washburn Center for Children: https://washburn.org/
Relate Counseling Center: https://www.relatemn.org/
Sagent Behavioral Health: https://sagentbh.com/
LifeStance: https://lifestance.com/
Mindful Families: https://www.mindfulfamiliestherapy.com/
Family Attachment and Counseling Center: https://www.familyattachment.com/
Cedar Valley Center for Child and Family Therapy: https://www.cedarvalleytherapy.com/

Caregiver Support and Education

National Alliance on Mental Illness (NAMI): https://namimn.org/support/resource-groups-parents-children/
Pacer Center: www.pacer.org
Sentier Psychotherapy: https://sentiertherapy.com/parenting/
Youth Service Bureau
http://ysb.net
Family Enhancement Center: https://familyenhancementcenter.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.

Substance Use Resources

Hazelden: https://www.hazeldenbettyford.org/locations/plymouth
Substance Abuse and Mental Health Services Administration (SAMHSA): https://www.samhsa.gov/
Crisis support : 1-877-726-4727
Text: 988
MN Adult and Teen Challenge: https://boysteenchallenge.mntc.org/for-parents/

Diary Card

Diary card used in all DBT programs. 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.

Below is a general list of areas your teen may be reporting on during their Diary Card hour in group.

- **Rx:** Medication – reported on as a yes or a no, indicating if medication was taken as prescribed
- **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
- **RIB:** Recovery Interfering Behaviors – for client's in our dual track program, RIB is used to track behaviors that put their recovery at risk
- **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)
- **BPE:** Build Positive Experience (a DBT skill about having a daily positive event)
- **Treatment Goals:** Clients typically have 3 treatment goals. Your teen's therapist will be reaching out to you to discuss these updates and/or changes to the Treatment Plan

Mindfulness- Recognizing Patterns

WM – Wise Mind: Balance emotion and reason to respond vs. react
OB – Observe: Just notice your experience
DE – Describe: Put words on your experience
PA – Participate: Fully enter into your experience
NJS – Nonjudgmental Stance: Do not attach strong opinions or labels to your experience
OM – One-Mindfully: Focus your attention on one thing
EF – Effectiveness: Focus on what works

Interpersonal Effectiveness- Building and Improving Relationships

F – FAST: Skills focused on your priorities, goals, and values
- **F**air – use NJS with yourself and others
- **A**pologies not needed for opinions or things out of your control
- **S**tick to values – use WM to identify and resolve values conflicts
- **T**ruth and accountability – be honest with yourself and others

G – GIVE: Skills focused on others
- **G**enuine – be honest, sincere, respectful, and real
- **I**nterested – make efforts to connect with a person
- **V**alidate – use NJG to acknowledge others' feelings or thoughts
- **E**asy manner – treat others with kindness and a relaxed attitude

DM – DEAR MAN: Skill focused on getting your needs and wants met, saying no, and setting boundaries
BO – Boundary: Set limits and boundaries in relationships

Emotion Regulation- Reducing Vulnerability to Intense Emotions

PL – PLEASE: Self-care skills that promote well-being
BM – Build Mastery: Do things to feel competent and in control
BPE – Build Positive Experience: Seek out events that create positive feelings
A2R – Attend to Relationships: Connect with meaningful people in your life
MM – Mood Momentum: Perform balanced behaviors to maintain positive moods
O2E – Opposite to Emotion: Do the opposite of the action a negative emotion pulls you to perform
MPE- Mindful of Positive Experiences: Be mindful of positive events

Distress Tolerance- Tolerating Distress in the Short-term to Reduce Long-term Suffering

ACCEPTS: Focus attention away from distress (short-term):
- **Ac**tivities – Keep busy and involved
- **Con**tributing – Do something for others
- **Com**parisons – See that others struggle too
- **Em**otions - Do something that creates other emotions
- **P**ush-**A**way – Shelve the problem for later
- **T**houghts – Think about something other than distress
- **S**ensations – Do something physically engaging (**TIP**)
  - **T**emperature – hot or cold sensations
  - **I**ntense exercise – vigorously move your body
  - **P**rogressive muscle relaxation

SS – Self-Soothe: Relax yourself through the senses
ITM – Improve the Moment: Replace negative experiences with positive ones
- **Im**agery – Relax or practice skills in your mind
- **Me**aning- Find the "why" to tolerate a difficult time
- **P**rayer – Seek connection and guidance from a higher power
- **Re**laxation – Calm the mind and body
- **O**ne **T**hing **A**t a **T**ime (OTAT) – Focus on one thing
- **V**acation – Take a brief break
- **En**couragement – Coach yourself with positive self-talk

DB – Deep-Breathing: Breathe to help body cope with distress
P&C – Pros and Cons: Weigh the benefits and costs of a choice
GY – Ground Yourself: Use OB & DE to come back to the here and now
TTM – Turning the Mind: Turn mind towards willingness & acceptance
RA – Radical Acceptance: Acknowledge "what is" to free yourself from suffering
EA – Everyday Acceptance: Accept daily inconveniences in life
WI – Willingness: Remove barriers and do what works in a situation
US – Urge Surfing: Ride the ebbs and flows of emotions/urges without reacting
BB – Bridge Burning: Remove the means to act on harmful urges