

NEW CLIENT
HANDBOOK



BEN DEJESUS, LCSW

Welcome,

I want to be able to provide the most effective, evidence-based tools available to help you start therapy on the right foot. The tools within can enhance progress towards healing and gaining new insights. In this short packet, I'm including items that I have seen help and change lives. If you're not sure what some of the forms are for or why they would be useful, don't worry about it, I can provide the information later on in session. I look forward to helping you in your life path.

There is one caveat, not all therapy or therapists can be the best fit for everyone. Sometimes therapy does not work and people can walk away unhappy. To help reduce dissatisfaction, I created this packet to help ensure we start out on the right foot and that it's a comfortable fit for everyone throughout treatment. If at any point you feel frustrated with the process of therapy, please let me know and we can work towards fixing it, or we can find someone who may be a better fit for you.

Moving forward on a different subject, I love reading. The power of words and stories has given me inspiration, insight, knowledge, and preparation for helping others. Reading can also bring good news, bad news, adventures, and even an escape to a different place. During treatment we will look for additional resources that are customized to meet your needs. I promise you, I will encourage you to read and probably more than just one book (if you are not someone who enjoys reading, we can find ways to make sure you get the added materials that may be needed).

In this journey, I want to begin with hope. I want to give you the hope that change is possible, and that the tools presented in this kit can make a difference in your life. The books, audio files, and other tools noted in this packet are effective tools I have seen used in many settings, to bring about change and create added meaning in the lives of others. Human beings share many commonalities in how we experience emotional pain, which also means it's possible we can all heal with similar paths.

Part of hope comes from social supports. With that in mind, reach out and tell someone close to you about this kit and your commitment to change. Ask them to support you and encourage you to keep going, even when you may want to give up. Hope and courage are always there inside of you, and it is your job to just look and accept what you see inside of yourself. Hope is there, I promise. You may feel overwhelmed looking at all the resources in this packet, but just take it one item at a time. The only commitment I need from you at this point is to just open and use at least 1 tool mentioned in this packet every day, even if it is only for 5 minutes.

One of my favorite ideas I have come across as a counselor, is from Marsha Linehan. In her creation of a new model of therapy, "Dialectical Behavior Therapy", she teaches and focuses on the idea of dialects. If you don't know what that term means that is okay, I didn't either until half way through my graduate training. The best part is the Professor didn't know either and had to look it up in Wikipedia. A dialect means that two opposite, opposing ideas/truths/facts/emotions can both be true at the same time in the same moment. A great example I like to use is when couples argue they often feel this "I hate you and I love you" at the same time. Another idea is "you are perfect as you are and you need to do better." I love Linehan's phrase of- "come as you are, and we will accept you just as you are, but we are also going to push you to be better and find a life worth living". (Linehan, 2014)

On Building Resiliency

"Loving ourselves through the process of owning our story is the bravest thing we'll ever do." - By Brene Brown

To begin this experience, I want you to take a moment and think about the word Hope. What does it bring up inside of you, do you notice what you're feeling inside of your body? Bring the last memory you have of experiencing hope up in your mind's eye. Usually hope comes when we experience validation or a great opportunity is presented.

I want to give you this hope, that change is possible and that the tools presented in this kit can make a difference in your life, just as they have for others. There are many commonalities within humanity including pain, love, and the breath. The last item in the previous sentence may come across as odd, but as you continue in this course you will come to rely on your breath, as it is the only thing that remains constant in your life.

You may feel overwhelmed looking at all this information, but we are going to just take it one item at a time. The only commitment I need from you at this point is to just open up something from this kit every day, even if it is only for 5 minutes. One of my favorite ideas I have come across as a counselor is from Marsha Linehan; she teaches a dialect of “you are perfect as you are, you are doing your best,” I truly believe that right now, at this very moment, you are doing your best and are perfect. Now at the same time, this other idea that seems contradictory but can be true at the very same moment is that “you can do more, be more, and try harder”. I love it: come as you are and we will accept you just as you are, but we are also going to push you to be better and find a life worth living. (Linehan)

Now taking one step forward, I want you to open up whatever resource has grasped your attention, whatever is speaking to you right now. Open it up and just explore what it has to offer and ask yourself the question: why would this crazy counselor put this in his kit?

-Ben DeJesus, LCSW

Table of Contents

Welcome Letter
Consent for Therapy
DBT Group Schedule
Biographical History Form
Treatment Plan
Article about Acceptance and Commitment Therapy
Depression, Anxiety, and Stress Inventory
Optional Therapy Tools & Recommendations
Counseling Relationship Tool
. Progress Journal
Tracking Improvements Tool
Conclusion of Therapy Summary

Appendix of Resources

Crisis Plan
Ways to Improve my Life
References

Ben De Jesus, MSW, LCSW

The Act of Healing, LLC

Mental Health and Counseling Service

Informed Consent for Counseling and Treatment

Welcome! I am committed to helping you achieve your desired outcome during our time together. Counseling offers a unique relationship between the two of us. In order that we start our relationship in a healthy way, I have put together this document to ensure that there are no misunderstandings about the various aspects of my work and to give you an opportunity to review my office policies. Please read it carefully. If you have any questions about anything you have read or signed be sure to bring it up to me in our session. When you sign this document, it will represent an agreement between us.

Professional Services

Counseling is a very complex process to explain. As individuals, I believe we all need to learn and grow throughout our lives. If we don't, we become unhappy, stressed, lonely, unproductive, unfulfilled and generally "stuck." Mental health therapy (also referred to as "therapy", "psychotherapy," or "counseling") is a way to overcome the barriers that keep us from learning and growing. Therapy is a process by which you and, in some cases, other important people in your life can discover solutions to the problems you face. By talking about your problems with a trained therapist, you can discover new ways to understand your difficulties, develop new skills to help you cope with life's demands, improve your relationships with the people around you and learn to feel and function better. More importantly, you can learn a lot about yourself as a person, find ways to better meet your own emotional needs, set and achieve personal goals and live a more satisfying life. Therapy provides an opportunity for you to pay close attention to your internal experience, your personal perceptions about the world and the people who share your life.

This process creates a greater sense of who you really are and how you "show-up" to yourself and others in the world. Counseling calls for you to be very active on your part. The more honest and genuine you are with me about what your thinking/feeling/saying/doing in your daily life the more likely I will really understand you and be able to assist you in resolving the issues that brought you to counseling in the first place. You are very much in control of what it is we do together. Therapists cannot magically remove the problems from your life, make you forget painful experiences or make you immune to the stresses of life. My role is to listen carefully to understand your situation and needs and provide support and direction to help you discover the solutions that will best work for you. *What that means is YOU ultimately are in charge of making your own decisions and being responsible for any outcomes based on your decisions and your own personal level of satisfaction gained through this process.*

Background and Services

I am a licensed clinical social worker in a private practice. My credentials include a master's degree in clinical social work, a bachelor degree in psychology, and I am licensed by the Arizona Board of Behavioral Health Examiners.

Types of Counseling Services Available:

If you would like a more detailed document to help you understand the different treatment approaches, techniques and interventions I may use during the course of counseling please let me know and I will gladly make that document available to you. Otherwise, this is a brief summary of the types of counseling I offer:

• Individual Counseling: One-to-one Counselor and client.

Individual counseling is designed to help you explore and resolve challenges you are experiencing in your life. Family and or relationships, career/work stress, death or loss of a loved one, anxiety, depression, parenting struggles, self esteem and adjustments are just some of the issues that individual counseling can be useful for in dealing and resolving difficult challenges. I use a variety of treatment theories including Trauma Focused-Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Eye Movement Desensitization & Reprocessing Therapy.

• Child and Adolescent Counseling: One-to-one Counselor and Child

My work with a minor child is private and confidential, with a regular progress report given to the parents at their request. This can be done over the telephone or in a scheduled parent session. I consider this to be a session and will bill at my regular rate of \$100.00/hr (or in 15 min increments). The specific disclosures of the child will be kept private as much as possible to preserve the integrity of the relationship and counseling. High risk behaviors that pose safety issues will always be communicated to the parents immediately in order to keep the child/adolescent safe. I use a variety of techniques depending on the temperament, age and personality of your child. Some of these treatment interventions include: Cognitive Behavioral Therapy, white board exercises, skill building, journaling, homework assignments, stories, displaced communication techniques, or art/music. I ask that parents be available during the scheduled appointment as I may ask you to join us for a short period of time or for the remainder of the session if a worrisome issue surfaces or if I need clarification. I do not see children in therapy if the parents are in the process of litigation or a custody dispute. If parents are not willing to co-parent and work cooperatively together, I reserve the right to refer you to another professional who specializes in high conflict divorce cases. If I am to work with your child in therapy, both parents must be in agreement and remain actively involved in your child's therapy process.

• Couples and Family Counseling: More than one client—Counselor and clients.

When doing relational counseling, all involved parties need to be present during the counseling session. If the unit of focus is not intact for our meeting, I will cancel the meeting and my fee will still be due. As part of the couple or family process, there may be occasion to meet with a member or members individually. Disclosures made in these meeting are not confidential and may be shared with the other family members as part of the therapy process. Oftentimes it is the relationship that needs to be the focus of counseling and Family and Couples Counseling can be useful in dealing and resolving those challenges. Prior to starting Couples or Family Counseling, a "Limitation on Confidentiality When Providing Therapy to Couples or Families" waiver will need to be signed by everyone participating.

DBT GROUP

The group therapy program I run is based on a model of therapy called **Dialectical Behavior Therapy (DBT)**. This therapy was originally developed to help men and women manage emotion dysregulation problems, and the resulting problems in living, including suicidal thoughts and behaviors. DBT has been empirically demonstrated to reduce suicidal behavior, inpatient hospitalizations, and anger, as well as improve social adjustment. You have been referred to this group and it has been determined that DBT is likely to be useful to you. However, there are no guarantees.

In order to generalize your skills training, you will be asked to do specific “homework assignments.” These assignments are vital to your improvement during the course of therapy, and we will strongly encourage you to attempt to do them to the best of your ability. By signing this contract, you agree to attend skills training sessions and practice new skills as you learn them.

SELF-HARMING BEHAVIORS AGREEMENT:

If suicidal or other self-harm behaviors are a problem for you, reducing these behaviors will be a primary treatment goal. By signing this contract, you agree to work toward solving problems in ways that do not include intentional self-harm or suicide.

MEETINGS:

The DBT Skills Training Group will be held on Thursdays from 6:00 p.m. to 7:30 p.m. depending on the number of group members. Your facilitator will inform you of the ending time.

PROFESSIONAL FEES, BILLING, AND PAYMENT:

The fee for the initial evaluation and for every 1.5 hour weekly meeting is \$20.00.

The DBT group is self-pay only. We will not file your insurance for reimbursement. If you have insurance with mental health benefits, by signing this consent form you agree to voluntarily forfeit insurance reimbursement for session fees.

If you become involved in legal proceedings that require participation by one or both of us, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party. Because of the difficulty of legal involvement, we each charge \$500 per hour for attendance at any legal proceeding including court testimony and depositions.

You will be expected to pay for each session at the time it is held through cash or card, unless we agree otherwise.

*

With regards to couple, family or group therapy, each person must, in writing, waive confidentiality before any records or information can be released. If you and your partner or family members decide to have some individual sessions as part of the couple/family/group/therapy, what you say in those individual sessions will be considered part of the couple/couple progress notes/medical record and can and will most likely be discussed in our joint sessions.

Treatment process and client rights

Your counseling will begin with one or more sessions devoted to an initial assessment so that I can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete (usually 1-3 sessions), we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal. You will be asked to sign a treatment plan reflecting

your agreement and understanding as to how we will work on the issues and problems that brought you to counseling in the first place.

Privacy and client rights

I am committed to maintaining strict confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me, without prior written consent (called "Authorization for Release of Information"). I will not acknowledge you if I see you outside of the therapy room unless you first acknowledge me. As the client, you control whether or not, and to whom, confidential information will be disclosed. If I am permitted to share information, I will always act so as to protect your privacy. If there is specific information that you do not want me to share, please inform me and I will assist you in filling out the Release of Information form that allows you to restrict what information might be shared. You can revoke your permission at any time.

You also have client rights when participating in counseling:

1. The right to be informed of the various steps and activities involved in receiving services. This includes client's right to participate in treatment planning and decision making
2. Client's right to confidentiality under federal and state laws relating to the receipt of services.
3. The right to humane care and protection from harm, abuse, or neglect.
4. The right to make an informed decision whether to accept or refuse treatment.
5. Client's right to withdraw informed consent and be advised of the consequences.
6. Client's right to be informed of all fees and refund and collection policies.
7. Client's right to obtain records and the method in which to go about this.
8. The right to contact and consult with other practitioners of my choice and at my expense.

It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.

Limits of Confidentiality

Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are some situations where I am required to disclose information without your consent or authorization. The most common of these exceptions are when there is a real or potential life or death emergency, when the courts/Judge issues a subpoena, or when child/elder abuse or neglect is involved.

Here are some additional situations that you have limited confidentiality:

- I am legally obligated to take actions which I believe are necessary to protect others from harm. If I have reason to believe that a child under 18 is or has been the victim of physical, sexual abuse, neglect or deprivation of necessary medical treatment, the law requires me to file a report with CPS or the police. Once the report is filed I may be required to provide additional information. If for any reason I believe that any adult is vulnerable, incapacitated, a victim of abuse, neglect or financial exploitation, the law requires that I file a report with the appropriate protection agency. Once such a report is filed, I may be required to provide additional information. A Release of Information is not warranted in such cases.
- If a client communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim and I believe that person has the intent and ability to carry out such a threat, I must take protective actions that may include notifying the potential victim, contacting police or seeking hospitalization for the client. If a client threatens to harm himself/herself I may be obligated to seek hospitalization for him/her or to contact family members or others who can help me provide protection. A Release of Information is not warranted in such cases
- I may use electronic transmission, such as a fax, to send treatment plans, reports or releases to another provider or to you. You may also fax information to me but be aware that my fax machine is shared by other colleagues in the office. If you use email to correspond to me be aware that while not intentional, certain limits of confidentiality are at risk.
- I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to give you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.
- There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners in the event of a Board investigation, to comply with worker compensation laws, if your records are subpoena, or to comply with the USA Patriot Act and/or to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. The HIPAA Notice of Privacy Practices, included in this packet of information, details the considerations regarding confidentiality, privacy, and your records. This packet also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so. Periodically, the HIPAA Notice of Privacy Practices may be revised. Any changes to these privacy practices will be posted in my office, but you will not receive an individual notification of the updates.

My practice is focused on the treatment of mental health, couples counseling, and family issues. When the legal system gets involved in the counseling process it is often to the detriment of the client(s) and treatment. However, there are some situations where legal involvement can not be avoided. As a licensed health professional I am obligated to respond

to a subpoena issued by the courts. These responses can take a great deal of my time and other resources. In signing this consent form you agree that you will be responsible to reimburse me for the time I spend in responding to legal requests that result from your status as my client or former client, regardless of the source of legal action. These fees are billed at \$ 500.00 per hour and include preparation time, travel, expenses, time spent waiting to testify and actual time testifying. Payment of these fees does not constitute the provision of expert testimony, only testimony as a witness of fact.

Purpose, limitations, and risks of treatment

Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended.

Counseling may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, marriages, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. Since therapy involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like guilt, anger, frustration, loneliness, helplessness and sadness. Counseling on the other hand has also been shown to have many benefits such as a better understanding of yourself, significant reduction in feelings of distress, solutions to specific problems and more satisfying relationships. There is no guarantee that counseling will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in counseling. There are no guarantees of what you will experience in counseling.

It is also important to note that in most cases, one or more mental health diagnoses will be rendered during the assessment process and treatment phase of counseling. Some diagnosis may affect employment in high security or safety sensitive positions or affect your ability to obtain future insurance.

Litigation Considerations

If you become involved in the legal system (divorce, custody, civil litigation, criminal activity etc) you can expect that I will not make recommendations, testify, write letters on your behalf, or otherwise get involved in your legal affairs. It is a conflict of interest for a treating professional to also offer evaluations or opinions on legal matters. If a client has these expectations, it can affect their willingness to disclose personal information vital to treatment. *In signing this agreement, you agree that you will not call me as a witness to testify or expect recommendations or become involved with Attorneys in your legal activities.* If I am served a subpoena for your record, my policy is not to acknowledge you are a client of mine until I first call you to discuss the subpoena and receive written permission to do so or a court order has been issued. I will only release your record with your permission or a court order. In the event that the law requires disclosure of your record, you will be responsible to pay me for any costs involved in producing

the records and for the time involved in preparing and giving testimony, even if I am called to testify by another party. Legal involvement and fees will be charged at \$500.00 per hour for preparation and attendance at any legal proceeding as a fact witness only; including travel time, hotel accommodations, flight, and all expenses incurred. If I am required to be a fact witness in court I will contract for a half day minimum. I require payment in advance and the attorneys involved must commit to a scheduled amount of time with me. If I am asked to only provide copies of your record to an Attorney or Judge I will charge my normal fee of \$250.00 per hour to comply with your request and will require payment in advance.

I do not see children in therapy if the parents are in the process of litigation or a custody dispute. If both parents are not willing to co-parent and work cooperatively together I reserve the right to provide you with referrals to outside resources and therapists that specialize in high conflict divorce cases. I do not specialize in high conflict divorce cases or child custody evaluations. I am not a court appointed parent coordinator, therapist, or family mediator. I do not accept cases when the courts name me or mandate counseling for a minor. If I work with your child in therapy, regardless of divorce status or intact marriages, both parents must be in agreement and remain actively involved in the child's therapy process. If these issues arise during the course of your treatment and I believe our work together will be compromised, I reserve the right to refer you to another therapist.

Professional Fee's

Please make checks/payment payable

The Act of Healing, LLC

Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. In addition to the basic session and assessment fees, there may be other fees such as telephone counseling, consulting with other professionals with your permission, preparation of records and/or treatment summaries.

These fees are different than fee's involving legal proceedings that require my participation. I do not adjust or slide my fees. Outstanding balances need to be paid in full or treatment may be terminated. I reserve the right to change my fees with 30 days notice. Ethically, I cannot barter or consider alternative forms of payment for therapy. My office accepts check, cash and credit cards for your convenience. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. I do expect co-pays and fee's to be paid at the time services are rendered. Please discuss these with me if you have a concern.

Availability of services

My practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local

hotlines (Empact – 480-784-1500, Magellan 602-222-9444, or Banner Desert 480- 412-3000. Established clients with an urgent need to make contact may call my cell phone, (609-848-8135) but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Appointments and Cancellations

Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve an hour or more for each appointment with a client. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. You will be billed my hourly rate of \$100.00 for appointments you fail to cancel or do not show for in accordance with this policy. Currently, the fee billed for this is \$100.00. Insurance companies do not provide reimbursement for cancelled sessions. Continued missed appointments or cancellations may result in termination of treatment. Please note that these are personal financial obligations that you are responsible for-- not the obligations of your insurance company

Records

My office keeps records with a summary sheet on each session referred to as a "Progress note" (who, what, when, and what was discussed). I am also required to keep Protected Health Information (PHI) about you in your clinical record. Your clinical record includes documents I have asked you to sign, information about your reasons for seeking therapy, your diagnosis, the goals we set for treatment, your progress towards those goals, information disclosed on the Personal Information document, reports from prior professional consultations, emails, and other correspondence. You may receive or examine a copy of your clinical record by requesting it in writing. You may view the entire file with the exception of documents received by others confidentially.

I also keep a set of "Psychotherapy Notes". Most times, the Psychotherapy Notes include content of our conversations, quotes, and my analysis of those conversations. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your clinical record. I cannot release these documents unless I have your written, signed authorization to do so. You may examine a copy of your Psychotherapy Notes at any time with a written request, unless I determine that access is clinically contraindicated.

If you are coming to see me as part of a couple or family, I keep one file for the unit. If one person's records are subpoenaed, I am not allowed to separate records therefore all records will be sent. I do keep separate records for individuals who are part of the couple or family unit if I see them individually during an episode of therapy. However, both the individual and unit records may have to be sent. It is important to know when I see couples or families that I feel it best not to keep secrets (i.e. if I happen to see each of you individually). If you do not want your partner to know something sensitive, please do not tell me during our individual sessions.

If someone other than yourself requests your record I will contact you and ask that you sign a Release of Information before I can act on the request. I normally submit a written summary of your therapy to the requesting party.

If you decide you wish to request a copy of your record, I ask that you and I sit down together to review it. The reason for this request is that information found in the summaries can be misinterpreted or you may have additional questions about what you and I review together. I will consider your request a session and fees will be charged accordingly. I will make myself available to answer any questions at that meeting.

If you are a parent agreeing for your minor to be seen in therapy *but choose **not to participate** in the therapy, I will ask you to sign a Waiver that acknowledges even though you have rights to your minors records, **I may not be able to release them to you until all adults have signed a release granting you access.***

Upon termination of your therapy with me, I will maintain your full and complete file for a total of 7 years or, when a minor client has reached the age of 21, whichever is longer. I will not make any attempt to contact you prior to destroying your records, unless I am closing my practice. Files will be destroyed by an insured, bonded, commercial shredding service.

Our relationship

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Social Media

Adding clients as friends or contacts on social media sites can compromise your confidentiality and our respective privacy. It also blurs the boundaries of our therapeutic relationship. As a policy, I do not accept friends or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, blogs, Twitter or otherwise). I will not view your online activity as it may have a negative influence on our therapeutic relationship. If you complete a survey online from one of the sites that ask for users to rate their providers please be warned that you are sharing person self- revealing information about you (and your privacy) in a public forum. I do not submit my name to these sites and have no control over them soliciting your comments. If there is something from your online life that you wish to share with me, please do so in our sessions. Otherwise, I if you do not tell me about your online life I will not attempt to find out.

Sending me a SMS (mobile phone texting message) or messaging me on Social Networking sites (Twitter, Facebook, LinkedIn or other means) compromises your confidentiality. These exchanges could become part of your legal medical record and archived in your chart. I urge you to take your own privacy as seriously as I take my commitment of confidentiality with you. I would prefer you not to use email as a way of communicating with me as it is not completely secure or confidential. Emails that I receive from you and any responses that I send you will be printed out and kept in your medical record. My preference is that you contact me through the phone and leave a confidential message on my voice mail.

Conditions for the use of email and texts:

- I cannot guarantee but will use reasonable means to maintain the security and confidentiality of email and text information sent and received, including a passcode lock on my phone.
- Email and texting is not appropriate for urgent or emergency situations. I cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
- Email and texts should be concise. Unless we have agreed to a specific exception, sensitive or complex situations should be discussed in a phone call or during a scheduled appointment, not on email or text.
- If texts or emails contain information relevant to your treatment, they may be retained in your medical record, or a summary of the content may be included in a clinical note in your record.
- If you choose to use email or text messaging, you agree that I may reply to your email and text messages, and that I may include any information that I deem appropriate, including information that would otherwise be considered confidential.
- You agree that if you do not receive a timely response from an email or text message to me, that you will follow up with a phone call to one or more of the numbers provided below.
- If you choose to use email or text messaging, you agree not to hold me liable for improper disclosure of confidential information that is caused by you or any third party.

By signing below you agree that you have read and understand the risks associated with communication via email and text messaging, and that you consent to the conditions outlined above.

YOUR SIGNATURE BELOW INDICATES THAT YOU AGREE TO THE FOLLOWING:

1. You have read this agreement
2. You agree to its terms
3. Stay Alive
4. No Self Harming behaviors
5. Do not come to session under the influence of drugs or alcohol
6. Call the Crisis Line if suicidal thoughts become overwhelming to get support (602) 222-9444.
7. Actively work on accomplishing goals and homework in therapy

CLIENT RESPONSIBILITIES:

1. Clients are expected to pay the fee for each session of 45-50 minutes in length at the time that services are rendered.
2. Telephone conversations will be limited to non-clinical conversations or DBT coaching calls. Any calls over 15 min, will be billed in 15 min increments at \$20 per quarter hour.
3. Clinical issues need to be discussed during sessions. Off-site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged on an hourly rate of \$ 125.00 per hour.
4. To keep your appointments or give 48hours (business hours) cancellation notice. You will be charged for late cancellations or no-shows.
5. To provide and maintain accurate information on all forms and requests for information.
6. To follow recommendations made by your therapist for yourself and/or your minor child.
7. To refrain from violent or threatening behavior or language.
8. To accept and follow through with referral services recommended for you and/or your minor child.

CONDITIONS UNDER WHICH THIS PROVIDER MAY DENY FURTHER SERVICES TO YOU:

1. If you refuse to cooperate with your provider or follow recommendations
2. If your needs are beyond the scope of what this psychotherapist may provide to you.
3. If you refuse to pay for the services provided at the time that services are rendered.
4. 4. If you have repeat cancellations or no-shows, or if you refuse to pay these fees.

I/We have read and understand the content of this document.

Signature of Client or Guardian:_____

Date:_____

Print name:_____

(Only if Client is a Minor)

Print Child's Name:_____

Full name of minor child: _____

16 Week DBT Group Schedule

Module 1	Mindfulness
Week 1	G1: Goals of Skills Training
	G3: Guidelines for Skills Training
	Diary Cards and Chain Analysis
Week 2	
	M3: Wise Mind: States of Mind
	M4: Taking Hold of Your Mind: "What" Skills
	M5: Taking Hold of Your Mind: "How" Skills
Module 2	Distress Tolerance Skills
Week 3	DT1: Goals of Distress Tolerance
	DT5: Pros and Cons
Week 4	DT7: Distracting
	DT8: Self- Soothing
Week 5	DT9: Improving the Moment
	DT11: Radical Acceptance
	DT12: Turning the Mind
Week 6	DT14: Half- Smiling
	DT13: Willingness
Module 3	Emotion Regulation Skills
Week 7	ER1: Goals of Emotion Regulation
	ER3: What Emotions Do for You
	ER4: What Makes It Hard to Regulate Your Emotions
	ER4a: Myths about Emotions
Week 8	ER5: A Model for Describing Emotions
	ER6: Ways to Describe Emotions
Week 9	ER15: Accumulating Positive Emotions in the Short Term
	ER16: Pleasant Events List
Week 10	ER17: Accumulating Positive Emotions in the Long Term
	ER18: Values and Priorities List
Week 11	ER19: Building Mastery
	ER20: Taking Care of Your Mind By Taking Care of Your Body
	ER22: Mindfulness of Current Emotions
Week 12	ER10: Opposite Action (with WRWS6: Figuring Out How to Change Unwanted
	ER11: Figuring Out Opposite Actions

Module 4	Interpersonal Effectiveness Skills
Week 13	IE1: Goals of Interpersonal Effectiveness
	IE2: Factors In the Way of Interpersonal Effectiveness
	IE4: Clarifying Goals in Interpersonal Situations
Week 14	IE5: Guidelines for Objective Effectiveness: (DEAR MAN)
	IE6: Guidelines for Relationship Effectiveness: Keeping the Relationship (GIVE)
Week 15	IE7: Guidelines for Self- Respect Effectiveness: Keeping Respect for Yourself
Week 16	IE8: Evaluating Options . . . (with IEWS6: The Dime Game)
	IE9: Troubleshooting . . . (with IEWS7: Troubleshooting . . .)
	*changes to schedule are subject to change generally with advanced knowledge

Ben DeJesus, LCSW
480-375-1317
Initial Treatment Plan

Patient: _____ Date: _____ Date of initial eval: _____

Focus of Treatment

Short-term Goals:

Interventions:

Referrals: _____

Intermediate Goals:

Interventions:

Referrals: _____

Long-term Goals:

Interventions:

Frequency of visits: _____

Print Name: _____

Sign Name: _____

Therapy Tools

Out of difficulties grow miracles - By Jean de la Bruyere

This section is focused on adding positive experiences and emotions into your life, on a daily basis. The more you work at practicing getting to a calm state of mind, the easier and faster it will come in other areas and times of your life. I have included a variety of ideas to help with managing stress. I included tools that I have seen work effectively in my clinical practice.

Recommended Purchases for Therapy

Individual

[“The Reality Slap” by Russ Harris](#)

[“Love Sense” by Sue Johnson](#)

[“Mindfulness Series 3” \(Audio\) by Jon Kabat-Zinn](#)

[“Paper Therapy: Journaling for Better Mental Health” \(Journal Prompts\) by Jay Hill](#)

Couples

[“Hold me Tight” by Sue Johnson](#)

[“An Emotion Focused Workbook for Couples” by Jennifer Fitzgerald](#)

Addiction

[“The Wisdom to Know the Difference” by Kelly Wison](#)

Phone Apps

Headspace

Mind Shift

Pacifica

Stop Breathe and Think

DBT 911 –Android

DBT Diary Card and Skills Coach –Apple

Audio Exercises

[“The Reality Slap” Audio Mindfulness Exercises by Russ Harris](#)

“Letting Go of Stress” Emmet Miller

Counseling Relationship Tool

INSTRUCTIONS: The following statements describe attitudes people might have about their therapist. In an effort to make sure we stay on positive ground, this tool can be used to check and see what's going well or what needs improvement.

Thinking about the last session you completed with your therapist:

On a scale of 1-4

1. Disagree
2. Neutral
3. Agree
4. Strongly Agree

1. I felt cared for and respected as a person.
2. I felt my therapist understood me
3. I thought the suggestions my therapist made were useful.
4. I felt like I could trust my therapist completely
5. I was willing to share my innermost thoughts with my therapist
6. I felt there was a breakdown in the relationship with my therapist.
7. I felt like my therapist disapproved of me.
8. At times, the tone of my therapist's voice seemed critical or impatient.
9. My therapist seemed to be glad to see me
10. My therapist and I seemed to work well together to accomplish what I want
11. My therapist and I had a similar understanding of my problems.
12. Comfortable sharing frustrations about your Counselor with your Counselor



1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Progress Measurements

Please complete the following assessment and then write your scores from the tests to the right of each weeks "a" and "b" location. Complete this step weekly. There is also a place for you to evaluate the therapeutic relationship. This can actually be a great tool for you to communicate how you feel our relationship is doing and keeping us on track to make sure therapy stays effective and comfortable. Complete the relationship measurement every other week, starting with week 2.

Mental Health Assessment

http://psychologytoday.tests.psychtests.com/take_test.php?idRegTest=3885

Coping & Stress Management Skills Test


http://psychologytoday.tests.psychtests.com/take_test.php?idRegTest=3200

Track Progress and Relationship Evaluations Below

- 1) Week 1.
 - a) Mental Health Assessment:
 - b) Coping & Stress Management Skills Test:
- 2) Week
 - a) Mental Health Assessment:
 - b) Coping & Stress Management Skills Test:

Thinking about the last session you completed with your therapist:

On a scale of 1-4

1. Disagree
 2. Neutral
 3. Agree
 4. Strongly Agree
- 

1. I felt cared for and respected as a person.
2. I felt my therapist understood me
3. I thought the suggestions my therapist made were useful.
4. I felt like I could trust my therapist completely
5. I was willing to share my innermost thoughts with my therapist
6. I felt there was a breakdown in the relationship with my therapist.
7. I felt like my therapist disapproved of me.
8. At times, the tone of my therapist's voice seemed critical or impatient.
9. My therapist seemed to be glad to see me
10. My therapist and I seemed to work well together to accomplish what I want
11. My therapist and I had a similar understanding of my problems.
12. Comfortable sharing frustrations about your Counselor with your Counselor

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

- 3) Week
 - a) Mental Health Assessment:
 - b) Coping & Stress Management Skills Test:
- 4) Week
 - a) Mental Health Assessment:
 - b) Coping & Stress Management Skills Test:

Thinking about the last session you completed with your therapist:

On a scale of 1-4

5. Disagree
6. Neutral
7. Agree
8. Strongly Agree

1. I felt cared for and respected as a person.
2. I felt my therapist understood me
3. I thought the suggestions my therapist made were useful.
4. I felt like I could trust my therapist completely
5. I was willing to share my innermost thoughts with my therapist
6. I felt there was a breakdown in the relationship with my therapist.
7. I felt like my therapist disapproved of me.
8. At times, the tone of my therapist's voice seemed critical or impatient.
9. My therapist seemed to be glad to see me
10. My therapist and I seemed to work well together to accomplish what I want
11. My therapist and I had a similar understanding of my problems.
12. Comfortable sharing frustrations about your Counselor with your Counselor

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

- 5) Week
 - a) Mental Health Assessment:
 - b) Coping & Stress Management Skills Test:
- 6) Week
 - a) Mental Health Assessment:
 - b) Coping & Stress Management Skills Test:

Thinking about the last session you completed with your therapist:

On a scale of 1-4

1. Disagree
2. Neutral
3. Agree
4. Strongly Agree

1. I felt cared for and respected as a person.
2. I felt my therapist understood me
3. I thought the suggestions my therapist made were useful.
4. I felt like I could trust my therapist completely
5. I was willing to share my innermost thoughts with my therapist
6. I felt there was a breakdown in the relationship with my therapist.
7. I felt like my therapist disapproved of me.
8. At times, the tone of my therapist's voice seemed critical or impatient.
9. My therapist seemed to be glad to see me
10. My therapist and I seemed to work well together to accomplish what I want
11. My therapist and I had a similar understanding of my problems.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Comfortable sharing frustrations about your Counselor with your Counselor

6-Week Journal of Progress

Week 1-

Week 2-

Week 3-

Week 4-

Week 5-

Week 6-

[illegible]

Additional Insights Gained

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general note-taking. There are no margins, text, or other markings on the page.

Building awareness into your daily life of your

(See Chapter 1)

Mood and Activity Chart (Mindfulness Exercise)							
Week 1	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Week 2	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Week 3	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Week 4	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Week 5	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Week 6	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Week 7	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Week 8	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Extra Templates

Mood and Activity Chart (Mindfulness Exercise)							
Date/ Week	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Mood and Activity Chart (Mindfulness Exercise)							
Date/ Week	M	T	W	Th	F	S	Su
Average Level of Emotional Pain for the Day Scale 1 to 5 (5 being the highest)							
Confidence in Managing Emotional Pain Scale 1 to 5 (5 being the highest)							
Number of Hours Slept							
15 min of Exercise – Y/N							
20 min of Mindfulness – Y/N							
Completed a Reading Assignment from Course Y/N							
Talked to Someone Safe and Supportive –Y/N							
Enjoyed Activity/Hobby/Fun Social Gathering During the Day Y/N							

Conclusion of Your Overall Experience and Progress:

(If you would like please email me your final thoughts or ideas to improve this kit. I love and value hearing new ideas or thoughts regarding this kit.)

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

Contact Information

Ben DeJesus, LCSW
The Act of Healing
(480) 375-1317
www.theactofhealing.com

Appendix of Resources

Example: A Crisis Plan

- Call someone close to you and is a supportive person
- Drink water and eat something fast, easy, and deliciously healthy ☺
- Watch your favorite movie or TV show (humor is helpful)
- Go for a walk
- Find a place to sit out in nature
- Read a book
- Read inspirational/spiritual text
- Play a video game
- Squeeze a piece of ice in your hand and focus only on the sensation until the ice has melted
- Listen to a favorite song
- Intense exercise
- Meditate or mindfulness exercises
- Pray or focus on your Higher Power
- Draw or Paint
- Look through old pictures
- Remember how you have handled stress successfully in the past healthily and manage the situation in a similar fashion
- Call your local crisis number
- Call 911 for emergencies (Not sure your situation classifies as an emergency, call your local law enforcement non-emergency number [see phonebook or perform a search in your web browser for the number] or when in doubt call to be safe).

Example: List of Ideas To Improve My Life

- Find a group to attend
- Find a church
- Read a self help book
- Do service for a friend in need
- Make a friend
- Go to counseling
- Do service at an assisted living center
- Connect with people online
- Look into taking a college course
- Watch a [Ted Talk](#)
- Visit www.headspace.com
- Buy "Get Out of Your Mind and into Your Life" by Steven Hayes
- Read a "Man's Search for Meaning" by Viktor E. Frankl

Other Helpful Resources:

<https://www.psychologytoday.com>

<https://psychiatrists.psychologytoday.com/rms/>

<http://get.talkspace.com>

<http://www.dbtselfhelp.com>

<http://www.innerhealthstudio.com/relaxation-downloads.html>

<http://www.getselfhelp.co.uk/freedownloads.htm>

<https://www.youtube.com/playlist?list=PLyp5AYS-aSfezMa0Ek2nH3gUtFKYf7zXE>

<http://psychology.tools/download-herapy-worksheets.html>

References

Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. New York: Bantam/Dell. (2005-03-09). *Mindfulness and Psychotherapy*, First Edition (Kindle Locations 6016-6017). Guilford Publications. Kindle Edition.

Bishop, S. (2002). What do we really know about mindfulness-based stress reduction? *Psychosomatic Medicine*, 64, 71–84. (2005-03-09). *Mindfulness and Psychotherapy*, First Edition (Kindle Locations 5990-5991). Guilford Publications. Kindle Edition.

Biographical Information – Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

NAME: _____ MALE/FEMALE: _____ DATE: _____

DATE OF BIRTH and PLACE OF BIRTH: _____ AGE: _____

ADDRESS: _____

TELEPHONES: Cell: _____ Work/Off: _____

HIGHEST GRADE/DEGREE: _____ Major: _____

PERSON & PHONE NO. TO CONTACT IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (former, if retired): _____

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you.):

Estimate the severity of above problem: Mild _____ Moderate _____ Severe _____ Very severe _____

CURRENT: Marital status: _____ Live with someone: _____ Name: _____ Years: _____

PAST & PRESENT MARRIAGE/S (names, years together, and statement about the nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

PRESENT SPOUSE/PARTNER: Education: _____

Occupation: _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person.)

1. _____
2. _____
3. _____

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship.):

Father: _____

Mother: _____

Stepparents: _____

SIBLINGS (name/age, if deceased: age and cause of death and brief statement about the relationship.):

1. _____
2. _____
3. _____

MEDICAL DOCTOR (S) (name/phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, etc.):

SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: e.g., cancer, epilepsy, etc):

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:

PAST/PRESENT PSYCHOTHERAPY (specify: month year(s) (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Individual/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1. _____

2. _____

3. *USE OTHER SIDE OF PAGE TO ADD MORE INFORMATION ABOUT PSYCHOTHERAPISTS, IF NEEDED.*

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED: Your age at the time: _____.

Describe how it affected you at the time

ESTIMATE HOW MANY HOURS/DAY YOU SPEND ONLINE (Facebook, YouTube, internet gaming, texting, browsing, etc.):

Facebook: _____ YouTube: _____ Gaming: _____ Texting: _____ Browsing: _____

Work/School: _____ Other: _____

DO YOU FEEL YOUR TECHNOLOGY USE IS BALANCED AND HEALTHY OR COULD IT USE IMPROVEMENT? Please explain:

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

What gives you the most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?

Please add any other information, you feel would be helpful for me to know about you.

Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.

CRD CLINICIAN'S RESEARCH DIGEST

Supplemental Bulletin 22

June 2000

Acceptance and Commitment Therapy in the Treatment of Experiential Avoidance Disorders

by Steven C. Hayes

Dept. of Psychology / 296, University of Nevada, Reno, NV 89557-0062

Editor's note: Dr. Steven C. Hayes is Professor and Chair of Psychology at the University of Nevada at Reno. He has served as president of the Association for Advancement of Behavior Therapy and Division 25 (Experimental Analysis of Behavior) of the American Psychological Association. In this Supplemental Bulletin, Dr. Hayes describes clinical interventions targeting the role of language in regulating avoidance behaviors.

Psychotherapy has often been driven by the assumption that psychological health is a natural state but is disrupted by abnormal syndromes or diseases. The single biggest challenge to such an assumption is the ordinariness of psychopathology. Human beings can suffer even if they have everything it would take for a nonhuman to be content. Nearly half of all humans will struggle with suicidal attempts or thoughts; serious syndromes have a 30% prevalence rate and a much higher lifetime incidence rate; and rates of divorce, violence, abuse, sexual concerns, substance abuse, stress, severe shyness, insecurity, and so on are sky-high.

Acceptance and Commitment Therapy, or ACT, is based on the contrary idea that ordinary human psychological processes often lead to destructive and dysfunctional results. It took researchers decades to develop ACT because we first tried to understand what ordinary processes made human suffering pervasive even in the midst of material plenty.

The Core of Human Language and Cognition

We focused our search on the seemingly most likely candidate: human language and cognition. Early on, we explored the remarkable insensitivity to

environmental events that can be produced in humans by verbal rules. For example, human beings confronting a challenging task and told to do something to solve it (e.g., "push these buttons to earn points") can flounder indefinitely if the solution is completely outside of that verbal frame of reference (e.g., one needs to not push the buttons for an extended period of time to find a solution). Such insensitivity excited us because it looked rather like the futile struggle of clients who try the same basic solution over and over without success (e.g., "If I find someone to love me I will no longer be insecure").

We could not precisely define a "verbal" rule, however, and another decade passed before we arrived at an answer to this even more basic question. We found that human infants learn to derive a bidirectional relation between events when taught a relation in only 1 direction. Suppose an infant is taught to say "cat" when shown a cat. When then asked, "Where is the cat?" the child will look for the cat: The trained object—word relation leads to the derived word—object relation. Controlled research showed that this commonplace event is ubiquitous in humans but totally absent in nonhumans, even among language-trained chimps.

Bidirectional relations can be combined into networks of increasing complexity and can carry important psychological functions. For example, a child who has been scratched by a cat may

then shudder when reading about cats, even if the written word is many steps removed (e.g., if the child had learned object—word—picture—written name).

We called such derived relations a *relational frame* and have come to believe that relational frames are the defining feature of human language and cognition. Relational frames become clinically relevant because they have 2 nonarbitrary results that can lead to psychopathology, particularly when amplified by our culture: cognitive fusion and experiential avoidance.

Cognitive Fusion

Because verbal regulation is so useful in the world outside of the skin, it tends to dominate over other behavioral processes even if it produces poor results. Unfortunately, verbal rules can produce considerable behavioral rigidity. For example, a person may attempt to maintain consistency with his or her story about the source of personal problems because it is "true," even if following the narrative produces terrible results. Many forms of human difficulty seem to have this source (e.g., self-deception, insecurity, pretense), but none more so than experiential avoidance.

Experiential Avoidance

Relational frames allow humans to target their own private reactions for change. Just as a child can shudder when reading the word *cat*, many adults will feel slightly anxious when hearing the word *anxiety*. From there it is but a small step to target for deliberate change the things inside that are "bad." A rat that is shocked will try to avoid the shock. Conversely, a human who is abused will try to avoid not just abuse but also memories, feelings, thoughts, or bodily sensations produced by abuse. Relational frames provide the means to look inside, to categorize and evaluate what is found, and to target these events for change. Anxiety is bad, for example, and because of bidirectionality, *bad* changes the function

of anxiety: Anxiety is to be avoided.

Unfortunately, thoughts, feelings, and bodily sensations are often terrible targets for deliberate, verbally directed change because the bidirectionality of human language tends to produce paradoxical results. An obsessive-compulsive person who is trying deliberately not to think a certain thought has that very thought in the avoidance rule itself (i.e., "Do not think *x*" will produce *x*). A person who is trying to avoid panic because of the bad things that might happen if it occurs will evoke fear by the verbal formulation of the problem and its need for solution.

Experiential avoidance in its various forms (thought suppression, emotional suppression, etc.) relates to a very long list of human problems and pathologies, from sexual abuse to depression, and from hallucinations to panic. Running away from one's own insides is one of the most destructive things humans know how to do, and yet the temptation and means to do so are built into human language itself.

ACT

Syndromes and treatments show how deeply psychotherapists themselves are entangled in this commonsense but destructive approach. For example, therapists call disorders "mood," "thought," or "anxiety" disorders, when the deeper problems are useless struggles with mood, fusion with thoughts, or avoidance of anxiety.

If psychological suffering emerges in part from normal verbal and cognitive processes, our job as therapists is not to get rid of these processes but to try to channel them properly. Deliberate verbal control works well 95% of the time; only in a small subset of domains (e.g., history, self, private events, some actions that cannot be controlled by rules) is it counterproductive. The goal of ACT is to harness these normal cognitive processes for living a vital human life, without entering into blind alleys such as experiential avoidance.

The usual course of ACT covers 6 stages. Metaphor, paradox, and experiential exercises are heavily used because these help avoid the trap of literal, linear language. The therapeutic relationship is intense and nonhierarchical because the source of the difficulty is shared equally by therapist and client.

Creative hopelessness. Most

seriously disturbed clients initially feel "stuck." Using ACT, a therapist begins by exploring and validating this sense. In particular, the workability of the "feel-good" agenda of most clients is examined directly. What clients think they need to do is exactly what they have already done, thus a real solution must lie outside normal logic. When clients begin to question the experiential avoidance agenda that is driven by language, they may no longer know what to do, but options begin to open up.

Control is the problem. Previous change efforts usually involve misapplying deliberate control strategies to inner events. The paradoxical effect of deliberate control in this area is emphasized. Following is a brief metaphor that captures some of the quality of this phase of ACT.

Therapist: Suppose I had you hooked up to the best polygraph machine that's ever been built. This is a perfect machine, the most sensitive ever made. When you are all wired up to it there is no way you can be aroused or anxious without my knowing it. So you have a very simple task here: All you have to do is stay relaxed. But I want to give you an incentive to do so, so I'm going to hold a pistol against your head. If you just stay relaxed, I won't blow your brains out, but if you get nervous I'm going to have to kill you. So just relax. What do you think would happen?

Sadly, this metaphor describes quite well what many clients are already doing: watching their insides and demanding change or else. The result in real life is as predictable as the result in this metaphor.

You are not your thoughts and feelings. ACT asks clients to give up their struggle with their own history. As one client said, "The job is not to win the tug-of-war with your emotional monsters; the job is to drop the rope." This is not likely if the person's very existence seems to be threatened. Thus, some time is spent in meditative exercises designed to help the client distinguish between the person who is aware of private events and the events themselves. A continuous and solid sense of perspective (an "observing self" that is always present) is helpful because it reduces both the dominance of literal language and the

apparent need for emotional avoidance.

Letting go of the struggle. Clients are explicitly taught a variety of acceptance and cognitive defusion skills. For example, ACT clients learn to watch thoughts or feelings like "leaves on a stream." As these skills are acquired, ACT emphasizes exposure to avoided situations, thoughts, feelings, bodily sensations, or memories that have interfered with living a vital life. Exposure is not an end in itself; experiencing past pain is dignified because avoidance stands in the way of concrete life goals. Emotionally evocative exercises are used to help the client open up to this previously avoided material.

Values. Having stripped away ineffective uses of language (cognitive fusion, emotional avoidance), ACT opens up a useful domain for language: verbal goals and plans that are focused on overt behavior. Personal values are explored in depth. In each of several areas, what does the person want to make manifest?

Commitment and behavior change. The overt steps that need to be taken to move in a valued direction are then explored, and homework exercises are constructed. Attention is paid to acceptance of the emotional or private barriers that will occur as concrete behavior changes are made. This last stage is similar to traditional behavior therapy but situated in a larger therapeutic agenda of acceptance and defusion.

Treatment Effectiveness

Randomized clinical trials have shown that ACT is effective in the treatment of such disparate problems as depression, stress, and even psychotic symptoms and that these outcomes are mediated by increased acceptance and decreased cognitive fusion. Controlled effectiveness research has shown that training in ACT produces a generally better clinician across the range of outpatient problems normally encountered—to my knowledge, the only such finding ever reported. Such a broad impact suggests that the processes targeted by ACT are as ubiquitous as the human suffering these processes seemingly generate.

Reference

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford Press.

A Guide to the Depression, Anxiety and Stress Scale (DASS 21)

By Fernando Gomez- Consultant Clinical Psychologist

Introduction

The DASS 21 is a 21 item self report questionnaire designed to measure the severity of a range of symptoms common to both Depression and Anxiety. In completing the DASS, the individual is required to indicate the presence of a symptom over the previous week. Each item is scored from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week).

The essential function of the DASS is to assess the severity of the core symptoms of Depression, Anxiety and Stress. Accordingly, the DASS allows not only a way to measure the severity of a patient's symptoms but a means by which a patient's response to treatment can also be measured.

The DASS and Diagnosis

Although the DASS may contribute to the diagnosis of Anxiety or Depression, it is not designed as a diagnostic tool. Indeed, a number of symptoms typical of Depression such as sleep, appetite and sexual disturbances, are not covered by the DASS and will need to be assessed independently. The DASS is not meant to replace a comprehensive clinical interview.

Suicide

Suicidality is not assessed by the DASS. Accordingly, the clinician will need to address directly this important symptom of Depression in their clinical interview.

How often to use the DASS?

Although the DASS can provide a comparison of symptoms from week to week, it is best given on first presentation and again after a period of time has lapsed long enough for the chosen treatment to have effect. In the case of antidepressant medication, the second administration should be between the 2-4 week period after the individual has commenced taking the medication. This period is long enough for most antidepressants to be expected to show some change in the patient.

Scoring the DASS

The scale to which each item belongs is indicated by the letters D (Depression), A (Anxiety) and S (Stress). For each scale (D, A & S) sum the scores for identified items. Because the DASS 21 is a short form version of the DASS (the Long Form has 42 items), the final score of each item groups (Depression, Anxiety and Stress) needs to be multiplied by two (x2).

Interpreting the DASS

Once multiplied by 2, each score can now be transferred to the DASS profile sheet, enabling comparisons to be made between the three scales and also giving percentile rankings and severity labels.

DASS Severity Ratings

(Don't forget to multiply summed scores by x 2)

Severity	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

As previously mentioned, the DASS should not be used on its own to assess the presence or absence of Depression or Anxiety. High scores on the DASS would certainly alert the clinician to a high level of distress in the patient and this would need to be explored further within the interview process. Similarly, low scores on the DASS should not be a substitute for a comprehensive clinical interview.

High DASS scores which are not changing, may prompt the clinician to look for explanations and perhaps augment dosages or change medication. Here again, the DASS should be interpreted alongside the clinical interview.

Changes in scores in one scale (EG: Depression), with consistently high and unchanging scores in another scale (Anxiety) may alert the clinician to pay particular attention to the presence of a co-existing anxiety disorder which may need specific treatment in its own right. Similarly, decreasing Depression scores alongside unchanging Stress scores may alert the clinician to the presence of some life event or problem, which may need to be addressed directly.



DASS 21 NAME _____ DATE _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
TOTALS								



DASS 21 NAME _____ DATE _____

BLACK DOG INSTITUTE

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
TOTALS								



DASS 21 NAME _____ DATE _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
TOTALS								



DASS 21 NAME _____ DATE _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
TOTALS								