

## Auburn –Davis Center For Dialectical Behavior Therapy

### **Dear Potential Applicant:**

Thank you for considering our 6-month Dialectical Behavior Therapy Program. The program consists of both group and individual therapy. Successful groups require motivated and committed participants. This application process is to find these participants before the first group meeting. First, determine if you are really ready to commit to the completing the whole six- month process. The material is not difficult to understand and the group dynamics are nurturing, but it is difficult to integrate the skills into your life. Almost everyone finds some internal resistance to this process. Sharing the frustration and success stories help, but it still requires hard work. At a minimum, you need to commit to coming to all 18 weeks of skills training groups and meeting with your therapist. If you do not come, DBT will not be able to help you. You are unlikely to have sufficient motivation if you are doing this class to please someone else like your parent, your spouse or your therapist. DBT definitely works, but it does not magically do it for you. Once you are ready to commit to the 18-week program, call Dr. Susan Landes at 530-888- 9858 to see if we have room in the group you want to join. New participants are taken into the program every six weeks. If a group is full, you can be on a waiting list or apply for the next one.

### **Forms to be e-mailed/faxed or brought to the assessment**

1. A completed *Application Form*.
2. A completed *Release of Information* for us to exchange information with your therapist and, if relevant, send a separate *Release of Information* for your psychiatrist.
3. A \$150 check for the cost of our individual consultation with you. A minimum of one-hour individual assessment is required prior to starting group.

Check made payable to and e-mail or bring the application to:

Susan Landes, PsyD MFT  
[drsusanlandes@earthlink.net](mailto:drsusanlandes@earthlink.net)  
530-888-6453 Fax

### **Your Individual Assessment with a DBT Therapist**

When Dr. Landes receives your application she will call to acknowledge receipt. She may schedule your individual assessment or let you know when she will call back to schedule this appointment. You will have a chance to get to know a DBT therapist and ask questions. We have two purposes for this meeting. The first is to help you determine if you are ready to commit, the second is to help you formulate specific behavioral goals.

### **Release of Information**

DBT skills groups are intended to make your individual therapy work better. Therefore, all group participants must be in individual therapy with a DBT therapist. In order for us to speak with either your psychiatrist or your previous therapist we must have a release(s) of information signed by you. The therapist or psychiatrist will also need a copy for us to speak. You can give them a copy or we will send/fax them a copy.

129 C St. Suite 7  
13620 Lincoln Way Suite 370

Davis, CA 95616  
Auburn, CA 95618

530-888-9858

## Auburn –Davis Center For Dialectical Behavior Therapy

### **Costs**

Payments need to be in cash or a check made payable to Auburn-Davis Center for DBT. The ADCDBT is not on any insurance panels. It is possible to set up single payer agreements with some insurance companies although you will be responsible for services not covered by insurance and/ co-pays. If your insurance company will reimburse you, we will provide evidence of your payment and the appointments you attended.

### ***Adults***

The weekly cost of the program is \$200.00. The total cost is \$ 3900.00: \$150.00 for your individual assessment with a DBT therapist, \$900.00 for the 18 classes, and \$150.00 for each individual therapy session and a termination session. Group fees will be due at the beginning of each new training module (\$300.00 for 6 groups, \$50.00 per group). Group fees are payable regardless of attendance. A \$150.00 deposit is required with your application. At the initial assessment, we may need a check for \$300.00 to guarantee your place in the group. We hold your \$300.00 check for 72 hours to give you time to be sure you are ready to commit after meeting us. If you do not call us to withdraw from the class, we will deposit your check. You will be charged for missed assessments and individual sessions if 48-hour notice of the cancellation is not given.

One Assessments sessions @ \$150.00 per session = \$150.00

18 Skills Training groups @ \$50.00 per group = \$900.00

19 Individual Therapy sessions @\$150.00 per session = \$2850.00

Total of = \$3900.00

### ***Teens***

The weekly cost is \$250.00. The total cost is \$ 4800.00: \$150.00 for your individual assessment with a DBT therapist, \$900.00 for the 18 skills training groups for teens and \$900.00 for the 18 parent skills training workshops (at least one parent must attend the group each week), and \$150.00 for each weekly individual therapy session and a termination session. One session per month will be designated as a parent teen check-in. Group fees will be due at the beginning of each new training module (\$300.00 for 6 groups, \$50.00 per group). Group fees are payable regardless of attendance. A \$150.00 deposit is required with your application. At the initial assessment, we need a check for \$300.00 to guarantee your place in the group. We hold your \$300.00 check for 72 hours to give you time to be sure you are ready to commit after meeting us. If you do not call us to withdraw from the class, we will deposit your check. You will be charged for missed assessments and individual sessions if 48-hour notice of the cancellation is not given.

One Assessments session @ \$150.00 per session = \$150.00

18 Skills Training groups @ \$50.00 per group = \$900.00

18 Skills Training Workshops for Parents (Teens) = \$900.00

@ \$50.00 per group (Often not reimbursable by insurance)

19 Individual Therapy sessions @\$150.00 per session = \$2850.00

Total of = \$4800.00

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## Auburn –Davis Center For Dialectical Behavior Therapy

### **Refunds**

We will not refund the \$150.00 the initial consultation fee. If you call to withdraw from the program within 72 hours of your consultation, we send your \$300.00 check back to you. After the 72-hour consideration period, we will only refund your \$300.00 if a person on the waiting list will take your space. There will be no refund once the first class has started.

### **Cancellation Policy**

Group fees are payable regardless of attendance at group. Please give a 48-hour notice if you will be missing your individual therapy appointment and you will not be charged. Insurance companies do not pay for missed appointments.

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*Application Form*

**Client Information:**

Name (First, Middle, Last)

Street Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender male female

Email \_\_\_\_\_@\_\_\_\_\_

Phone Numbers: If we can leave our name on a recorded message or with someone who answers the phone circle yes and underline the number you prefer us to call first.

Home \_\_\_\_\_ yes Work \_\_\_\_\_ yes

Mobile/Pager \_\_\_\_\_ yes

Occupation \_\_\_\_\_

How did you hear about the group?

Parent (If client is a teen)

Street Address \_\_\_\_\_

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: (If different than above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Person in Household \_\_\_\_\_ Relationship \_\_\_\_\_

Previous Individual Therapist:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Date began seeing \_\_\_\_\_

Psychiatrist:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Date began seeing \_\_\_\_\_

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## *Authorization to Release Information*

I \_\_\_\_\_ authorize the following DBT

Therapist/s:

Susan Landes PsyD, MFT

Eric Taggart, MFT

Jose DeAnda, PhD

to disclose mental health treatment information and records obtained prior to and during the

DBT Program among themselves and with:

Psychiatrist/Therapist Name:

(circle one): PhD, MD, LCSW, MFT

Street \_\_\_\_\_ Room or Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

I understand that I have a right to receive a copy of this authorization if I request it. I understand that I have the right to revoke this authorization at any time unless Provider Has taken action in reliance upon it. Such revocation must be in writing and received by a DBT Skills Training Group trainer at the address below to be effective.

I am allowing these parties to exchange written or verbal information from

\_\_\_\_\_ until

Today's Date

one year after the completion of the DBT Program in which I participate. The objective of the exchange is to coordinate treatment planning.

Consent Signature \_\_\_\_\_

Consent Signature \_\_\_\_\_

Consent Signature \_\_\_\_\_

Printed Names \_\_\_\_\_

Date \_\_\_\_\_

Participants under the age of 18 must have both legal parents sign as well for a total of three signatures

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