



**PORTLAND DBT INSTITUTE, INC**  
**5200 S MACADAM AVENUE, STE 580 PORTLAND, OREGON 97239**  
**PHONE: (503) 231-7854 | FAX: (503) 231-8153**

### **ENHANCED SKILL TRAINING INFORMED CONSENT ADDENDUM**

This document explains the DBT EST program and outlines what the DBT EST program provides. Please ask your therapist if you have any further questions. It is very important that you read the entire statement carefully before signing. The signed original will be kept in your file and a copy will be provided for your personal records.

#### **General Information Regarding the DBT EST Program**

It is essential that you are aware of what the DBT EST program is and what it is not in order to be an informed consumer. The DBT EST program is not comprehensive DBT, which includes individual therapy and the availability of 24-hour phone coaching. The DBT EST program for those over the age of 18 is a 24 week course which teaches all of the skills and other elements described by DBT treatment developer, Marsha M. Linehan, PhD and summarized in her *Skills Training Manual for Borderline Personality Disorder* (New York: Guilford Publication, 1993). The DBT EST program for those under the age of 18 teaches the same skills and also includes a parent component.

The DBT EST program will include **two one-hour sessions of the DBT skills training class each week** for a period of 24 weeks, and **one 30-minute session every-other week** with either the skills trainer for individual skills coaching, or with a pharmacotherapist for the purpose of medication management (if you choose to receive medications from a prescriber at Portland DBT Institute). For those under the age of 18 there is a parent component to the program, such that the parent must also attend a twice weekly 1-hour skills group that meets concurrently with the teen skills group.

Crisis services are not included in the DBT EST program. You are expected to have another treatment professional who is clinically responsible for your overall care and coordination of treatment (i.e. an individual therapist, a psychiatrist or a primary care doctor), and whom you can call should a clinical emergency arise while you are a participant in the DBT EST program.

#### **Intake Process**

Participation in the intake process does not mean that your acceptance in the DBT EST program is guaranteed. A Portland DBTI therapist will work with you during these appointments to make sure that you are receiving the best program match possible depending on your specific needs. If it is determined that you are in need of a higher level of care than the DBT EST program can provide the intake therapist will refer you to the appropriate program, whether that be in the community or simply waiting for a spot in the comprehensive DBT program to open. Formal acceptance into the DBT EST program will occur following the completion of the final intake assessment.

#### **Experimental Nature of the EST Program**

An important DBT research study was recently completed by Dr. Linehan. The purpose of this study was to examine differences in clinical outcomes if patients received comprehensive DBT as opposed to DBT skills or DBT individual therapy. Results from this study found few differences between those who received comprehensive DBT vs. DBT Skills Training. While comprehensive DBT was more effective in the long run and with a larger variety of issues, those assigned to the DBT Skills Training condition did very well. While these findings are very encouraging, they are relatively recent and the study has not yet been repeated to see whether results are similar. This study, in combination with numerous other published research studies on the benefits of DBT skills, make a strong case for the Enhanced DBT Skills Training program we are offering (In fact, we have consulted with a number of DBT experts and DBT

researchers to ensure that the DBT EST program we have designed makes good clinical sense based on the latest scientific research).

While we are optimistic that the DBT EST program will be clinically helpful to you, it is still experimental. We will be carefully monitoring the program and tracking participants' outcomes over time. We will also be asking you for your input and impressions. Should we find that this real-world application of Linehan's findings is helpful, we will do all we can to help further communicate its benefit to other DBT programs world-wide.

### **Comprehensive Waitlist Positions**

Participation in the DBT EST program is currently being offered only to those on the PDBTI waitlist. Your waitlist position will not be affected by joining this program. If you would like to join comprehensive DBT you will be able to as soon as your name comes to the top of the waitlist. Names will progress along the waitlist without being put above or below others due to participation in DBT EST.

As a DBT EST client you can decide to opt out of comprehensive DBT when your name comes up on the list if you demonstrate steady progress in the DBT-EST program and/or if you decide you prefer to not enter into comprehensive DBT. Those who do not make sufficient progress or desire the comprehensive treatment will be strongly encouraged to receive comprehensive DBT when the slot comes available.

### **Data Collection Permissions**

As mentioned earlier, we are carefully tracking how helpful the DBT EST is. For this reason, we would like your permission to use your data for research purposes. This may include additional voluntary communication from and data collection by PDBTI staff after the termination of treatment. Any research done will be done without any identifying information, data and results using your information will be kept completely anonymous. Data collection will take the form of surveys and questionnaires.

**Portland DBTI reserves the right to change terms or parts of this consent at any time. We will post any changes in our waiting room with ample notice.**

**By signing below, I am indicating I have read, understand, and agree to the information presented in this informed consent.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date