

THE
E B R I G H T
COLLABORATIVE

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Wilmington, DE 19802

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DBT FOUNDATIONAL SKILLS TRAINING PROVIDER AGREEMENT

In order for any client to be admitted to the DBT Foundation Skills Training Program (DBT-FST), an outside primary treatment provider must be identified and agree to certain guidelines. This is to help make clear the role and function of this group and provide this treatment safely. We ask that you speak with your provider and receive confirmation from them that they can agree to following instructions:

1. Assume full clinical responsibility for the client
2. Attend individual treatment on an ongoing basis
3. Handle or provide backup services to manage client clinical emergencies if needed
4. Keep updated a Crisis Plan that has been agreed upon by the client (Our program can help initiate the first crisis plan to be shared with the provider to help with this requirement)
5. Encourage and help motivate the client to apply DBT skills in their lives.

Primary Treatment Provider Information

Name and Credential (i.e. LCSW, Psy.D., LPC, MD, etc.):

Phone Number:

Email (optional):

I, _____, attest that I have reviewed this document with my primary treatment provider who has, to the best of my knowledge, agreed to the guidelines stated above.

Client Signature:

Date:

