



PRETREATMENT GROUP CRISIS PLAN

Client: _____ Date: _____

Intake therapist: _____ Group Date/Time: _____

My personal crisis situation is: _____

Crisis services are not available in our DBT-PTG program. For this reason, you are required to have another treatment professional who agrees to be available to you in the event that you are in a crisis and in need of urgent mental health services (e.g., case manager, individual therapist, medication provider, or primary care doctor). This is the person you would call should a clinical emergency arise while you are in the DBT-PTG program. This professional is:

Name: _____ Phone number: _____

Having other people to reach out for coaching and support may also be important as you participate in the DBT-PTG program. Two people who would be effective skills coaches or skills buddies are:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

It will be important for you to have one or two effective skills you can use right now should a crisis occur before you learn the other DBT skills. Please write out what you can do should a crisis arise today. If you do not know, please consult your intake clinician.

In addition to calling 911 for life-threatening emergencies or going to your nearest hospital emergency room, these crisis lines are also available during a mental health crisis:

Crisis Center of Tampa Bay:	211 for free, confidential crisis counseling, information and referrals.
National Suicide Prevention Lifeline	988 or 800-273-8255

I have reviewed the crisis management plan with my provider and pertinent significant others. I understand what to do if I am experiencing a crisis situation and agree to do this. I waive any liability of TBC for CBT or clinicians for any negative consequences resulting from a crisis situation.

Client Signature/Date

Therapist Signature/Date

Significant Other Signature/Date

Print Name:

Print Name:

Print Name:

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