### INFORMED CONSENT: GROUP COUNSELING

# Welcome to your group experience!

Group counseling can be a powerful and valuable venue for healing and growth. It is the desire of your group facilitator(s) that you reap all the benefits group has to offer. To help this occur, groups are structured to include the following elements:

- A safe environment in which you are able to feel respected and valued as you work
- An understanding of group goals and group norms
- Investment by both your facilitator(s) and members to produce a consistent group experience

#### A SAFE ENVIRONMENT

A safe environment is created and maintained by both the facilitator(s) of a group and its members. Primary ingredients are mutual respect and a chance to create trust. Another primary ingredient for a safe environment has to do with confidentiality. Your group facilitator(s) are bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group in the group. We realize that you may want to share what you are learning about yourself in group with a significant other. This is fine as long as you remember not to talk about how events unfold in group or in any other way compromise the confidentiality of other group members.

The facilitator(s) of your group may ask you to sign a release form so that they can talk with your individual therapist. This is a safeguard for you which allows consultation between group leaders and your individual therapist should the need arise. This also provides you with extra support should a difficult issue come up in group that may need more individual attention.

#### LIMITS OF CONFIDENTIALITY:

- If you are a threat to yourself or others (showing suicidal or homicidal intent), your facilitator(s)
  may need to report your statements and/or behaviors to family, your therapist, or other
  appropriate mental health or law enforcement professionals in order to keep you and others
  safe.
- There are a broad range of events that are reportable under child protection statues. Physical or sexual abuse of a child will be reported to Child Protective Services. Elder abuse is also required to be reported to the appropriate authorities.
- o If a court of law orders a subpoena of case records or testimony, your facilitator(s) will first assert "privilege" (which is your right to deny the release of your records although this is not available in all states for group discussions). Your facilitator(s) will release records if a court denies the assertion of privilege and orders the release of records.

#### OTHER SAFETY FACTORS:

- Members of group may not use drugs or alcohol before or during group
- Members of group should not engage in discussion of group issues outside of group

- Members of group should remember that keeping confidentiality allows for an environment where trust can be built and all members may benefit from the group experience
- Your group facilitator(s) will monitor discussions and maintain a respectful environment to keep safety and trust a priority

# **GROUP RULES**

It is the responsibility of each group member to follow the following rules as decided upon by the group:

- Keep what is said in group confidential
- No talking over others
- Being respectful and kind to other group members
- To attend every meeting and if we cannot, let the therapist know
- To try our best to participate

#### **ATTENDANCE**

Your presence in group is highly important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from the group this dynamic suffers and affects the experience of you and other members of the group. Therefore, your facilitator(s) would ask that you make this commitment a top priority for the duration of the group.

It is understood that occasionally an emergency may occur that will prevent you from attending group. If you are faced with an emergency or sudden illness, please contact your facilitator(s) before group begins let them know you will not be present.

You have the right to refuse services at any point if you are not benefiting from the group. Please be advised there are no refunds should you choose to remove yourself from the group.

#### WHAT TO EXPECT

There will be a group therapy component for approximately 45 minutes each session. During this time, group members are invited to share about the issues that prompted them to enroll in the group and group members are invited to respectfully listen and then provide feedback. It is hoped that over the course of the 8 weeks that group members will be able to meaningfully explore their vulnerability and be able to receive support from their fellow group members. The facilitator (Vanessa Pikler, PhD) will help group members to process feelings and thoughts and to guide the dynamic of the group to be safe and productive. There will also be approximately 25 minutes each session to either learn about relevant topics, practice skills, or engage in experiential practices that will facilitate group members' goals.

#### **FEES**

The cost of each weekly 90 minute session is approximately \$57.00. The cost of the full 8 week program is \$400.00. You will be responsible for payment of the \$400.00 by the end of the 8 weeks. There are no refunds. There are two payment plans available: Full payment due before or on the day of session 1, or alternatively, participants may pay \$200.00 before or on session 1 and the other \$200 on or before April 18<sup>th</sup>, 2019.

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# **CONSENT**

Please fill out the top and bottom of this form. The bottom portion of the form is for your records and the top portion of the form will be kept in your file. Thank you!

Group Consent Form—Name of Group: CALM BODY, WISE MIND, AWAKE HEART

I have read the above information, understand the information, and agree to the terms of group participation.
Signature of Group Member:
Printed Name of Group Member:
Date:
Signature of Facilitator(s):
*******************************
CLIENT'S COPY
I have read the above information, understand the information, and agree to the terms of group participation
Signature of Group Member:
Printed Name of Group Member:
Date:
Signature of Facilitator(s):