



## **MINOR GROUP THERAPY CONSENT FOR TREATMENT**

The success of group therapy depends upon a high degree of trust between you, your group facilitator, and fellow group members. This document has been prepared to fully inform you and your parents about what to expect from group therapy and from your group facilitators.

### **UNDERSTANDING GROUP THERAPY**

Group therapy is a process of understanding more about yourself and others in a safe environment. In group, you will have the opportunity to explore patterns of thinking and behaving that are similar to how you relate to others in your life. Objectives of group therapy include, but are not limited to:

- Develop skills to assist you in reaching your goals
- Feel a sense of support from other group members
- Understand more about yourself and your family system
- Identify and explore thoughts, feelings and behaviors that hold you back
- Learn how to improve relationships with others

You are welcome to share as much or as little about yourself while in the group, however, the more open you are the better experience you will have. You are welcome to ask questions at any time. The more deeply you understand the process of therapy, the more effectively you will be able to incorporate positive change into your life.

### **YOUR GROUP FACILITATOR(S) AND THE THERAPEUTIC RELATIONSHIP**

The relationship between you and your group facilitator(s) is special and unique. You will be sharing information in group that is sensitive and personal.

Our philosophy and approach to group therapy is the belief that **this is *your* group**. Each group member will have an equal say in what topics will be discussed, and what format feels most beneficial. Your group facilitator's primary responsibility is to create an atmosphere of safety and support in order for you to get the most out of group. Your group facilitator will encourage each group member to be honest, vulnerable, and respectful about his or her feelings and observations in the group.

If you are ever feeling unsafe in group, you are encouraged to discuss this with your group facilitator. If for any reason you experience any negative reactions or blocks towards participation, please share this with the group. Your voice is your power and your right.

## POTENTIAL BENEFITS OF GROUP THERAPY

Participating in group therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improving personal relationships, and resolution of specific problems you are facing in your life. It is important to recognize that therapy is not magic, and change does not occur overnight. Your willingness to participate fully in group and your openness to take feedback from your facilitators and other group members will play a role in how much you gain in therapy. In particular, the extent to which you are open and honest about yourself will play a role in how quickly you can achieve your goals.

## KNOWING THE RISKS OF GROUP THERAPY

There can be discomfort involved in participating in group therapy. You may remember unpleasant events, or experience feelings of anger, fear, anxiety, sadness, frustration, loneliness, helplessness, or other unpleasant feelings. If these distressful emotions arise during your therapy, please talk with your group and with your group facilitator.

During the process of group therapy, it is normal to have intense feelings and reactions to other group members or even towards your group facilitators. Again, these are understandable emotions that should be discussed and processed in the group setting. If you believe that group is not the most appropriate setting for you to heal and grow, please talk with your facilitator about other possible options.

## CONFIDENTIALITY

It is important that you feel comfortable in group to talk freely about whatever is bothering you. Sometimes you might want to discuss things that you do not want your parents or guardians to know about. **You have the expectation of privacy in group sessions.** As a general rule, group facilitators do not talk to your parents about what you discuss in group without your permission.

However, there are some exceptions to this rule. In some situations, in accordance with professional ethics and state laws, your facilitator may disclose information without your permission. Some of the circumstances where disclosure is required by law are:

- If you, another minor, a dependent person, or an elder adult is being abused
- If you are in danger of hurting yourself, someone else, or another person's property
- When a family member communicates to your facilitator that you present a danger to others

If you are doing things that could cause serious harm to you or someone else, your facilitator will use their professional judgment to decide whether a parent or guardian should be informed. In these

situations, your facilitator will talk with you about their concerns and discuss the best way to include your family in order to get the support that you need.

## **GROUP MEMBER'S AGREEMENT FOR CONFIDENTIALITY**

All members of the group will be asked to agree to a high level of confidentiality in the group sessions. This means that each participant agrees not to share any other group member's identifying and personal information with others. It is appropriate to share your personal reaction and feelings about group with others, but **please do not share other people's stories with anyone outside of the group.**

## **FEES**

Payment is requested at the beginning of every group session. Some group members may choose to pay in advance for services rendered on a monthly basis. If you pay in advance and have an excused absence, then that payment will be held as a credit for future sessions.

Payment can be made by debit or credit card, cash, or check payable to 'Ellie Mental Health'. As the administrative costs of running a practice change, session fees may be adjusted accordingly. In such cases, your group facilitator will discuss the adjusted fee with you or your parent/guardian at least 30 days before a change will come into effect.

## **TIME SPENT ON YOUR BEHALF**

In addition to the time spent in group, time spent on your behalf outside of group may be charged at \$200.00 per hour. This time might include, but is not limited to: consultations with other treatment providers, reading or writing documents, family therapy, or report writing. Typically, any time exceeding 15 minutes outside of the regularly scheduled group sessions is subject.

E-mail is a helpful tool for asking general questions of your facilitator, confirming appointments, and conveying relevant information and updates. However, **e-mail should not be used as a substitute for therapy.** Your group facilitator will not conduct therapy via email, and in such cases that lengthy or disclosing emails are received; she/he will invite you to talk about it during group. Please notify your therapist if you decide to avoid or limit, in any way, the use of e-mail. Otherwise, your therapist may communicate with you via e-mail when necessary or appropriate. Please do not use e-mail for emergencies and please note that e-mails, faxes, etc. are all part of the clinical records.

## **ONLINE REVIEWS AND SOCIAL MEDIA**

We understand that the use of the Internet, online reviews, and social media impact virtually all aspects of our lives – especially as teens. **Please be aware of the implications of posting information**

**about your group therapy online!** If you post an online review, status update, tweet, or blog about your experience in therapy, you are publicly acknowledging a therapist-client relationship and have thus waived your right to privacy. Please consider any potential negative impact that this could have either today or in your future.

## **EMERGENCIES**

Your therapist can be reached during normal business hours Monday through Friday by calling Ellie Mental Health at 651-313-8080. Please note that we may not be immediately available to handle emergency situations. **If you are in need of emergency assistance, call '911' or the Metro Children's Crisis Response Services of Minnesota at 651-266-7878.** Unless otherwise specified, your therapist will return phone messages within 24 hours.

## **CONSISTENT ATTENDANCE**

It is very important that you consistently attend scheduled group therapy sessions. Although illness, unexpected events, or vacations may occasionally interrupt your therapy, consistent attendance plays a large role in helping you, and your fellow group members achieve your desired goals. Please be aware that your absences negatively influence the progress of yourself and the other group members. If for any reason you are not able to attend a group session, please inform your group facilitator.

## **CONCLUSION OF GROUP THERAPY**

There are many different levels of care that therapists provide. Although group therapy is a very helpful tool for many people, the level of care offered at Ellie Mental Health and with this group may sometimes not be the best match to your needs. If at any point during therapy your facilitator assesses that she/he is not effective in helping you reach your goals in the group setting, she/he will provide you and your parent/guardian with a number of referrals that may be of help.

Thank you for the time and attention that you took to read this document. We look forward to having you in group!

Please sign below to indicate that you understand and agree to the above, and consent to group therapy treatment. You are encouraged to keep a copy of this form, and refer to it from time to time during your therapy.

Client/Participant Full Name: \_\_\_\_\_ Client's DOB: \_\_\_\_\_

Client/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_