



FLOWER POWER

Adolescent Eating Disorder & Self Esteem Interventions Group/Workshop

Ages 11-17

Thursdays 7:00pm-8:00pm

8 Week Program September 26-November 14, 2019

Group Agreement

- 1) I will prioritize my recovery group and will do my best to attend all scheduled groups. __
- 2) I agree to actively participate in each group session. __
- 3) I understand that there can be on-going communication about my group participation and progress with my individual therapist (if applicable). __
- 4) I agree to practice the self care and coping skills outside of group weekly. __
- 5) I agree that what is talked about in group stays in group __
- 6) I agree not to participate in 'sub-grouping' or forming relationships with some group members to the exclusion of others, as this tends to interfere with the group process. __

Modifications to this agreement may be made by the group therapist.

Client	Date	Therapist	Date
--------	------	-----------	------

Parent	Date
--------	------

Empower Counseling, PC
1610-A Graves Mill Road Lynchburg, VA 24502
www.empowercounseling.info
(434) 219-5621

Collection of Money: Payment must be made in full at the beginning of the 8 week workshop. The cost of the group is \$25 per session/ total of \$200. Payment may be in the form of Visa or MasterCard, cash, or check, and all payments must be made to Empower Counseling, PC.

Communication of Absences/Vacation to the Group Facilitator: Your presence is important to us. Please contact Christy Trent (434) 219-5621 or email Christy@empowercounseling.info or Trish McCoy Kessler, LPC, CEDS & iaedp Approved Supervisor (434) 219-5621 or Trish@empowercounseling.info if you are unable to make the group.

Format: This is a **closed** processing group intended to facilitate support for eating disorders and self-esteem. Occasionally, homework may be assigned to increase awareness in areas related to coping and recovery. Completion is voluntary, but strongly encouraged.

Commitment: This is a **closed group**, the success of which is dependent on cohesion and consistency. Group members are expected to commit to attending each group, and are requested to provide advanced notice prior to quitting the group.

Confidentiality: Our group is a safe place. Everything that is said in the group stays in the group. Please take utmost care never to talk to others about what was said; who said it; and any other aspect of the group. Ensuring confidentiality will help us create an atmosphere of trust, compassion, and respect which will help us in our work here.

Timeliness: Our group will start and end on time. We realize that there are many forces working against punctuality – traffic, work, family, – and if you very occasionally must be late, please don't feel too stressed about it. But know that we will not be holding up work of the group for the lateness of any members.

Facilitators for the group may include: Trish McCoy Kessler, LPC, CEDS-S, Sandra Noble, Resident in Counseling, CCTP, Carrie Wamsley Resident in Counseling, & Tara Cothren, LPC.