Ripple Effect Counseling, LLC

1321 S. Highway 160, Suite 3E

Pahrump, NV 89048

406-781-7401

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| **Group Therapy Informed Consent** |

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 v 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 is special and unique. You will be sharing information in group that is sensitive and personal. Your group facilitato is: Toni Ivy, CPC

**The Role of Your Group Facilitator:**

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 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 several 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, 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 those outside of the group to know about. You have the expectation of privacy in group sessions. Generally, group facilitators do not talk to your parents about what you discuss in group. 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, a 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 others communicate 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 duty to warn exists to ensure everyone’s safety. In these situations, your facilitator will talk with you about her concerns and discuss the best way to include your support system 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**

The fee for each group session is $40.00. 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 ‘Ripple Effect Counseling, LLC’. Your insurance coverage will also be reviewed as acceptable payment for services.

**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. 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 or someone who can assist you can be reached during normal business hours Monday through Friday by calling Ripple Effect Counseling at the number listed above. Please note that we may not be immediately available to handle emergency situations. If you need emergency assistance, call ‘911.’ 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 an immensely helpful tool for many people, the level of care offered at Ripple Effect Counseling 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.

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Client Name

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Client Signature Date

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Parent/Guardian Signature Date

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 Therapist’s Signature Date