

Group Therapy Participation Agreement-Wayne State University

Group therapy is often the treatment of choice for people who experience troubled relationships, loneliness, depression, anxiety, grief/loss, and low self-esteem. People who participate in groups that focus on the above issues have the opportunity to benefit from sharing personal experiences, giving and receiving support/constructive feedback, and experimenting with new interpersonal behaviors. In order for group to work, a safe environment must be created and expectations for members and co-leaders must be understood by the participants. Our experience with group supports that the best way to create a safe environment for personal growth is for you to understand and to agree to these guidelines:

I. Group Confidentiality Agreement

Confidentiality is special in a group setting in that it is the shared responsibility of all group members and their leader(s). Sharing in group can be anxiety-provoking; therefore we ask that you keep all information discussed in this group confidential. This agreement means that you may not discuss any information shared or the reactions of any member of this group with anyone outside of the group. Although a group leader will not disclose client communications or information except as required by law or in other limited circumstances (e.g. suicidal intent, homicidal intent, child abuse, elder abuse, and/or court order), group members' communications and information are not protected. Thus, this agreement is an attempt to provide you and your fellow group members with as much confidentiality as possible.

II. Attendance

Group members are expected to make a commitment to attend group for the entire duration of the group. Members are also expected to arrive for the group on time every week. Group will always start on time. Weekly attendance will allow everyone to continue the discussion that may feel unfinished at the end of a session. Everyone's weekly attendance promotes feelings of safety and trust. If you are running late, we ask that you call the CAPS front desk at 313-577-3398. Cancellation of group attendance requires 24-hours notice. If you know ahead of time that you will miss a group session, we ask that you share the date of your absence with the group beforehand. A group member who misses session without cancelling or notifying the group facilitator will be considered a "no-show". Members who no-show for 3 consecutive sessions, or members who have inconsistent attendance, may be asked to leave group.

III. Relationships with Other Members

Group is a chance to have therapeutic relationships in which you learn more about yourself and the ways in which you relate to others. You may have strong feelings toward some members of the group, however, group can be a safe environment to explore those feelings and how you act on them. If you do have contact with someone outside of group (e.g. see someone on campus), we ask that you share that contact with the group at the next meeting.

IV. Active Participation

Members are not required to talk in group, but we know that the more you share in the group, the more benefits you will receive. The only time that we ask that you do speak is when a new member is added to the group and introductions and goals for group are shared. We will encourage you to talk about feelings as opposed to sharing details of stories. We realize that asking you to focus on your feelings can be frustrating at times, but group is a place to learn new ways of making deeper connections with others.

V. Completing Group Evaluations

Members are requested to complete an anonymous group evaluation at the end of the semester. The purpose of the evaluation is to assist the group facilitator/s in assessing progress of group and to improve group program and development. If a client ends their group therapy before the end of the semester, the evaluation may be emailed to you from the CAPS front desk.

By my signature below, I indicate that I have read carefully and understand this Agreement and that I agree to its terms and conditions. I have asked and had answered any questions I have concerning the Agreement and am aware that signing the Agreement is required for admission to the group. I am also aware that my refusal to sign this Agreement will exclude my participation in the group.

Signature of Participant

Date

Printed Name

WSU ID Number

Signature of Leader Date

Signature of Leader Date