

Counseling and Psychological Services (CAPS) 1600 Woodland Road Cloverly Building, Room 103 Abington, PA 19001

### **Group Therapy Participation Agreement**

People who participate in groups 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 group leaders must be understood by the participants. The best way to create a safe environment for personal growth is for you to understand and to agree to the guidelines below.

### I. Confidentiality

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. You may talk about your own personal reactions, and are even encouraged to do so outside of the group, but not about others' identifying information or reactions (see "Group Therapy Confidentiality Contract" for a more detailed description).

#### II. Attendance

Group members are expected to make a commitment to attend group the entire term, although we understand that making this commitment can be difficult. Members also agree to come on time every week. If you are running late or have an emergency/illness that prohibits you from coming to group, we ask that you email your group leader. If you know ahead of time that you will miss a later group session, we ask that you share the date of your absence with the group beforehand. Group will always end on time, no matter what is being discussed. Coming back the next week will allow you to continue the discussion.

Members often feel anxious about participating in groups and by the fact that results can take time. If you decide to leave after at least three sessions, we ask that you explore your concerns with the group leader(s) and other members, as well as say good-bye. Members will begin to care about one another and though this may feel hard to imagine now, members will feel unresolved if you leave without any explanation.

## 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, as you do with people in your life. However, group can be a safe environment to explore those feelings and how you act on them.

### 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 achieve. The only time that we ask that you do speak is when a new member is added to the group and introductions and group goals are shared. We will encourage you to talk about feelings as opposed to sharing details of stories. We will ask you to do this because not everyone can relate to a life experience, but everyone can understand feelings (e.g. fear, happiness, anger, etc.). 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.

#### **Group Therapy Confidentiality Contract**

# I. GROUP THERAPY CONFIDENTIALITY AGREEMENT

Confidentiality, a trust of privacy or secrecy of communication and information, is special in a group setting in that it is the shared responsibility of all group members and their leader(s). 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, elderly 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. WHAT IS NOT PERMISSIBLE

I will not disclose to anyone outside of the group any information that may help to identify another group member. This includes but is not limited to names, physical description, biographical information, and specific of content of interactions with other group members.

# III. WHAT IS PERMISSIBLE

I understand that I am free to disclose to people that I am a group member and am attending this group. By my choice, I also may disclose personal information about myself with respect to the group experience. This includes my personal reactions (feelings and thoughts) to my group experience, feedback from other members concerning myself, and any personal information about myself, such as new skills I have learned and changes I have made. By my signature below, I indicate that I have carefully read and understand this Agreement and that I agree to its terms and conditions. I have asked and had answered any questions that 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.

By signing below, I am agreeing to the terms of the **Group Therapy Participation Agreement** and the **Group Therapy Confidentiality Contract** 

Printed Name of Participant	PSU ID Number
Signature of Participant	Date
Signature of Group Leader	Date
Signature of Group Leader	Date