Group Participation

Group counseling is a unique relationship in which a group of your peers, who are experiencing similar issues and feelings as you, help one another to better understand and address some life issues. Counseling Services groups attempt to create an environment where honest interpersonal exploration will occur. In order to create this environment, the responsibilities and rights of participants and facilitators should be understood by participants. Group leaders will encourage the development of healthy and supportive interactions between group members and will maintain the highest standards of confidentiality.

Confidentiality:

Members will treat matters that occur in the group with utmost confidentiality. Members agree to keep names and identities of other group members confidential.

Group facilitators maintain confidentiality within legal limits that were listed in the "Information and Consent for Services" form that you signed when you came in for your first appointment in our office. In order to better serve the group and its members, group leaders may consult with colleagues at Counseling Services. If consultation with a professional outside of the Counseling Services is desired, written permission from the participant is required if information will be shared that could be used to identify that person.

Risk Factors:

Sometimes students have very difficult things going on in their lives that they do not typically share with others. It is okay, in fact some students find it helpful, to share these things in group (e.g., suicidal thoughts, homicidal thoughts, self-injury, and/or abuse). Please know that if you decide to share about topics like this, group leader(s) may follow-up with additional questions about these disclosures in order to assess your current risk level. If you are uncomfortable answering these questions in the presence of the group, you may request for this assessment to be completed with the group leader(s) after the group session has ended. Additionally, the group leader(s) and/or your individual therapist may contact you after the group for follow-up. Other assistance may be recommended based upon the level of risk of harm to yourself or others.

Please know that you may also schedule an appointment with your individual therapist or an Urgent appointment with the Counselor on Duty to discuss risk factors such as those listed above. To do so, please speak with the Counseling Services front desk staff or one of your group leaders.
**Attendance:**

Progress on your goals for group relies on the interaction between you and other group members, therefore, we ask you to attend at least three group sessions before deciding whether or not group is a good fit for you. If you cannot attend a group meeting, please let the group know ahead of time or call to let us know if something arises. You are encouraged to provide 24 hours notice, if possible, to avoid incurring a fee. Please arrive on time and plan to stay for the entire group session.

**Active Participation:**

Members of effective groups actively share thoughts, reactions, and feelings as they arise during group meetings as a way of increasing their self-understanding and contributing to the personal growth of other members. To support that goal, facilitators will strive to establish and maintain a climate of respect within the group and ask that you do your part to contribute to this as well.

**Relationships:**

Members agree to primarily use relationships in the group therapeutically, not socially. The group provides an opportunity for learning about yourself in relation to others. If by chance members meet outside the group, it is your responsibility to discuss that encounter at the next group session.

**Withdrawal:**

Group participation is on a voluntary basis. As you attend at least three sessions, you will be able to decide if group is a good fit for you. If it is not, we ask you to let the group know in advance if you are thinking about leaving the group. If you or the group leader determines that group is not serving your needs, you can talk with your group leader(s) about other therapy options.

Student Signature: ___________________________      ID#: ___________________________

Printed Name: _______________________________      Date: _________________________