Group Participation Agreement

Group is often the treatment of choice for people who experience loneliness, depression, anxiety, grief/loss, troubled relationships, and/or low self-esteem. People who participate in this therapy modality often benefit from sharing personal experiences, giving and receiving supportive/constructive feedback, and experimenting with new interpersonal behaviors. For group-work to be as effective as possible, there are several basic expectations and guidelines that members must understand and adhere to. Please review these expectations, below, and sign this document to indicate your understanding of and intent to comply with them:

I. Confidentiality

Because trust is fundamental to a productive and fulfilling group experience and because members deserve full autonomy over what they share and with whom they choose to share it, it is imperative that members' disclosures in group remain confidential. It is expected that if members discuss the group experience with individuals who are not part of the group, they will do so only in a way that does not identify other members or reveal information that has the potential to identify them. Group facilitators take this confidentiality requirement very seriously, however, because of factors beyond their control due to the nature of group, facilitators cannot absolutely guarantee confidentiality will be maintained by all group members. By signing this document, you are indicating that you agree to protect the confidentiality of other members by adhering to the guidelines described above, and that you understand that any breaches of this contract will likely result in your dismissal from the group.

Exceptions to confidentiality with regard to your facilitator(s) still apply:
- *Imminent danger to self and/or others*
- *Suspicion of child/vulnerable adult abuse or neglect*
- *Records subpoenaed by a judge*
- *It may be necessary to discuss the group in supervisory contexts within University Health Services*
- *If the University receives report of concerning behavior that could put your welfare or the safety of others at risk, Health Services may disclose to the C.A.R.E. Team information about your appointment-attendance history; no other information about your counseling sessions will be disclosed*

II. Attendance

Group members make a commitment to attend group regularly and for the entirety of its duration. If you are running late or have an emergency/illness that prohibits you from coming to group, we ask that you inform the facilitator in advance by email or by leaving a message with the front desk at 426-1459. 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. Coming back the next week will allow you to continue the discussion.

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, and 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 it's generally the case that the more effort you put in and the more risks you take, the more you will benefit. The only circumstance in which you are expected to talk is when a new member is added and introductions and goals for group are shared.

If you need clarification on any of the above guidelines, please don't hesitate to reach out to the group facilitator, or Brian Davies/Group Counseling Coordinator (briandavies@boisestate.edu; 208-426-2662).

* I understand that typing my name suffices as my manual signature. My signature indicates that I have read this agreement, agree to the terms, and have had the opportunity to have my questions answered.

_____
Signature of Participant*

_____   _____
Printed Name of Participant   Date

_____
Signature of Group Facilitator

_____   _____
Signature of Group Facilitator   Date