



Sacramento

CENTER FOR PSYCHOTHERAPY

SACRAMENTO CENTER FOR PSYCHOTHERAPY

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LICENSED PSYCHOLOGIST PSY #23243

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Group Psychotherapy Agreement

This agreement adds to the information and agreements from my Informed Consent and Office Policies form which you have already read and signed. It provides additional information specific to group psychotherapy which we have decided is an appropriate mode of treatment for your particular problems and concerns. Group psychotherapy gives you the opportunity to learn with and from other people and to understand your own and others' patterns of thoughts and behavior. The group can become a safe place in which to share your past and present experiences, to obtain valuable feedback, and to experiment with new ways of being and relating to others. As with all types of psychotherapy, group therapy involves change, which may feel threatening not only to you but also to those people close to you. Groups can be very powerful and effective and also carry some specific risks such as group pressure (not always in a positive direction) and scapegoating. In any psychotherapy group, conflict and confrontation are inevitable aspects of the work which may be stressful and difficult for members to manage. Like any professional service, group therapy may not work, and for a relatively small number of people, problems may get worse. Even so, many people find that group psychotherapy is worth the discomfort they feel.

An effective group takes a lot of work and faith to develop. The following are some agreements that I have found to be essential to a successful group. In entering into group psychotherapy with me you agree to follow these guidelines.

Attendance

To initially attend for at least twelve consecutive sessions.

To come on time and remain the entire session.

To notify the group of any planned absences in advance.

To call me (916) 212-6424 about any unplanned absences or lateness.

To try to arrange vacations to coincide with group breaks which will usually occur once in three months. I am also away for conferences at times, and I will let you know the schedule as soon as possible to facilitate coordination.

Confidentiality

To keep confidential the identities of group members and all that they share. If you chose to share your own group material, you must do so in a way that does not potentially reveal the identity or any personal information about other group members. Please note that I cannot guarantee that group members will abide by this most essential agreement. Also note that as a member, any mandated reporting statutes related to your profession do not apply.

Please note that the limits to confidentiality that I specify on the Informed Consent form apply to group psychotherapy as well. In addition, I may present brief vignettes from the group in training situations or in publication. Please be assured that I will thoroughly disguise the identities in such a situation.

Fees

To pay for each month's sessions at the beginning of the calendar month, unless other arrangements have been made with me. The fee is \$80/session. To pay for all scheduled sessions whether you attend or not. Fees for individual sessions related to group are \$200 per session.

Outside Contact

To keep the relationships in group therapeutic, not social. This means that outside of group contact should generally be avoided.

To bring outside interactions between group members back into the group for discussion as group business.

Termination

To involve the group in the decision of when it is appropriate for you to terminate.

To allow at least four meetings for the termination process once you have made the decision to terminate.

Group Process

To let others affect you and be willing to talk openly and honestly about your reactions as you become aware of them.

To use the group process to work actively on the problems that brought you into group or ones that you identify during the course of your therapy.

To put thoughts and feelings into words rather than actions.

Combined Group and Individual Therapy

To provide a release of information with other mental health providers.

To bring individual therapy material that is relevant to group into group.

To agree to allow me to use our discretion in what material we will bring into group from outside of the group. (Generally, I will encourage you to do this on your own.)

Acknowledgment and Agreement

By signing this form, you are acknowledging that you understand and agree to what you have read above, and that we have discussed and clarified to your satisfaction any questions you may have had.

Patient

Date