

## **12. PROCESS GROUP PAPERWORK**

Healing Counseling Center  
Process Group Member Guidelines

This DBT Skills Group consists of four primary parts: Psychoeducation, Emotional Identification, Skills, and Feedback. These skill modules will be taught over 8wks. We ask that for best possible Mastery of skills, group members commit for 8 weeks. Group is scheduled on Thursday evenings from 6:00-7:30 PM, Beginning May 11th through June 29th.

While the curriculum is modular, often there is a cumulative nature to the skills and educational examples. Therefore, a commitment to being on time and attend every group is vital for the entire group to successfully master the material. Missing 2 consecutive sessions will be considered voluntarily dropping out of the group. Members can rejoin the group at the start of the next module if a consultation session with the group leader results in the leader recommending future participation. Refunds will not be given for any prepaid sessions in the event of a voluntary dropout. Group sessions will be 1.5 hours in Length. The first 40 minutes will consist of Process. There will be a short 5-minute break. The remainder of the group time will consist of Skills practice and Feedback.

Practicing skills between sessions in one's "real life" is a crucial element of treatment. Continuing individual therapy with a primary mental health provider is also important for the skills to be effectively implemented. We encourage group members to continue to see their current therapist and to ensure that the therapist understands the basic skills of and agrees with the client's participation in this Group. If a group member does not currently have an individual therapist, Healing Counseling Center can provide one at an additional cost.

Under some circumstances, it will be important for the group leader to be free to communicate with the individual therapist and/or family members, loved ones, etc. as necessary. Therefore, at a minimum, group members or their guardian need to sign a two-way release of confidential information for group leaders to be able to communicate with their individual therapist. This will allow the leader to gather and share information and to better coordinate care.

Group members are expected to respect the confidentiality of everyone in the group. It is understandable that at times you may wish to share about your experience in the group with others outside of the group. However, it is necessary that no confidential information shared by another group member, or about another member ever leave the group. If you have questions about this policy, or any other information on this page, please ask the group leader immediately for clarification.

Having read and understood the above information, I further agree to the following:  
Please initial all the following statements.

I recognize the importance of punctuality and attendance of weekly group meetings. Therefore, I commit to attend every session unless I am prevented from attending by circumstances that are beyond my control. If I cannot attend, I will inform the group leader as soon as possible. While members are encouraged to come to the group, even if she/he is running late, showing up 15 minutes late (or more) will be counted as an absence.:

Group attendance is mandatory, I recognize that I will be voluntarily dropping out of the group if I miss two consecutive Process Group meetings. I recognize that enrollment in the group will be an upfront payment of \$400 before group begins, even if I decide to drop out, or I am removed from the group for lack of attendance.:

I recognize the importance of practicing the skills outside of the group and understand that I will be expected to bring records of that practice (homework) to group sessions to be shared with the group. I commit to doing my best to complete and present these assignments for my benefit and the benefit of the entire group.:

I recognize the importance of participation during the group. Therefore, I commit to doing my best to use the skills I learn in-group to help me do my best to fully participate both in and outside of group sessions.:

I agree to abstain from using alcohol or drugs (unless legally prescribed) on the day the group meets, or at any time where the effects would impair my active, effective participation in the group, or where my appearance or behavior would be noticeably affected.:

I agree to authorize communication between group leaders and my individual therapist or other professional when/if asked.:

I commit to attending the full 8 weeks of this Process Group.:

I agree to actively work to solve my problems using the skills I learn in this group and refrain from methods of self-harm or suicide.:

I agree not to discuss past self-injury behaviors with other members outside of the group.:

Romantic partners may not be in the same Process Group. In addition, while friendships can be made in group and maintained outside of group, these relationships cannot be kept private from group. If what is done or said cannot be shared in the group, please refrain from that behavior.:

Your signature below indicates that you have read the information in this document and agree to its terms.

Client Name: (Will serve as digital Signature):

Parent Name: ( Will serve as digital signature):

DATE::

Group Therapy is generally not covered by Insurance. Group sessions will be billed upfront at a rate of \$400. All session for clients with insurance, a Superbill will be provided at your request. You may submit them directly to your insurance for reimbursement. If you have questions or would like to request a copy of your superbill for

reimbursement please reach out to Julie Johanson by email [julie@healingcounselingcenter.com](mailto:julie@healingcounselingcenter.com) , or by calling our office 940-220-9307. Please sign and date below, that you acknowledge billing procedures for Process groups.: