**Informed Consent for Group Counseling**

*Please read this Informed Consent Statement before agreeing to participate in group counseling. Any further questions or concerns regarding the consent may be discussed with the group leader before signing this document. You may also request a copy of the document if needed.*

**Eligibility and Service Limits** – The social-emotional learning group is intended to provide short-term counseling to individuals with area of concern. The services that you receive are based upon a determination of your needs and goals. In the event that the group leader(s) are unable to help you meet your goals, referral resources will be identified for you.

\_\_\_\_\_ (initials) I acknowledge that I am voluntarily choosing to participate in the group counseling.

\_\_\_\_\_ (initials) I understand that I may withdraw my consent at any time.

**Privacy and Confidentiality** - Confidentiality is a necessity in the practice of counseling. Group members may refrain from sharing information unless they feel certain that they can trust both you and the other members to respect what they share. Confidentiality means that by state law and professional ethics that all parties agree to safeguard any of the information you and/or the group members share within the group unless there is indication of harm to self or others, and/or awareness of harm being done to a child, elder or person with a disability.

\_\_\_\_\_ (initials) I agree to safeguard the confidentiality of other group members.

\_\_\_\_\_ (initials) I understand that the group leader(s) may be legally obliged to divulge confidentiality if there is reasonable suspicion of abuse or neglect to a child, elder, or person with a disability or if I present as a danger to self, others or property.

\_\_\_\_\_ (initials) I understand that the group leader(s) may need to discuss my case in a confidential manner with a professional treatment team and/or a supervisor for the purpose of providing quality service.

\_\_\_\_\_ (initials) I understand that the group leader(s) will ask for written consent whenever it is necessary to speak or communicate with someone about my specific treatment.

**Benefits & Risks** – Social-emotional learning groups can be very helpful, but it does involve risk. Group members will be encouraged to address personal difficulties during the course of the group work, things may initially seem harder or emotions more intense and you may encounter new challenges and reactions from others. While, the group leader(s) will be available to help deal with any issues that may arise and/or minimize the risks associated with counseling, there may be risks that you or anyone else cannot foresee.

\_\_\_\_\_ (initials) I understand and I have been made aware of the risks and benefits associated with group participation, including but not limited to the nature of the services.

\_\_\_\_\_ (initials) I understand that this type of group counseling has been instituted in other settings and those studies have shown that stress relief groups have been beneficial in assisting individuals with learning new coping skills.

In signing this consent form, I acknowledge that I have a responsibility to actively participate in treatment and that I understand my rights and this consent. My signature below documents informed consent to treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Group Member/Student Signature Date

My signature attests that I have presented the above information to the group member and provided opportunity for the group member to discuss and ask questions about concerns related to participation in group counseling.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Group Leader Signature Date

**Group Agreements**

* Agree to arrive at group on time, come to every group, and stay for the whole group.
* Agree to turn off or silent all electronic devices, including cell phones.
* Agree to commit to working on one’s problems presented to the group.
* Agree to give the person speaking your undivided attention. Do not interrupt each other.
* Agree to use words, not actions, to express feelings.
* Agree to utilize the group and its members for therapeutic purposes, rather than personal or social purposes.
* Agree to stay active in the group until one’s goals have been achieved.
* Agree to not share information discussed during the meeting outside of the group.
* Agree to keep the names and identities of all group members confidential.

Adapted from Rutan and Stone (2001), pp. 144-152