

Group Agreements
Process/Support Groups
Auburn University Student Counseling Services

Confidentiality

- In process and/or support groups at SCS, sensitive information about group members will be exchanged. To protect and promote this type of disclosure, SCS follows professional guidelines to maintain confidentiality. Confidentiality, a trust of privacy of communication and information, is a shared responsibility amongst all group members and the leader(s) of the group. It is an integral part of maintaining the safety of the group.
- At SCS, group leaders abide by professional, legal, and ethical guidelines of confidentiality established by professional organizations and state law. Legal and ethical exceptions to confidentiality include: 1) danger and/or risk of imminent harm to yourself or specifically identified others; (2) child or dependent adult abuse or neglect; and (3) responses to court order or subpoena or as otherwise required by law.
- If I discuss risk factors (e.g., suicidal thoughts, homicidal thoughts, self-injury, abuse) in the group session, I am aware that the group leader(s) may follow up with additional questions about these disclosures in order to assess my current risk level. If I am uncomfortable answering these questions in the presence of the group, I can request for this assessment to be completed after the group with the group leader(s). Additionally, I understand that I may be contacted after the group for follow-up by: 1) the group leaders and/or 2) my individual therapist upon notification of group leader (if applicable). Other assistance may be recommended based upon the level of risk of harm to myself or others.
- Confidentiality on the part of group members is not protected by these same standards. Thus, this agreement is an attempt to provide you and your fellow group members with as much protection of confidentiality as possible. It is important to note that confidentiality cannot be guaranteed and depends on fellow group members' adherence to the following:
 - What is NOT permissible: I will not disclose to anyone outside the group any information that may help identify another group member. This includes, but is not limited to, names, physical descriptions, biographical information, and specifics of interactions with other group members.
 - What IS permissible: I may disclose to others outside of the group the fact that I am a group member and attending group. I may also disclose personal information about myself with respect to *my* group experience, including my personal reactions, feedback I have received from other members regarding myself, and any other personal information about myself such as new skills I have learned and changes I have made.
- If I breach confidentiality, I understand that I may be asked to leave the group.
- If I am receiving individual counseling at SCS, I understand that my confidentiality will be maintained unless I choose to disclose this information to the group. I am also aware that my individual therapist and group leader(s) may consult about my treatment in an effort to provide the best care possible.

Attendance

- Once I commit to attending a group, I agree to attend a minimum of three sessions, to stay the entire session, and be punctual. I agree to notify the group leader(s) at least 24 hours in advance if I am going to miss a session. I understand that late cancellations and no-show appointments will incur a \$20 fee.
- If I miss two consecutive group sessions without notifying the leader(s), I understand that the leader(s) may assume that I am no longer interested in participating, and my seat may be forfeited. If I wish to return to group under this circumstance, I agree to contact the group leader(s) in advance to determine whether my seat is available before returning to the group.
- I agree to stay in group until I have met my therapeutic goals. I agree that when I decide that I have gained as much as possible from group, I will notify the group in advance of my intentions to leave the group and come to the group to say good-bye. If this is not possible, I will agree to let the group leader(s) know of this decision and consent to allowing the group leader(s) to discuss my decision to discontinue group.

Participation

- I understand that it is my responsibility to discuss my goals for group and reason(s) for attending; no one will force me to talk or reveal anything before I am ready to do so. I also understand, however, that I will receive greater benefit from group if I engage in regular participation.
- I understand that as long as I am a group member, I will not have contact with other members outside of group time (e.g., face-to-face meetings, calls/texts, social networking). If I do have contact with another group member, I will let the group know about this.

Process Observers

- I understand that while I am participating in the group, a process observer may be present. A process observer views the group from behind a one-way mirror. Process observers may be involved in the group for a variety of reasons, including to obtain training regarding group counseling and to provide feedback about group process.
- Process observers may be members of the SCS staff, including senior staff members and graduate clinicians. Professors and students in graduate psychology programs at Auburn University who are not SCS staff members may also serve as process observers. In this situation, I will be asked my permission for them to observe the group prior to their observation to avoid any potential conflicts of interest. It should be noted that all process observers adhere to legal and ethical requirements regarding confidentiality.
- If a process observer is present, I will be notified of this at the start of the group session. The process observer will join the leader(s) at the end of the group to engage in post-processing. I agree to be silent during this time, and if I have any reactions or comments about the post-processing, I will bring them up in the next group session.

Consultation/Supervision

- I understand that in order to ensure the effectiveness of group, group leader(s) and/or process observers may discuss group material outside of group with each other and other members of the SCS clinical staff. I also understand that the work of any unlicensed staff is supervised by a licensed senior staff member.
- In the event of the absence of a leader from the group, that group session will be audio-taped in order to provide information to the absent leader and for the purposes of supervision. I consent to being audio-taped in group for this purpose.

Decorum

- I agree to behave respectfully toward all group members in order to maintain the safety of group. I understand that group members are encouraged to share aspects of their personal identity that are meaningful to them and are expected to be supportive of this sharing by others. Aspects of identity that might be discussed include race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, ability, and socioeconomic status.
- I agree that I will turn off or silence all cell phones and electronic devices while in group since they can be disruptive of group time.
- I agree to participate in group sober and not under the influence of controlled substances in order to get the most out of group.

With my signature below, I indicate that I have carefully read and understand the Group Agreements and that I agree to its terms and conditions. I have asked and had answered any questions I have concerning these Group Agreements and am aware that signing the Agreement is required for my admission to the group. I am also aware that my refusal to sign this Agreement will exclude me from participating in group.

Printed Name _____ Signature _____ Date _____