Group Participation Agreement-Managing Challenges

Managing Challenges groups provide an opportunity for students to learn the following skills: emotion regulation, interpersonal effectiveness, distress tolerance, and mindfulness. For optimal benefit from your group participation, we ask that you agree to the expectations outlined below.

I. Confidentiality

Members may not discuss the identity or identifying information, or share the reactions of any member of this group with anyone outside of the group. You may talk about your own personal reactions, but not about others’ identifying information or reactions. You may be required to engage in mental health services an individual therapist to participate in this group. If you are receiving treatment from a provider in the community, a release of information is required to be completed to insure coordination of care (e.g., discuss appropriateness of group as a treatment option, update provider about your progress, concerns about your safety, and termination of services). It is your responsibility to inform the group leader of any change in your treatment (e.g., taking medication, stopping individual therapy, or changing individual therapists). Exceptions to confidentiality with regard to your therapist(s) still hold: imminent danger to self and/or others, child/elder abuse, subpoenaed records, and threat to national security. State law requires that all C&CS providers at UHS, as employees of the University, report the total number of students seen who report that they have been sexually assaulted. Aggregate numbers of sexual assaults are reported and your confidentiality will remain protected.

II. Commitment to Individual Services and Safety, When Appropriate

In order to be eligible for group, members who are in individual therapy must commit to seeing an individual provider as agreed. During the duration of group, the individual provider in the community will remain the primary service provider. The individual provider will remain the primary contact for you regarding crisis services and safety concerns. If you experience risk of harm to self or others at any time during your group participation, it is your responsibility to (1) follow your safety plan; (2) contact your individual counselor; (3) go to the nearest emergency room or call 911. In the case of an emergency, you are to contact your individual provider immediately. If safety concerns arise during group, group leaders will contact your individual provider to coordinate care regarding safety concerns. If individual services are terminated, you will not be able to continue group.

III. Attendance

Members are expected to make a commitment to attend for the agreed time frame of the group. Members are also expected to arrive for the group on time every week. Group will always start on time. If you are running late or have an emergency/illness that prohibits you from coming to group, we ask that you call or send a secure message to one of the leaders. 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. The skills are cumulative and attendance is necessary in order to fully learn each skill. As such, if a member misses any part of any skill module they will be asked to sit out for the remainder of the module and return to group at the beginning of the next skill module.

IV. Completing Surveys for Group

Members are requested to complete the survey before the first and the last groups of the semester. It is important that you arrive 10 minutes early to complete the survey before these groups to allow the group leader(s) to review the survey before the group begins. If you are unable to complete the survey before the group, please forego the survey and ensure you arrive early in the future when the survey will be
administered. The purpose of the survey is to assist the group leader(s) in assessing your progress toward your goals in treatment.

**V. Participation and Homework**

Group members are expected to actively participate, listening and supporting others as well as completing and sharing homework. Group is an opportunity to learn new skills through the completion of homework and reflect on your ability to utilize previously learned skills through sharing homework with the group. As such, completion and sharing of homework is required for group participation and it is expected that you will take the time to be thoughtful and complete the task. All members take responsibility for their own process of change.

Please use the homework and feedback time as an opportunity to focus your attention and practice mindfulness skills. It’s an excellent opportunity to tune in, listen, and be one-minded of others’ experiences. In addition, listening attentively is respectful to the person who is speaking and will help you to provide better feedback. As a corollary, please refrain from engaging in distracting behaviors during the homework and feedback time.

**VI. Relationships with other Members**

You may develop supportive connections with group members outside of the group. If this occurs, it remains important that you do not discuss the group or other members during these times. If you have any concerns about the group or other members, please bring these items back to the group to be discussed. Every group member has the right to decline contact with one another outside of the group. If you have difficulty or concerns managing any of these boundaries, please ask the group leader(s) for support.

**VII. Recording**

As part of your participation in group therapy, sessions may be recorded for training purposes. The recordings of our sessions will be kept confidential in the same way that our conversations are held in confidence. No person outside of UHS will have access to the recordings. The recordings will be reviewed by the group leader(s) and/or by the group supervisor to insure that you are receiving the best possible services. All recordings will be deleted upon conclusion of supervision. If you have any questions now or in the future about this policy on recording, please contact your group leaders or Group Therapy Coordinator, at (608) 265-5600, option 2.

__________________________  ____________________________
Signature                             Date

__________________________  ____________________________
Printed Name                        Student ID

__________________________  ____________________________
Parent/Guardian Signature (for minor clients) Date

__________________________  ____________________________
Signature of Leader Date

__________________________  ____________________________
Signature of Leader Date

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