

Dana Daniel-Edgerton, LPC  
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## **Support & Process Group Agreement**

**Welcome!** I am pleased to have the opportunity to work with you and hope this information will be helpful to you in making an informed decision about joining this group. If you have any questions or concerns about these policies or any other aspect of my practice, please feel free to discuss them with me.

### **Understanding Group Therapy**

The success of group therapy relies upon a high degree of trust between you, your group facilitator, and fellow group members. This document has been prepared to fully inform you about what to expect from group therapy and from your group facilitator.

Group therapy is a process of understanding more about yourself and others in a safe environment. In group you will have the opportunity to explore patterns of thinking and behaving that are similar to how you relate to others in your life.

Objectives of group therapy include, but are not limited to:

- Develop skills to assist you in reaching your goals
- Feel a sense of support from other group members
- Understand more about yourself and your situation
- Identify and explore feelings, patterns of thinking, and behaving that hold you back
- Learn how to relate more intimately to others

You are welcome to share as much or as little about yourself while in the group. However, you are encouraged to be open to learning about the ways you impact other group members in both positive and negative ways. The more open to learning about yourself and the less self-protective you are the better experience you will have. To ensure that therapy is delivered in the most helpful way, please ask questions at any time. The more deeply you understand the process of therapy, the more effectively you will be able to incorporate positive change into your life.

### **The Therapeutic Relationship**

Your group facilitator is Dana Daniel-Edgerton, LPC. The relationship between you and your group facilitator is special and unique. You will be sharing information in group that is sensitive and intimate. With time, you may come to feel close to your facilitator and may wish to spend time with them in a more social environment. However, in order to protect your confidentiality and maintain professionalism, group facilitators and group members do not socialize together. And, under no circumstances is it ever okay for a therapist or group facilitator to be romantically or sexual engaged with a client or group member.

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## **The Role of Group Facilitator**

My philosophy and approach to group therapy is the belief that this is your group. Each group member will have an equal say in what topics will be discussed. My primary responsibility is to create an atmosphere of safety and support in order for you to get the most out of group. I will encourage each group member to be honest, vulnerable, and respectful about his or her feelings and observations in the group. It is important that each individual's boundaries and limits are voiced and respected in the group. Thus, if you are ever feeling unsafe in group you are encouraged to discuss this with me. If for any reason you experience any negative reactions or blocks towards participation, please share this with the group. Your voice is your power and your right.

## **Potential Benefits of Group Therapy**

Participating in group therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improving interpersonal relationships, and resolution of the specific concerns that led you to seek group therapy. It is important to recognize that therapy is not magic, and change does not occur overnight. Your willingness to participate fully in group and your openness to take feedback from your facilitator and other group members will play a role in how much you gain in therapy. In particular, the extent to which you are open and honest about yourself will play a role in how quickly you can achieve your goals.

## **Knowing the Risks of Group Therapy**

There can be discomfort involved in participating in group therapy. You may remember unpleasant events, or have aroused feelings of anger, fear, anxiety, depression, frustration, loneliness, helplessness, or other unpleasant feelings. If these distressing emotions arise during your therapy, you are encouraged to discuss your feelings with the group and with your group facilitator. This will help you effectively manage these feelings and identify additional support if necessary.

During the process of group therapy, it is normal to have intense feelings and reactions to other group members or even towards your group facilitators. Again, these are understandable emotions that should be discussed and processed in the group setting. If you believe that group is not the most appropriate setting for you to heal and grow, you have several options available to you.

### *Other options for help:*

1. You can receive individual therapy as well as group therapy and individual therapy, or any combination of the two;
2. You can consider individual therapy with the group facilitator or from an outside referral;
3. Your group facilitator can assist you in finding another group that is a better fit for your needs;
4. In some cases your group facilitator might discuss with you the possibility of a psychiatric consultation; and
5. As part of your therapy, you are encouraged to see a medical physician for any physical

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or medical concerns that could be related to emotional difficulties.

## **Confidentiality**

In accordance with professional ethics and Texas law, the information revealed in group is confidential, and will not be revealed to anyone without your written permission, except as required by law. Some of the circumstances where disclosure is required by Texas law are: 1) if I have reason to believe that you may harm yourself or others, 2) if I have reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect, or exploitation of a person who is elderly or has a disability 3) ordered disclosure by state or federal courts.

### *Group member's agreement for confidentiality*

All members of the group will be asked to agree to a high level of confidentiality in the group sessions. This means that each participant agrees not to share any other group member's identifying and personal information with others. It is appropriate to share with others your personal reaction and feelings about group, but refrain from sharing other people's stories with others who are outside of the group.

## **Fees**

The fee for each group session is \$40. Payment is requested at the beginning of every group session. Payment can be made by debit or credit card, cash, or check payable to "Dana Daniel-Edgerton." As the administrative costs of running a practice change, session fees may be adjusted accordingly. In such cases, your group facilitator will discuss the adjusted fee with you at least 30 days before a change will come into effect.

Some group members may choose to pay in advance for services rendered on a monthly basis. If you pay in advance and have an excused absence, then that payment will be held as a credit for future sessions.

### *Missed Sessions*

Since your position in the group cannot be filled during your absence, you will be asked to pay for group sessions missed with less than 24 hours' notice.

### *Time spent on your behalf*

In addition to the time spent in group, time spent on your behalf outside of group may be charged at \$80.00 per hour. This time might include, but is not limited to: consultations with other treatment providers, reading or writing documents at your request, formal assessments, research, meetings with others, and report writing. Typically any time exceeding 20 minutes outside of the regularly scheduled group sessions is subject to additional charge.

## **Electronic Communications**

It is important to be aware that electronic communication such as e-mail can be relatively easily accessed by unauthorized people and can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. A non-

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encrypted e-mail, such as your group facilitator's email, is even more vulnerable to unauthorized access. Although my emails are not encrypted, my computer is equipped with a firewall, virus protection, and a password.

E-mail is a helpful tool for asking general questions of your facilitator, confirming appointments, and conveying relevant information and updates. However, e-mail should not be used as a substitute for therapy. Your group facilitator will not conduct therapy via email, and in such cases that lengthy or disclosing emails are received; she will invite you to a conversation in group. **Please notify your therapist if you decide to avoid or limit, in any way, the use of e-mail.** Otherwise, your therapist may communicate with you via e-mail when necessary or appropriate. Please do not use e-mail for emergencies. Please note that e-mails, faxes, etc. are all part of the clinical records.

### **Emergencies**

Your therapist can be reached from 9 am to 6 pm Monday through Saturday by calling 512.507.0286. Please note that I may not be immediately available to handle emergency situations. If you are in need of emergency assistance, call "911." Unless otherwise specified, phone messages will be returned by your group facilitator within 24 hours.

### **Consistent Attendance**

It is very important that you consistently attend scheduled group therapy sessions. Although illness, unexpected events, or vacations may occasionally interrupt your therapy, consistent attendance plays a large role in helping you, and your fellow group members achieve your desired goals. Please be aware that your absences negatively influence the progress of yourself and the other group members. If for any reason you are not able to attend a group session, please inform your group facilitator.

### **Conclusion of Group Therapy**

There are many different levels of care that therapists provide. Although group therapy is a very helpful tool for many people, the level of care offered with this group may sometimes not be the best match to your needs. If at any point during group therapy you find that I am not effective in helping you reach your goals in the group setting, I will provide you with a number of referrals that may be of help. I ask that you give the group a month notice when you are ready to leave the group and that you attend group sessions during this time in order to say goodbye fully.

### **Consent for Services**

I have read and understand the contents of this Group Services Agreement. My questions about these policies have been answered. I agree to the professional and financial terms described above, as indicated by my signature below. You are encouraged to keep a copy of this form, and refer to it from time to time during your therapy.

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Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if applicable)*

Printed name: \_\_\_\_\_

Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_