

**Glenn Bigonet, M.A.
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LETTER OF AGREEMENT FOR CLIENTS IN GROUP PSYCHOTHERAPY

Welcome. I hope your time here is worthwhile. I am giving you this letter to help answer any questions you may have about group psychotherapy. It will also explain the administrative procedures of my practice. Please go over this letter carefully and feel free to show it to other professionals you trust or to family members if you wish.

At the end of this letter is a place for you to sign your name. Doing so, means that you have read and understand all the points in this letter.

OUR SENSE OF WELL-BEING is influenced by many interrelating factors. You are here to address non-medical factors. I recommend that you get a physical exam from your doctor as soon as possible. This is important because we want to make a clear distinction, and understand any connections between medical and psychological factors affecting your well-being. Since I am not a physician, I cannot know if you have a medical condition that might be related to our work. Please let me know about any medical health problems you have.

WHAT HAPPENS IN GROUP? Group members help one another to define goals, to clarify how to achieve those goals, and to overcome internal and external obstacles to success. The group shapes itself to the needs of its members, operating differently to address varying concerns. In group, you not only talk about issues, you directly experience your patterns of coping in your relationships in the group. You deepen your understanding of these patterns, clarifying what you do that is effective and what is ineffective. You can then build on strengths, overcome deficits, and develop new inter-personal capacities. For example, if you have difficulty asking for help, you may have that difficulty in the group. You might then take the risk to reach out to others rather than withdraw into isolation. At different times, you may focus on current life situations, early childhood issues, fantasies or dreams.

WHAT IS GROUP? People come to group to address a variety of issues: improving relationships, dealing with life transitions, working through consequences of trauma and abuse, finding more satisfying work, improving health, and other concerns. Group offers the opportunity to meet on a regular basis with others who share the common goal of making meaningful and significant changes in their lives. The group includes men and women at different ages and stages in their lives so that we learn from one another's unique perspectives and experience.

BETWEEN MEETINGS I can be reached at 617-462-6642. I check my voice mailbox throughout the day. I will let you know in advance if I will be unavailable at a particular time. If you feel it is an emergency and I do not call you back promptly please go to your nearest hospital emergency room. When compared with other forms of seeking help, group psychotherapy is fairly non-intensive in that meetings occur only once a week and group members may not always get time to discuss their particular issues. If you feel that this is not enough for you at this time, we can discuss alternatives that provide increased therapeutic support.

TIME: Groups of 5-7 participants run for 1 1/2 hours and those with 8-10 participants run for 2 hours. Group starts promptly at 6:30.

RESPONSIBILITIES: Group members agree to respect confidentiality, to refrain from discussing sessions without permission of all participants. Group members agree to attend all sessions, or to inform the group in advance if a session will be missed.

TERMINATION: Group members can terminate from group at any time they choose to do so. However, group members agree to consult with Glenn and with others in the group prior to making a decision to leave the group. They also agree to continue to attend group for a minimum of three sessions after informing other group members of a decision to terminate.

FEES: Fee for the group is \$30/session. Group members are responsible for payment for all sessions, even if unable to attend the session. I accept cash, checks, VISA, MasterCard & Discover. There is a \$10.00 fee for returned checks. If a check is returned a second time, you will be asked to pay the balance you owe by cash or by money order.

ETHICS AND CONFIDENTIALITY are essential to the success of psychotherapy/counseling. With a few exceptions everything we discuss is kept in strict confidence. Normally, information about our sessions is released only upon written permission from you. Group members agree to keep confidential who is in the group and what is said there. Group members agree to not discuss what happens in group, outside of group meetings even with other group members.

Massachusetts law requires or allows confidentiality to be overturned even when a release is not signed when: 1) Someone is at risk for suicidal or homicidal behavior; 2) When it is suspected or known that a child or elder person is being abused or neglected; 3) When the person receiving services or the legal guardian responsible for paying refuses to pay for services rendered; 4) When a judge court orders information from a patient's file.

BY SIGNING BELOW you acknowledge that you have read this document or have had it read to you and that you have received a copy of it. You further acknowledge your right to ask questions if you do not understand any part of it.

I see psychotherapy and counseling as an effort by both therapist and client to work toward improving the quality of the client's life. I look forward to working with you.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Client Name(s) _____

Address _____

Email Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Emergency Contact _____

Number _____

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Intake Questionnaire

Name _____

Living Arrangement: alone with partner with friend with relative with roommates

Occupation _____ Currently employed? Yes No

Marital Status: single partnership married divorced separated widowed

Focus or reason for counseling _____

On a scale of 1 to 10 (with 10 being extremely motivated), how motivated are you to resolve this issue? _____

Please check your response:

Yes No Family Member

Have you been in therapy/counseling before?

Are you currently in therapy?

Are you taking any psychiatric medications?

If "yes" please list all medications _____

Any insomnia or problems sleeping on a regular basis?

Any significant losses in the past 2 or 3 years?

Any other losses that you feel are unresolved?

Do you have a history of trauma or abuse?

Any current addictive behaviors?

Any past addictive behaviors?

Any history of head trauma or injury?

Is there anything else you would like me to know about you? _____
