



THE SIBLEY GROUP

Positive psychotherapy for families, couples & adults

Psychotherapy Groups

Psychotherapy groups offer adults, children and adolescents an arena in which to practice personal and relationship skills related to managing emotions, coping with problems, and making and keeping friends. The following components create the most beneficial setting for your group experience and/or your child's progress.

Attendance:

We commit to maintain regularly scheduled group sessions, and to build well-matched groups for our clients. In order to secure a spot in a new group, you must attend an initial intake (and parent consultation meeting if the group participant is your child), and appropriate preparation sessions as recommended by your therapist. We will hold your spot (or your child's spot) in the group with a deposit equal to one group session (\$135); this deposit will be applied toward a group session should all sessions be attended. If you withdraw your child from the group or have missed sessions without proper notice, this deposit will be non-refundable. We will attempt to notify you of any changes in the schedule with as much advance warning as possible. Regular attendance is very important to the effectiveness of the group. Groups will be held (and you will be charged for group sessions) on all days when group is scheduled, or on all days when DCPS and MCPS schools are open. Please let us know about any necessary absences as soon as possible so that you or your child and the group can anticipate them. We allow for two absences per term (fall, winter, spring or summer). If less than 48 hours notice is given, missed sessions are billed as a regular session.

Consultation with parents:

Regular contact with clients, and parents is essential. Therefore, ongoing communication and monthly update meetings are scheduled to assist in the treatment process.

Confidentiality:

Adult clients as well as children or teens in groups and their parents share responsibility with therapists for respecting the privacy of others. These issues are addressed in the group, but please encourage your children to follow these guidelines: 1. What other children say or do in the session is private. 2. Telling others that you're in therapy is a personal decision. If you want to talk about being in the group, that is fine. It's not OK to disclose who else is in the group.

Payment:

We charge for services on the day of and collect credit card information from all of our clients. If there is a problem with paying by credit card, please be sure to send a check weekly. Phone consultations with parents or collaborating professionals that exceed 15 minutes will be billed at the prorated individual therapy rate. Please refer to the Therapy Agreement for further billing details.

Co-facilitators:

We often run groups together in order to provide the best possible experience for your child. We consult regularly and work as a team. Either of us may request a check-in meeting with your child or a parent meeting in order to make group meetings as effective as possible. Should we deem it necessary for both therapists to attend individual check-in/parent meetings, we will charge the session as an extended session per the Therapy Agreement.

Ending therapy:

The ending phase of group therapy is very important in consolidating gains; unplanned endings are very disruptive to the entire group. Please work with us to plan an ending for your child's group experience that allows time for saying goodbye and offers the chance for your child to carry learning forward. If your child misses more than 3 group sessions per term, your child may be asked to leave group for the remainder of the term.

Waiting room:

Unfortunately, the waiting room is not available during group sessions.

School cancellation:

The group will not necessarily be canceled on school holidays or snow days. The therapists will decide about weather cancellations based on polled attendance and on weather conditions, then notify you via email by 1 p.m. If the group is canceled, we will try to reach you by email and phone.

By signing this form together, you (parent and client) agree to keep any information shared in the group confidential and private.

Parent Signature: _____

Client Signature: _____