

Anxiety Support Group Contract
Facilitated by Nina K. Flowers, MEd, LPC
Counseling Solutions, Inc.
Thursdays 7:00PM - 8:30PM

Group Purpose:

- To share feelings and ideas with others with similar issues
- To facilitate understanding of your anxiety
- To learn coping mechanisms for dealing with anxiety
- To recognize stressors that cause anxiety in advance

Attendance:

It is important for group growth that members be on time and attend all sessions. If an absence is unavoidable, please notify the facilitator in advance (703-858-5507) and she will discuss the reason for your absence with you.

Confidentiality and Outside Relations:

Because members of the group are part of the same community and may also have personal relationships, it is important to recognize that this will have an impact upon the group process. It is important not only that everything discussed during group sessions remain in group, but also that group conversations not extend beyond group meetings. It may be detrimental to group growth for people to process group issues with only part of the group present.

In addition, members are asked to sign a release allowing the group facilitator to provide information to an individual's counselor after the individual has signed a release of information.

Well-Being of Group Members:

If at any time the facilitator determines that a member's participation is harmful to her/himself or to the group, she will intervene to protect the individual and the group.

Guidelines for Participation:

Group process and interaction may be truly positive and powerful experiences for people. This group will focus on personal growth in the group context. Participants are expected to invest themselves in the group by sharing in a genuine manner, listening to others, and providing feedback to group members.

If you have difficulty managing certain issues or feelings that arise during the course of the group, arrange to meet with your facilitator or your counselor individually to help identify ways of addressing your concerns.

I agree to refrain from discussing any personal information shared by other group members outside of group and to follow the guidelines and policies stated in this contract.

Member's Signature _____

Date _____