



Women's Support Group Agreements

Suzanne DeMontigny MA LPC
Integrative Trauma Recovery

3050 Broadway Suite 300 Boulder, CO 80304 and 750 E 9th Avenue Suite 201 Denver, CO 80203
(303) 219-0996

Welcome! Here are the basic group agreements that each group member makes when joining this group.

1. I commit to being a member of the group for 6 weeks.
2. I will attend each weekly meeting, arriving on time and remaining for the entire group. In those cases where this is not possible (e.g., emergencies, vacation, unavoidable circumstances) I will notify the group ahead of time -- if not possible I will try to call the group facilitator before the meeting time.
3. I will retain the group's confidentiality by not revealing what is said in the group to anyone outside the group (except with my therapist if I am in individual therapy). I may talk to others outside the group about my general experience in the group, as long as this in no way jeopardizes the confidentiality of any group member.
4. I understand that it is my responsibility to participate in the group and to voice my feelings, thoughts, and concerns. If feelings toward another group member interfere with my ability to participate freely in the group, I will bring this up in the group. This applies to feelings toward the group leader(s) also.
5. I understand that interactions outside of the group between group members should be brought into the next group session – as this is critical for maintaining group integrity.
6. I will not gossip about other group members, but will bring up my feelings directly with the person(s) concerned during group time.
7. I will interact honestly with other group members, respecting their feelings and thoughts. I will not impose any threats of harm or physical violence.
8. I will not attend group under the influence of alcohol or drugs.
9. Group sessions will last 2 hours.
10. I understand that emotional issues may come up for me in this group that I can best deal with in individual therapy.
11. I have read and understood the above.

Group Member: _____ Date: _____

Therapist Signature: _____ Date: _____