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## GROUP THERAPY POLICIES AND DISCLOSURE STATEMENT

### Introduction/Credentials

Welcome to my group psychotherapy practice. You have the right and the responsibility to choose a provider and treatment modality that best meet your needs. With this in mind, the following information is being offered and will serve to answer questions you may have about group therapy. Please feel free to ask for additional clarification.

I received my MSW from University of Washington in 1984. I am a registered LICSW from the State of Washington (#00004175)

### Group Therapy Approach

Because I believe so strongly in the power of group therapy as a catalyst for change, I facilitate multiple ongoing, process-oriented groups for my clients each week. My groups are limited to ten participants. I work to select members who can benefit from the group experience and also be learning partners for each other. In group, members are encouraged to talk directly with each other in a spontaneous and honest fashion. As a therapist with training in group therapy, I provide an opportunity to deepen group interactions and facilitate what organically arises.

My theoretical framework is informed by psychodynamic, cognitive-behavioral, existential, and reality therapy theories. Within my groups, diversity among members may exist and is respected.

Group psychotherapy has both benefits and risks. Potential risks include the experiencing of strong emotions and possible changes in relationships. Potential benefits include: a safe place to explore and address past and present life issues, a reflection of patterns of thought and behavior that are harmful, the practice of giving and receiving feedback, improved relationships, the opportunity to learn from others in a uniquely accountable environment, the chance to see clearly how one is in relationship with others. All of these benefits can then translate into one's life circumstances.

### Types of Groups Offered

I currently lead multiple ongoing groups each week, including groups for women, men, a combination of women and men, and couples (see specific addendum regarding the couples' group). Although this outlines a general make-up of the groups, there will be

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times that a woman will be a member in the men's group, or vice-versa, or an individual will participate in the couples' group. Couples often attend their own separate groups; there will likely be occasions when it is important that they attend their partner's group for one or more sessions. I reserve the right to add members and shift the format as I see therapeutically beneficial.

## **Payment/Insurance**

My current fee for group is \$60 per session for individual groups and \$90 per couple for the couple's group unless you and I have agreed upon another payment structure. You are responsible to pay your group fee at the time of the session unless another plan has been arranged. I accept payment through cash or check.

I do not participate directly in any health care plans. However, at your request, I do provide a form and invoice for you to submit to your insurance company for possible reimbursement. You may also be able to use this statement to submit to your HSA or FSA plan. I do not accept insurance assignment. If by mistake I am sent reimbursement from your insurance, I return it to be reissued directly to you and contact you when this action is required.

## **Beginning/Ending Group**

As an ongoing group format, new members will periodically be invited to join as space allows. While these groups are quite stable in terms of members participation and minimal turnover, changes of membership provides an opportunity for discussion when it arises.

As a member you are free to leave group at any point. In rare circumstances when I determine that continued participation in the group is harmful to yourself or other members, I will use my right to end your group experience. If this were to happen, I would attempt to discuss my decision with you in order to support your understanding of the change.

## **Outside Contact**

Contact between members outside of formal group sessions is optional and can be supportive. However, it is important to note that group be kept a secret-free zone. Thus any interaction between members is material for processing within the group.

## **Responsibilities as a Group Member**

It is each member's responsibility to:

- pay according to his/her agreement with me
- arrive on time for group, or if circumstances arise to contact me regarding arriving late
- give notice if there will be a necessary absence – specifically stated in group ahead of time
- ask for the time needed in group
- bring forward the relevant issues and information so that the group can provide the most effective support
- bring up any reactions that might arise between members or about feedback received

## **Confidentiality**

Confidentiality is foundational for the building of trust in the group context. Conversations between you and I will not be disclosed to outside parties without your permission. However, these are the legal and ethical exceptions to confidentiality:

- 1) if you inform me of your intention to hurt/kill yourself or another person
- 2) if you inform me of a child, minor or elderly person who is currently being abused
- 3) if I am subpoenaed by an agent of the court

Keeping the confidentiality of other group members is also a prerequisite of group participation. Group members need to view confidentiality as a shared responsibility. This means not sharing any information with people outside the group that would in any way reveal the identities of other members. Because there is much crossover between groups, the respectful sharing between groups is acceptable. While I can not guarantee that group members will keep each other's confidences, you are agreeing to uphold the confidences of your fellow members by signing this statement.

In order to provide the best service possible and to hold myself accountable for the work that I do, I seek regular consultation from other licensed clinicians. During my consultation, I will not share names or other identifying information.

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## Conjoint Work

While you are a group member, I will be available to you for individual and/or couples' therapy. At times, we may do ongoing conjoint work (both group and individual sessions), other times you will primary do group work with additional individual support on an as-needed basis. I am available to offer what is most supportive given the current circumstances. I encourage you to feel free to contact me at any time. I check my messages frequently and always attempt to return calls as soon as I am able.

*I have read, understand and agree to this statement. I have had the opportunity to ask and have my questions answered. I have been provided with a copy of Carol's Privacy Practices Policies which detail my rights under HIPAA.*

Client \_\_\_\_\_ Date \_\_\_\_\_

Therapist \_\_\_\_\_ Date \_\_\_\_\_