

SUPPORT GROUP INTAKE AND INFORMED CONSENT



Today's date: \_\_\_\_\_

Have you ever had counseling at Empower Yolo before?  Yes  No

Are you currently receiving individual counseling services at Empower Yolo?  Yes  No

**\*GROUP TYPE:**

- Domestic Violence Support Group (8 topics) Ages 18+
  - Zoom  In-person
- Self-care Support Group (6 sessions) Ages 18+
- "Thriving Teens" Sexual Assault Support Group (12 Sessions) Ages 13-17
- "Foundations" Adult Sexual Assault Group (12 sessions) 18+

\*Please note that you must attend all group topics in order to receive your certificate of completion.

**CLIENT INFORMATION:**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Ok to identify agency?  Yes  No

Ok to leave message?  Yes  No

Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

**Have you experienced:**

- Domestic violence in the *past*?  Yes  No
- Domestic violence in your *current* relationship?  Yes  No
- Sexual assault as an adult?  Yes  No
- Sexual assault as a child  Yes  No

**Race/ Ethnicity: (Check one)**

- White  Black/ African American  Black/ African American/ White  American Indian/ Alaskan Native & Black
- American Indian/ Alaskan Native & White  Asian  Asian/ White  Native Hawaiian/ Other Pacific Islander
- Other multi-racial  Mexican/Chicano  Puerto Rican  Cuban  Other Hispanic/ Latino

**Names and Ages of Minor Children**

\_\_\_\_\_

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Are you **mandated** to come for counseling?  Yes  No

Referral Person/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

What other agencies are you working with? (Court, mental health, probation, etc.)

Please check between 0, 1, 2, 3 (0= No symptoms, 3= worst symptoms) in the past two weeks:

Symptom	0	1	2	3	Symptom	0	1	2	3	Symptom	0	1	2	3
Frequent crying					Isolating yourself					Intrusive thoughts				
Panic/ Anxious					Irritable/ Angry					Hearing voices				
Feeling worthless					Boredom/ Restless					Forgetful				
Loss/ Increase sleep					Addictions					Can't make decisions				
Nightmares					Alcohol/ Drug Use					Self-harm (eating disorder, self- mutilation)				
Loss/ Increase Appetite					Conflict with family					Thoughts of suicide				
Always tired					Suspicious of others					Thoughts of harming others				

**Special Needs or Accommodations:**

\_\_\_\_\_

**What do you expect to accomplish from support group?**

\_\_\_\_\_

**If indicated by this assessment, and the group facilitator, would you be willing to attend individual therapy with a trained Empower Yolo therapist before attending the group?**  Yes  No

\_\_\_\_\_

**Client Signature**

**Date**



## INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY

**Benefits and Risks of Support Group:** Participating in support group can result in a number of benefits to you including a better understanding of your personal goals and values within the context of peer support, improved interpersonal relationships, and resolution of the specific concerns that led you to seek support group. Working towards these benefits, however, requires effort on your part and may result in you experiencing unexpected emotions such as anger, depression, or fear. Change in yourself can also result in unintended changes in your relationships. Group facilitators may utilize techniques such as education, worksheets, and group discussions and other appropriate materials suitable for group work.

**Facilitators:** Empower Yolo is a certified training site for several Master's level graduate programs. Therapy at EY is provided by California Board of Behavior Sciences registered Marriage and Family Therapist Associates, Associate Professional Clinical Counselor, Associate Social Workers (AMFT, APCC, ASW), Marriage and Family Therapist Trainees (MFT-Trainees), Master's and Post-Master's level graduate students. The pre-licensed therapists' services provided to clients at EY are supervised by a California Board of Behavior Sciences Licensed Marriage and Family Therapist, Anni Schairer, License Number 89086. Empower Yolo also utilizes peer counselors in facilitating support groups, which are not the same as a therapist, but have been certified to give peer counseling.

**Notice to Clients:** The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830. This would not apply if your facilitator is a peer counselor.

**COVID-19:** Due to COVID-19 pandemic, all participants who attend in-person services must wear a face covering or mask at all times. I understand that I will be asked to wear a mask, engage in social distancing practices, and agree to have my temperature taken with a no-contact forehead thermometer.

**COVID-19 and Child Care:** Due to COVID-19 pandemic, Empower Yolo is not able to provide childcare during the group time. It is advised that you arrange for child care during the time of the group, regardless of if you attend in person or in the online format. Children are not permitted at groups.

**Group Confidentiality Statement:** The participants understand that there is a need for confidentiality (ie Privacy) for all group members. As such, I agree to not share information including names and content of group to those outside of the group setting. I understand that if I do intentionally or unintentionally share confidential information about a group member I may be asked to leave group.

**Absence Policy:** I understand that there is often a waitlist for this group. Because of the high demand, I understand that if I am absent more than 3 times without a valid excuse (sick child, car breaks down, cps visit, conflicting mandatory appointment) I will be placed back on the waitlist and my spot will be given to someone else. It is best to call the office if you are going to be absent. The message can be passed along to your facilitator.

**Telephonic and Online Groups:** Participants understand that attending a support group by phone or online format holds certain risks to confidentiality. Therefore, I agree to abide by the following rules to maintain confidentiality for myself and others in the group if attending the group in this fashion.

- 1) I will join the group electronically in a confidential space, with no other people in the same room as me. This includes children and infants.
- 2) I will utilize headphones while engaging in group to maintain confidentiality.



- 3) I will be mindful of who can hear my voice on my end of the line, and understand that people in my own home may be able to hear my content of the session.
- 4) I will do my best to remain uninterrupted for the duration of the group session.

### **Clients Rights and Exceptions to Confidentiality**

- 1) You have the right to a confidential relationship with group facilitators.
- 2) You have the right to ask questions about the process and course of support group.
- 3) If you ask the facilitator/s, he or she can release information about your attendance and progress in support group with a specified agency or individual. Before releasing information, you must fill out a Release of Information which will be kept on file, and you can retract this at any time.
  - a. Facilitators may provide a Proof of Attendance slip per your request after every session without a signed Release of Information form. However, you should know that this may compromise your confidentiality as a member of support group.
- 4) Under certain legally defined situations, the facilitator(s) has the duty to reveal information you tell them during the course of support group without your written consent. The facilitator is not required to inform you of their actions if this occurs. These legally defined situations include:
  - a. If you reveal information to the facilitators about child abuse or neglect, abuse of an elder or dependent adult, the facilitator(s) must make a report to protective services. When a perpetrator of child abuse is in contact with minors, and there is a reasonable suspicion that he or she may be abusing minors, the facilitator(s) must report the information.
  - b. If you should seriously threaten harm or death to another person, the facilitator(s) are required to warn the intended victim and notify the appropriate law enforcement agencies.
- 5) If the facilitator(s) believe you are in danger of harming yourself, she or he has an obligation to try to prevent this from happening. The facilitator(s) may need to breach confidentiality in order to protect you from hurting yourself by contacting supportive family members, such as a parent or guardian and/or the Mobile Crisis team, as an example.
- 6) If the facilitator(s) determines during the initial intake or any time during the course of group, that he or she cannot help you, the facilitator(s) will assist you in obtaining individual therapy within the agency or referring you to another suitable agency.

**Emergency Mental Health Procedures:** A mental health emergency is an unexpected event that requires immediate attention and can be a threat to your health. **If such an emergency situation arises, please call 911 or go to your nearest hospital for immediate attention!** If you call your therapist or other EY staff, please state that you are experiencing a crisis when you leave your message and your therapist will return your call as soon as possible. If the therapist has not called you back within 60 minutes and you have not been able to obtain support through the crisis line, the emergency persists, and the emergency requires it, please call your physician or admit yourself to a hospital for observation.

Empower Yolo provides a **24-hour crisis line**, which may be reached at **(530) 662-1133 or (916) 371-1907**. Your therapist may be contacted through the crisis line where support is provided through a crisis counselor. Often during business hours, you may reach either your therapist or the clinical coordinator at (530) 661-6336. There is no charge for telephone contact but lengthy contact may be considered a session in the total number of sessions which have been agreed upon.

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**CONSENT FOR SUPPORT GROUP PARTICIPATION**

**I, \_\_\_\_\_ have read and fully understand this Consent for Treatment Form, and consent to participation in Support group.**

**Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_ Parent/ Guardian Signature: \_\_\_\_\_  
(if necessary)**

**Date: \_\_\_\_\_ Witness/ Facilitator Signature: \_\_\_\_\_**