



## Partners of Sex Addicts (PoSA) Group Therapy Guidelines

Welcome. The goal of this group is to provide a therapeutically safe and consistent context wherein you may slow down, gain insight and receive specialized education and support as you navigate the various issues that arise in the wake of betrayal trauma.

This group is a closed group. Once the group commences, new group members are not permitted to join the group. Typically, the group will run for 12-weeks and will be offered three times a year.

Each week, the group will blend mindfulness, psycho-education, skill building and discussion.

The cost of the group is \$60.00 per 120-minute session. Fees may be paid by credit card, cash or check. If paying by check, please make checks out to Dr. Jill Manning.

**Ahead of any individual need, the safety of the group and its function are paramount.** The group therapy experience provides a safe place to explore the issues that motivated you to seek help. Consequently, in order for the group to be healthy and safe for everyone, certain boundaries must be honored so that everyone has the same opportunity to learn and to heal.

1. **Commitment:** Commitment to healing must be a top priority for effective treatment to occur. Each group member needs to be here weekly. Without consistent attendance, the group becomes therapeutically unsafe for people who wish to engage in deeper work. Group members are strongly encouraged to make the necessary scheduling arrangements in advance to be devoted to the entire group experience. Each session will build upon the skills taught in the previous group, so absences will negatively impact your experience and the group's experience if you are not committed to weekly attendance. If you *have* to miss the group due to an emergency or illness, you will be expected to call your therapist as soon as possible and contact all others in the group (a group text or email is acceptable). **Initial** \_\_\_\_\_
2. **No-shows:** If a group member does not inform the group of his or her absence in advance, he or she may be charged the group fee (\$60.00) for that session and will need to address the no-show during their next check-in with the group. More than one no-show will necessitate termination from the group. **Initial** \_\_\_\_\_
3. **Authentic Emotion:** In group therapy, you will be expected to express your true feelings with other group members and to demonstrate sensitivity and respect to others as they do the same. It is expected that everyone contributes to a group climate of empathy, caring, and acceptance. **Initial** \_\_\_\_\_
4. **Confidentiality:** What is said in our group meetings is ***strictly confidential***. You are expected to refrain from engaging in any discussion outside of the therapy setting regarding other members or the facilitator of the group. Failure to abide by this requirement will be cause for immediate termination from treatment. You are permitted, however, to share your own learning and insights

from group. You are asked to be extremely judicious about this type of sharing and to mindfully consider the pros and cons of doing so in advance. **Initial** \_\_\_\_\_

- a. Any issue that arises with or amongst members **must** be addressed to the member within the group setting through direct conversation during a group session. **Initial** \_\_\_\_\_
- b. Any issues with the facilitation of the group must be addressed directly to the facilitator in-person within the confines of an individual therapy session or individual appointment.  
**Initial** \_\_\_\_\_

It is important that you understand the confidentiality requirements and exceptions of the group facilitator. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the psychotherapist is a Licensed Psychologist, Licensed Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Certified and Licensed Addiction Counselor, or a Registered Psychotherapist. If the information is legally confidential, the psychotherapist cannot be forced to disclose the information without the client's consent or in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. **Initial** \_\_\_\_\_

There are exceptions to this general rule of legal confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-43-218. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S § 13-90-107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship. For example, I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identifiable by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am required to report this to the appropriate authorities. I may also disclose confidential information in the course of supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply. **Initial** \_\_\_\_\_

- c. Additionally, although confidentiality extends to communications by text, email, telephone, and/or other electronic means, I cannot guarantee that those communications will be kept confidential and/or that a third-party may not access our communications. Even though I may utilize state of the art encryption methods, firewalls, and backup systems to help secure our communication, there is a risk that our electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party. Please review and fill out DJMP's Consent for Communication of Protected Health Information by Unsecured Transmissions.  
**Initial** \_\_\_\_\_

5. **Healthy Living & Relating:** Betrayal trauma can cause some individuals to become vulnerable to acting in ways that are incongruent with their core values or pre-discovery life (e.g., self-medicating with drugs or alcohol; engaging in violence or self-harming behavior; sexually acting out; isolating oneself; neglecting parenting responsibilities; eating in disordered ways; and/or seeking plastic

surgery). Group members are expected to do their very best to live, act and relate to others in ways that are congruent with their highest values and that will not cause harm to themselves, to their children, to their partner or to their relationship. Group members who are not demonstrating a commitment to healthy living and relating may need to terminate their group therapy experience and focus on individual therapy that specifically addresses the unhealthy behavior. This therapy may require seeking speciality care whether with Dr. Manning or with a practitioner outside of Dr. Manning's practice (e.g., addiction counselling, in-patient care, psychiatric/medical care, or a different group therapy setting). **Initial** \_\_\_\_\_

6. **Staying present with feelings:** It is common for uncomfortable feelings to arise when engaged in deeper emotional work. Group members are asked to refrain from sarcasm or other defenses that bring members out of the present moment and out of their authentic feelings. This applies to "aggressive nurturance" (giving one another a bad time). Your therapist will remind you as the group goes forth since this can happen unconsciously. **Initial** \_\_\_\_\_
7. **Completing Assignments:** On occasion, a therapeutic exercise will be assigned for homework. Doing the assigned homework between groups is essential to effective treatment, as well as a sign of your commitment to your own healing. The group cannot progress when members do not have their assignments completed. You are expected to have your homework completed before the next session. **Initial** \_\_\_\_\_
8. **Leaving the Group:** By joining this group you are making a commitment to your healing and the healing of others in the group. Before the group starts, each group member has either spoken with or met with the facilitator to carefully assess fit for the group in advance. If for some unforeseen reason, you believe you are not a fit for the group after it has started, you are required to respect the following process: 1) Tell the facilitator of your intention to leave the group by scheduling an individual appointment with her; 2) After speaking with the therapist, you will inform the group of your decision to leave in-person at the next group session so that the group can say goodbye and bring closure to your departure. **Initial** \_\_\_\_\_
9. **Safety:** If a group member finds he or she is having trouble following any of the above-mentioned requirements, the following process will occur to ensure the safety of the group: 1) the member having problems will receive a verbal warning and be asked to process the issues individually; 2) the member will be placed on a boundaries contract, which will outline specific recommendations for remaining in the group; and 3) we will find a different way to get your treatment needs met other than group therapy. **Initial** \_\_\_\_\_

By signing below, you are stating that you have read and will adhere to the requirements for being in the group programs facilitated by Jill Manning, PhD, LMFT, CCPS, CCTP, BC-TMH.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date