

## 9. GUIDELINES FOR OUR GROUP

1. The group will meet from 10:00 AM to 11:45 AM on Wednesdays beginning July 17, 1996. The group will last 16 weeks; we will decide later on whether or not to extend the group an additional 8 eight weeks.
2. Promptness is important to the success of the group. Please arrive before 10:00 AM and wait in the lobby for the session to begin. Please don't make appointments which will cause you to leave the group early.
3. The focus of our sessions is learning to deal with and overcome depression and the other problems we face. The leader may present discussion items or activities for the group. However, a major part of our time will be spent talking about our reactions to what's going on in the group. We'll concentrate on the positive things that are in each of us.
4. The best way to gain from the group will be to participate in our discussions and activities. You will be encouraged to talk, but you will not be expected to do anything you don't feel comfortable doing.
5. Confidentiality is crucial to the success of the group. Nothing that occurs during the sessions should be talked about outside the group. However, you may talk about your own comments and feelings with people you feel close to, as long as you don't mention anything about what others did and said.
6. Each member deserves to be treated with respect at all times. Threats and intimidation will not be allowed in the group.
7. The group is a safe place to practice things which will help you feel more confident and less depressed. You will be encouraged to say and do things you may not be doing today.
8. Group members will be asked to develop goals to accomplish by the end of our sessions and to develop goals to accomplish outside the group.
9. No alcohol or drugs will be consumed before or during the sessions.
10. Your participation is voluntary. You may decide to leave the session at any time. There will be no penalty if you leave, and you are welcome to return.
11. Sometimes members have some strong feelings during or after group sessions. If you wish, you may get help from the leader or another Mental Health Clinic staff member after or between sessions.

I understand and accept the items described on this sheet.

Member \_\_\_\_\_

Group leader \_\_\_\_\_

Date: \_\_\_\_\_