

# FAMILY STRATEGIES

## COUNSELING CENTER

### Parental Consent – Youth/Parent Commitment

1. The Band of Brothers is a program that runs year-round. If there are periods of time I cannot participate, I will communicate with my group therapist regarding any events (e.g., sports, camp).
2. I realize that Band of Brothers is group therapy. I am encouraged to share on a personal level, but will never be forced to do so. I can choose to share according to my own comfort level. However, my progress in group will be impacted by how much I choose to share. If I am unable to work through any blocks I have about sharing, I could be asked to discontinue participation.
3. I realize that Band of Brothers will contain frank discussion and education about sexuality and behavior. We will be respectfully discussing sensitive topics.
4. I understand that Band of Brothers does not provide Gay Affirmative Therapy (GAT), nor do its therapists have the training nor expertise for youth who self-identify as “gay.” I will seek a referral for a specialist if needed.
5. I recognize that monthly parent group sessions are required. Critical information will be given at these group sessions to assist me in making changes at home that help my son.
6. I understand that I will need to register for the next available “Bootcamp Orientation.” This is an event for both parents and son to attend, teaching basic information about addiction and support. This is required for every participant along with both his parents, and requires an extra fee.
7. I recognize that Band of Brothers requires homework outside of the group. The program only works if I do the work. I realize that the program is voluntary, but that I will be removed from the group if I choose not to participate. Likewise, if my behavior pulls another participant away from recovery, I will be removed from the program.
8. I commit to bring my program binder (with it’s lessons and notebook) every week to group. This is required. It is not optional. Likewise, I commit to come each week with homework completed, or personal problems and questions to process with the group.
9. I commit to total confidentiality within the group. I will not disclose outside of group personal identifying information or stories about other group members. This includes sharing with my parents/family information or stories that other group members share about their family or situation. If sending email or texts, I will use extra precaution and seek permission before sending messages. Likewise, I will be careful to protect others’ privacy when posting to Facebook, Twitter, or other social networks. Failure to abide by confidentiality rules will cause me to be removed from the program.
10. I realize that the therapists with Band of Brothers will often use texting as a way of communicating and staying in touch with participants. Likewise, the young men are required to communicate with one another through various means including texts and phone calls. All participants need a phone.
11. I understand that I will be required to identify a mentor (sponsor) in addition to my parents, with whom I can regularly discuss my growth in the program.
12. I understand that I will be required to check in “slips” within a 24-hour period to either my parents or my mentor. This must be done either in-person or over the phone (texting does not count).
13. I release confidentiality and give permission to therapists involved in my family’s counseling at Family Strategies Counseling Center, to discuss my personal information with one another for the purpose of therapeutic benefit.
14. I understand that if I disclose that I am abusing someone or have been abused, or if I become suicidal or homicidal, that the group therapist will be required by law to report such information.
15. I agree to have no sexual contact with other group members, nor to engage in solicitous behavior. Failure to abide by this agreement will cause me to be immediately removed from the program. Additionally, my behavior could be reported to authorities depending upon the situation. Furthermore, I agree not to share graphic or inappropriate information with other group members that might hinder their recovery.
16. I realize that Band of Brothers is not a “drop-in” program. If an event will prevent me from attending a group session, I will let the therapist know. I realize that missing groups hampers my progress and also

makes it more difficult for others in the group to feel trust. I will be asked to discontinue participation if attendance becomes an issue.

17. I will take responsibility for working the Ranks and the Lessons. Recovery is an individual process that requires total honesty and persistence. I am required to share what I am learning with my parents and identified mentor.
18. I realize that Band of Brothers is self-paced, and my progress is dependent upon completing the Ranks, doing the lessons, and practicing outside of the group. The time needed to graduate depends upon my individual growth. Most participants complete the program between 12-18 months. My progress will be posted for my parents to view on a regular basis.
19. I understand that I am required to have a primary therapist at Family Strategies Counseling Center who facilitates individual therapy each month and additional family sessions as needed. My therapist will be administering the T-SAST (Teenage Sexual Addiction Screening Test). I realize that group work will never provide the one-on-one interaction that individual and family therapy provides.
20. I realize that Band of Brothers encourages participants to seek spiritual support from religious leaders. The Band of Brothers does not impose spiritual or religious agendas.

FINANCIAL:

21. I understand that Family Strategies is only contracted with Blue Cross Blue Shield.
22. I understand the monthly fee to be \$220. This includes the weekly group sessions and monthly parent workshops. The fee is a monthly tuition regardless of attendance.
23. I realize that I need a credit/debit card on file with Family Strategies for payments to be made automatically. I can choose to make a payment prior to the 1<sup>st</sup> of each month to avoid this automatic payment.
24. I understand the Bootcamp Orientation fee to be \$200, which includes registration for both parents and the program participant.

I have read and fully understand the information provided above about the risks of group therapy. I have discussed these risks with the group therapist, and have had the chance to ask all of the questions I wished to ask about the matters listed above and about all other concerns. The therapist has answered all of my questions to my satisfaction. I understand that I can leave the group at any time. By signing this document, I agree to accept the risks listed in this form and the risks explained to me by the staff therapist. By signing this form I also pledge to keep confidential all personal information shared by program participants who attend Band of Brothers.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Participant Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Parent Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_, and give my permission for his participation in the Band of Brothers program.

Parent Signature

Phone