



BAND OF BROTHERS
Parental/Youth Consent & Commitments

Revised 3.18.21

1. The Band of Brothers is a group therapy 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 may 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). The therapists who facilitate the program are not trained nor equipped to handle specialized issues within the LGBTQIA+ community. I can ask for a specialized referral if needed.
5. I recognize that monthly parent meetings are required. Critical information will be given at these meetings to assist me in making changes at home that help my son. These meetings are not therapeutic in nature, but educational classes to offer me information and support. However, I will be asked to maintain confidentiality of everyone who attends the class.
6. I understand that I will need to register for the next available "Bootcamp Orientation". This is an event for a parent and son to attend, teaching basic information about addiction and support. This is required for every participant along with a parent, 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 the group. This is required. It is not optional. Likewise, I commit to come each week with homework and tasks 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 any social media sites. Failure to abide by confidentiality rules may 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 way to communicate with one another.
11. As a participant, 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. As a participant, 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 Family Strategies, ("Family Strategies") and its professional staff to discuss my personal information with one another for the purpose of my therapeutic benefit and coordination of care. Shared information includes, but is not limited to, treatment plans, intake assessments, and progress notes. "Professional staff" includes, but are not limited to, the Executive Team, Clinical Supervisors, therapists, and interns who have expertise regarding specific clinical issues and treatment planning. Additionally, I understand the program has a team of specialists who help within the program and I give my consent to other therapists visiting, substituting, or leading my class or group throughout participation in the program. I understand that my recovery plan will focus on my own work, and not on a specific therapist. I give my consent to other therapists, interns, and supervisors at the agency visiting, observing, or facilitating my class or group at any time, and I consent to their accessing our individual and group records in order to collaborate and coordinate my treatment plan.
14. I understand that I may revoke my consent at any time by written notice, and that my participation in Family Strategies' treatment program(s) is conditional on the above consent.

15. 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.
16. I agree to have no sexual contact with other group members, nor to engage in solicitous behavior. Failure to abide by this agreement may cause me to be immediately removed from the program. Additionally, my behavior could be reported to authorities depending upon the situation. Furthermore, I agree to not share graphic or inappropriate information with other group members in ways that might hinder their recovery.
17. 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.
18. I will take responsibility for working the Tasks 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 mentors.
19. 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.
20. I recognize the program requires homework outside of class. My recovery and healing is only as effective as my commitment to my personal work. The therapists facilitating the program do not hold magical insights for my life. Addiction-recovery and personal healing require hard work and many hours of effort by me as the client. Therapists can guide and help me develop self-awareness, but are incapable of directly fixing my life struggles. Recovery and healing is only as effective as the effort I put into it.
21. Neither Family Strategies nor any of its therapists guarantee that everyone who seeks therapy will be successful.
22. I understand that I am required to have a primary therapist at Family Strategies 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.
23. 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.
24. I understand that my ongoing group participation is reliant on the clinical judgement of the group therapist and/or my individual therapist. Removal from the group does not reflect negatively on me, rather it is a therapeutic judgement based on what is best for my own healing. There are times it would be appropriate to focus on individual therapy and return to group at a later time.
25. Due to the nature of group therapy, neither Family Strategies nor its therapists can release group records without disclosing the confidentiality of other participants. This is prohibited by Arizona law. If I require group records for any legal reason, Family Strategies and its therapists are restricted to supply me with dates of service and general topics reviewed during classes and group sessions. Any such request must be made in writing.
26. I understand that Psychodramatic methods are sometimes used in Phase 3 groups to aid in processing, and that the therapists have specialized training to implement these methods. Sometimes supportive physical contact becomes a component of the psychodrama process. Examples include a shoulder squeeze, a hand held over the heart area, or pressure on an acupuncture meridian. If supportive physical contact is administered as a part of these psychodramatic methods, I understand the following:
 - a. The purpose of supportive physical contact is to help reconnect to my body and get in touch with emotions or sensations which have been repressed.
 - b. The intent shall always be to offer nurturing support.
 - c. I can accept or refuse any form of supportive physical contact at any time.
 - d. If I accept any form of supportive physical contact, this does not obligate me to continue to accept; I can change my mind as my comfort level changes.
 - e. I can say STOP at any time and that all physical contact will stop immediately.
 - f. I do not have to offer any explanation as to why I choose to stop the physical contact.
 - g. The therapeutic process can still continue productively without supportive physical contact.
27. Family Strategies does not allow either the counselor or client to record any portion of video or telephonic therapy sessions unless prior consent has been obtained in writing for the purpose of training or supervision.

FINANCIAL

1. I realize that Family Strategies is in-network with some Blue Cross Blue Shield insurance plans. However, it is my responsibility to ensure that they are contracted with my specific plan by calling my insurance. I realize that my cost-share may include deductible, coinsurance, or copay payments that may be the same or more than the self-pay cost depending on

the allowable amount from my plan. It is my responsibility to determine what is the best financial option for me and I will contact the billing department at Family Strategies directly if I would like to change my insurance billing.

2. I understand that Family Strategies cannot bill my insurance for group meetings that I do not attend, and therefore, I will be billed for a group no-show, at the self-pay (weekly) rate of the group, for that group session. I will see this charge on the first of the next billing cycle.
3. I understand that group fees are a monthly tuition, and are automatically processed from the card I have on file on the first of the month for self-pay participants or the fifteen of the month for those going through insurance. I further understand that fees are *not* adjusted according to my attendance. Tuition Fees are not prorated based on attendance.
4. I understand that I must have a debit/credit card on file with Family Strategies even if a third party is making payments for my participation. I can update the card on file for future billing at any time by calling the billing office or filling out a new form in the office. However, Family Strategies will not be able to refund a card and recharge a new card if I have not updated it prior to the first of the month. I can choose to make a payment prior to the 1st of each month to avoid this automatic payment.
5. I understand that only one card can be on file for the monthly tuition. If multiple parties are contributing to the tuition payments then reimbursement must be worked out amongst themselves. Family Strategies does not split billing between parties.
6. I realize that declined payments will be subject to a \$25 re-collection fee.
7. Ultimately, I am responsible for payment of services. If a third party is helping me financially and they fall behind on making payments, I will be given an invoice to deliver to the third party and discuss payment arrangements with them myself. If the third party is more than 120 days behind, and arrangements have not been made for payment, Family Strategies will use the card I have on file to collect for the balance owed and continue using my card for future billing
8. I understand the Bootcamp Orientation fee to be an additional cost, and 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's Phone Number

Parent Email

Parent's Phone Number

Emergency Contact

Phone Number

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

Parent Signature

Phone Number

Printed Name of Parent