

## PHASE 1 - Education Class Participation Commitment

*Revised 3.18.21*

Psychoeducational classes differ from therapeutic services in various ways. The following items have been discussed with me and my questions or concerns resolved. I commit and agree to the following items:

1. I realize that SABR Phase 1 is a “class” and not therapeutic in nature. This first phase of the program is considered a psychoeducational class for betrayal trauma and addiction recovery concepts. I will be learning basic information necessary to move into a Phase 2 Application group, which is considered group therapy.
2. I realize that SABR is not a marriage program, but rather an individual recovery and healing program. Although many couples find help in their marriage while participating in the program, the focus will be on recovery from addictive and unhealthy behaviors and on healing the partner’s hurt and trauma. Marriage counseling may be an important tool in the future once individual grounding and stabilization is established.
3. I understand that SABR is outlined for heterosexual couples and individuals. 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.
4. I understand that appropriate attire is important due to the nature of the topic. Whether male or female, I do not want to create distractions for group members and will avoid wearing tight clothing, mini-skirts, tank tops, midriffs, short-shorts, controversial or explicit graphics, or anything similar.
5. 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 class instructors and therapists within 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 student and 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. Leading researchers in the field estimate 3-5 years for addicts to develop long-lasting success in recovery.
6. Neither Family Strategies nor any of its therapists guarantee that everyone who seeks therapy will be successful. Similarly, they cannot guarantee that every marriage can be repaired from the impact of sexual addiction and betrayal trauma.
7. I commit to total confidentiality. I will not disclose outside of my group personal identifying information or stories about other group members. This includes sharing with my spouse information or stories that others share about their spouse or situation. If sending emails or texts, I will use extra precautions and seek permission with the recipient of the email before sending messages using either method. Failure to abide by confidentiality rules may cause me to be removed from participation in the group. In some situations, I could be found legally responsible for breaching others' confidentiality.
8. I understand that I must use caution when posting to any online or social media sites. Confidentiality applies to these contexts as well.
9. 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.
10. 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.
11. 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.
12. I understand that if I disclose that a child is currently being abused in any way or, that I am feeling suicidal or homicidal, the instructor or group therapist will be required by law to report such information to the appropriate authorities.
13. 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 participation in the class or group.
14. I realize that SABR is not a drop-in program. If an event will prevent me from attending a class or group session, I will inform the instructor or therapist. If I decide to exit the program I will discuss withdrawal with my instructor or group therapist.
15. I will take responsibility for my own work in the workbooks. Recovery and healing are individual processes that require total honesty and consistency. I may choose to share my progress with my partner, however, it is critical that I do not read my partner’s workbooks or other materials without their consent.
16. I realize that classes and group therapy will never provide the one-on-one interaction that individual therapy provides. I understand participation in SABR requires that I have a primary therapist to help me with individual issues as they arise.

17. I understand that SABR encourages participants to seek appropriate support and guidance from spiritual leaders. SABR is a group intervention that does not impose spiritual or religious agendas. Similarly, I understand that I am encouraged to make 12-step meetings part of my recovery program.
18. I understand that my ongoing class or group participation is reliant on the clinical judgement of the instructor and/or my individual therapist. Removal from a SABR group or class does not reflect negatively on me, rather it is a therapeutic judgement based on what is best for my own healing. Similarly, I understand that I have the right to leave the class or group therapy at any time. I will provide a simple explanation to the instructor, therapist and group.
19. I understand that due to the nature of this class as group therapy, neither Family Strategies nor its therapists may release group records without compromising the confidentiality of other participants, which is prohibited by Arizona law. All group records are stored “together” on a single form, which makes individual notes for the group unavailable for copy and release. I understand that if I require group records for any legal reason I (or my health care decision maker) must make such a request in writing, and Family Strategies and its therapists are restricted to supplying only dates of service and general topics reviewed during classes and group sessions.
20. 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.
21. I understand that insurance does not allow for classes or consultations, but only for therapeutic services. Phase 1 is considered an educational class, and is not intended to diagnose or treat psychopathology and mental illness.

I have read and agree to the above conditions. I understand the information and my questions were discussed with me by the class instructor. I understand that I can leave the program at any time for any reason. By signing this consent, I agree to accept the risks of participation in SABR groups.

---

*Signature of Class Participant* *Date*

---

*Please print your name* *Phone Number*

---

*Emergency Contact* *Phone Number*

---

*Individual Therapist* *Who referred you?*