

Healing Your Past – Transforming Your Future

20-Week Group Intensive Program

*Orientation Statement and
Group Agreements*



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20-Week Group Intensive Program:

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Orientation Statement

Our 20-week Program is a structured, time-limited intensive group program offered at our Berkeley office. It is conducted in a caring, non-shaming, and nurturing manner which creates the necessary environment for deep healing to occur. The program consists of an individual assessment session followed by 20 group sessions, each 2½ hours in length, blending together education and group therapy.

The goals of the program are to uncover and resolve the core issues that create difficulties in the areas of relationship, self-esteem, communication, career, and intimacy. The Program focuses on the root causes of dissatisfying life and relationship patterns and teaches specific behavioral and emotional tools that allow you to create the life you want.

The 20-week Group Program was originally developed by the John Bradshaw Center and all of our licensed therapists have been trained by the John Bradshaw Center to offer this program. The Center for Creative Growth has been pleased to provide this powerful group intensive program in the Bay area for the last sixteen years. Our graduates tell us that their lives have been transformed as a result of participating in it. As one graduate expressed nearly three years after participating in the Program: "I [am writing] to let you know just how liberating and life-changing the program was for me."

We have found that the combination of experientially-oriented education and interactive, structured group therapy provides a safe and nurturing atmosphere where deep-rooted change occurs. The power of doing this work on a weekly basis, in the company of the same supportive companions, allows you to have the time to integrate the deep processes experienced in each group session, practice the new life skills that are taught, and be ready to absorb the next layer of healing.

John Bradshaw, in his ground-breaking work, describes how early childhood experiences cause each of us to lose touch with our real self. In order to feel some form of acceptance and love, we develop an adapted, codependent self. Bradshaw defines this "codependency" as a "disease of the lost self." He describes this loss of self as the legacy of growing up in a dysfunctional or addictive family and being subjected to emotional, physical, or sexual abuse. As a result, the codependent person relies on approval from others and on compulsive behaviors in an attempt to find safety, self-worth, and a sense of identity. Codependent traits include:

- feeling flawed, defective, empty and lonely

- consistently sacrificing one's own needs to meet the needs of others
- need to control others and self
- inability to enjoy life
- repetitively unsatisfying or destructive relationships
- diminished or nonexistent sense of inner peace and spirituality

Recovery is possible. Through non-shaming therapy and group support, the codependent person has the opportunity to transform low self-esteem, fear of abandonment, and anxiety into recovery of one's true self, authenticity, and serenity.

To assist people to have such a non-shaming and supportive environment, the John Bradshaw Center designed the 20-week Group Intensive Program. This program is designed to help you to:

- Heal from the effects of toxic shame, childhood wounds, and codependency
- Empower you to recover your authentic self
- Create relationships where truth can be spoken, feelings can be expressed, and trust can exist
- Free yourself from painful relationships with parents, partners, and family members
- Establish healthy boundaries

This Group Program, a combination of education and group therapy offered in a two-and-a-half hour group session each week, is designed for people who wish to create authentic, nurturing, and enduring relationships in life. Our approach is to identify and heal the wounds of our past and to learn to build healthy relationships in the present. At the heart of the treatment process are shame reduction exercises, as well as original pain and inner child work. Methods include assertiveness training, values clarification, self-image work, and guided imagery combined with facilitated group interactions.

The 20-week Group Intensive operates on the assumption that what prevents your experience of healthy and nurturing relating is early wounds -- wounds due to shaming, criticism, abuse, neglect, alcoholism, or other forms of inappropriate and dysfunctional parenting. More accurately, it is the protective shields you created against this abuse which now prevent you from having the kinds of relationships you

desire. It is important to recognize, however, that these protective shields have served the vital purpose of allowing you to survive.

This early learning -- and historic repeating -- of patterns of relating and acting in survival modes resulted in the suppression of your natural spontaneity, sense of safety with others, and ability to experience the full range of feelings. This Program facilitates your understanding of how you got to be the way you are and provides you with the tools and opportunities to transform yourself and your experience of life.

20-Week Group Intensive Program

Group Agreements and Authorizations

The purpose in having ground rules and agreements is to create an environment in which growth can occur: a space characterized by safety, consistency, and support. These agreements are intended to assist you in accomplishing your goals in this group.

In joining this group, you agree to the following terms. Please review them and make them your own:

1. In becoming a member of this group, I am reserving a place for myself each week that the group meets. This place is mine even when I might be absent from a particular group meeting.
2. The group meets weekly at the designated time and place. I agree to be punctual in order to allow for maximum results for myself and all group members, and I agree to stay until the end of all group meetings.
3. This is a 20-session group program that depends on my attendance at each meeting. I will do my best to give a minimum of two weeks notice to the group for any expected absence. In case of illness or personal emergency, I will call the group therapist and leave a message indicating I will not attend that group meeting.
4. I am responsible for paying the total fee for the full 20-session Group Intensive Program, even in the event that I might miss a particular group session or sessions, or even in the event that I discontinue my participation in the program at any point. Either I will pay for the full program in advance, or I will make payment in advance on a monthly basis, unless I make other arrangements with the group therapist. I understand that my insurance company may or may not pay for sessions I do not attend.
5. If I am not paying for the full cost of the Program before the Program begins, I will be paying in monthly installments, according to the Financial Agreement Plan between me and the Center for Creative Growth. In signing below, I authorize that any outstanding balance will be charged to my credit or debit card in the event that any installment payment is overdue by 10 days. I understand that the fee that is set for the 20-Week Group Intensive Program is the Center's "discount" rate and is based on my paying for sessions with either cash or check. Session fees or installments paid by credit or debit card are not eligible for the Center's "discount rate" and therefore cost \$5 more per session than the "discount rate."

Name on card: _____
Type of card (i.e., VISA, MasterCard) _____
Credit card number: _____ Expiration Date: _____
Security Code on back (3-digit number): _____
Your mailing address: _____
My signature: _____ Date: _____

6. If I am making installment payments, I understand that an initial payment of \$350.00 is due at the time of my interview in order to reserve my place. I understand that spaces in the group are filled on the basis of receipt of the initial payment. This \$350.00 payment is fully refundable up to seven days before the group starts. With less than seven days notice of cancellation prior to the start of the program, the full initial payment, less \$125.00, will be refunded.

7. I understand that groups are composed of a maximum of 11 members and that occasionally new members are added after a group has begun (in weeks 2 or 3) in order for the group to be full.

8. In signing this form below, I hereby acknowledge my understanding that my group therapist is a member of a team of clinical therapists at the *Center for Creative Growth* and its satellite offices. I understand that for the purposes of clinical supervision, my therapist may share information about me gained in my therapy work in any setting at the *Center for Creative Growth* (or its satellite offices) and authorize her/him to do so when my therapist deems it necessary. I understand that all information shared in this manner remains confidential among the team of therapists.

9. I understand that the educational/lecture portion of group sessions will be audiotaped for purposes of confidential clinical supervision and to provide the lecture component to group members who have pre-arranged absences.

10. I understand that there will be occasions when my regular group therapist may be absent due to illness, vacation, or other planned absence. I also understand that whenever possible, a substitute therapist will be provided by my therapist or CCG to insure that group sessions will be held so that the work of the group is not unnecessarily interrupted. In signing this form below, I give my authorization for my therapist to release and share any information about me gained in my therapy work at the *Center for Creative Growth* with the designated substitute therapist(s) and to obtain any and all information deemed necessary about me from the designated substitute group therapist. I also understand that group sessions will not be held on major holidays, including New Year's Eve and Day, Memorial Day, Independence Day (July 4th), Labor Day, Thanksgiving, and Christmas Eve and Day.

11. I understand that CCG, in addition to providing counseling services, also functions as a training center for therapists. Therefore, I understand that in addition to my regular group therapist, my therapy group may, at times, be attended by one of the Center's Directors or by another therapist who is either a licensed therapist, state

registered intern (someone who has completed their Master's degree and is collecting post-graduate hours for licensure), or a graduate school trainee (someone who is still completing Master's degree coursework or thesis-writing and is collecting pre-graduate hours for licensure). In signing this form below, I give my authorization for my therapist to release and share any information about me gained in my therapy work at the *Center for Creative Growth* with, and to obtain any and all information deemed necessary about me from, the therapist-in-training and CCG's Directors.

12. I also understand that I am served best when any therapies that I am involved in are coordinated and so I also authorize my group therapist to release and share any information about me gained in my therapy group work at the *Center for Creative Growth* with, and to obtain any and all information deemed necessary about me from, the following therapists at CCG and its satellite offices with whom I may be or have been in adjunctive therapies with, including but not limited to couples, family, group, or individual therapy: _____

13. For clients with a current or past therapist not affiliated with the Center for Creative Growth: In signing below, I authorize my therapist at the *Center for Creative Growth* to release any information about me gained in my therapy work at the *Center for Creative Growth* to, and to obtain any and all information deemed necessary about me from, the following person(s) and organization(s):

14. I understand that any information I share with the group therapist in any and all settings or contexts, written or verbal, may be shared by the group therapist, when the therapist deems it necessary, with the members of my therapy group. I understand that asking the therapist to be a secret-keeper for me does not support me in my therapy work and growth. Further, I understand that a therapist cannot function effectively when keeping a client's information secret from other group members. Should I wish to work on issues that I am not ready to share with my group members, I am aware that I will need to do this with a therapist other than my group therapist. I understand that I may ask my group therapist for a referral should the need arise.

15. For clients in multiple therapy settings with the same therapist: I hereby authorize my therapist at the *Center for Creative Growth* to release and share any information about me gained in my therapy work in one setting with this therapist with the other clients who participate in the additional therapy formats in which I am a member, when my therapist deems it necessary. I understand that this means that my therapist will not keep information that I reveal to him/her secret from my group therapy members, family members, partner, or others with whom I may be involved in conjoint or group therapy with the same therapist. I understand that a therapist cannot function effectively when keeping a client's information secret from other group therapy members or from other members of my conjoint therapy settings.

16. I understand that any information I hear within the group revealed to me by other clients is strictly confidential. I agree not to disclose any information about any member of the group to anyone outside the group. I understand that my violation of this trust and confidentiality may result in another group member bringing a lawsuit against me personally.

17. For clients wishing to use health insurance for these services: In signing this form below, I hereby authorize my therapist at the Center for Creative Growth, or his or her designee, to assist me in obtaining insurance reimbursement by releasing any information about me gained in my therapy work with him/her to, and to obtain any and all information deemed necessary about me from, the following health/medical insurance company(s) or representative(s), as requested by such parties:

In signing below, I agree to the agreements and terms contained above and authorize the release of information about me as specified above. This authorization shall remain in effect during the course of my therapy work with my therapist, and for whatever follow-up may be necessary. I understand that I may obtain a copy of this authorization at my request. I understand that a copy of this form will be forwarded to the administrative offices of the Center for Creative Growth.

Please print your name: _____

Your signature: _____ Date: _____

Therapist/Witness: _____ Date: _____