

*Being the Whole Man
You Truly Are
An Ongoing Therapy Group for Men*

*Orientation Statement and
Group Agreements*



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BEING THE WHOLE MAN YOU TRULY ARE

An Ongoing Therapy Group for Men

ORIENTATION STATEMENT

This therapy group is designed for men 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. The result frees you to create relationships where truth can be spoken, feelings can be expressed, and trust can exist.

The group operates on the assumption that what prevents your experience of healthy and nurturing relating is early wounds -- wounds due to 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 and recognition of feelings. This group facilitates your understanding of how you got to be the way you are and provides you with tools and opportunities to transform yourself and your experience of life.

The group provides a forum for risk-taking and trying out new types of behavior. Being honest with yourself and with others is strongly encouraged. It is helpful to realize, as you take these risks, that group therapy is perhaps the safest environment in which you can experiment with new ways of relating. Members strongly value this aspect of group therapy and are supportive of each person's efforts at honest, authentic, and congruent communication. This experimentation and the safety necessary for it can only develop if members agree to return each week to examine and work through difficulties that arise.

This therapy group provides an arena in which to explore and experience aspects of yourself that may be painful and stressful. It's important to realize that working on one's personality and ways of relating is not easy. To transform yourself, your relationships, and your experience of life usually involves this pain and stress. It is often a necessary condition for positive growth.

Members are encouraged to be honest and direct in expressing their feelings in the group, at the moment, especially feelings toward other group members and the therapist. In many ways this can be regarded as the core of group therapy. It comes with developing trust in the group.

Part of what fosters trust in this group is the principle of confidentiality. Please do not identify other group members by name if and when you share about your involvement and experience in this group.

A basic aim of this therapy group is personal growth. Group is a place to learn what works for you -- and what doesn't -- in relating to others and yourself. Since patterns of relating have been years in the making, it is important to recognize that the process of changing these patterns will also take time. In joining this group, you are making a minimum three-month commitment to participate. Most participants stay one year or longer in order to gain the full benefit of the group therapy experience.

Everyone experiences certain stumbling blocks or difficulties along the way. Entering the group, coming to group even when you don't want to, finding the strength to share something difficult -- whether it's part of your own personal history or experience, or involves confronting a group member or therapist -- all require perseverance, courage, and commitment to your own growth.

In joining this group you may have an experience of feeling "at home" --perhaps for the first time in your life -- as you join with others who are also acknowledging the wounds of their childhood. This may, however, be coupled with feelings of anxiety and stress as you get closer to the pain of those wounds.

You will also be joining a group of people who already have been meeting together and who are familiar with group process. You may have a feeling of puzzlement, discouragement, anxiety, a feeling of being the "new kid on the block," as you explore this new environment. It is important to weather this initial phase as you adapt to the group and its process. You are encouraged to share in group whatever feelings arise for you about your experience.

Members often experience "plateaus" in their growth, or even stuck points. This is a natural process of growth and usually represents a phase of internal "cooking" as something new prepares to emerge. One learns to distinguish this phase of growth from a sense of being ready to end one's participation in group.

Members usually terminate their participation in group when their goals for joining have been achieved, when they experience nurturing and sustaining relationships outside of the group, and when they experience a natural and internal sense of completion.

MEN'S THERAPY GROUP

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 an ongoing therapy group that depends on my attendance at each meeting. I will do my best to give a minimum of two week's 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 group fee each week that the group meets for as long as I am a group member -- whether I am in attendance or not. 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. I understand that a deposit of \$250.00 is due no later than 10 days prior to my beginning in the group, in order to reserve my place, unless I make other arrangements with the group therapist.
6. 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.
7. 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.

8. 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 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.

9. 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 group therapy work at the Center for Creative Growth with, and to obtain any and all information deemed necessary about me from, other therapists at CCG and its satellite offices with whom I may be in adjunctive therapies with, including but not limited to couples, family, group, or individual therapy -- or with whom I may go into adjunctive therapies with during the course of my participation in this therapy group.

10. 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):

11. 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.

12. 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.

13. When the time comes for me to terminate my ongoing participation in the group, I will share my intent to terminate with the group and, for purposes of completion and clarity, will then attend at least 3 group meetings after the one in which notice was given.

14. 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 release 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):

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 abovenamed 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. For graduates of the 20-Week Group Intensive Program: I authorize my Graduate Group therapist to obtain any and all information about me from the therapist who facilitated the 20-Week Group Intensive Program Group in which I was a member, including written notes and other such materials pertaining to my therapy or life history.

18. I understand that on those occasions when group attendance is four or less, the group will be held for an hour and a half rather than two hours. The usual group fee will apply.

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.

Please print your name: _____

Your signature: _____ Date: _____

Therapist/Witness: _____ Date: _____