



befriending YOUR BODY

Group Participation Form

Name:

Please describe in a few words what you have been struggling with. Symptoms/diagnosis:

Are you currently on any medication? If so, please list what you are taking and the start date:

Are you receiving any professional help?

What do you hope to gain from this program?

This program requires you to practice the skills learned week to week. Are you committed to doing that for maximum benefit?

Please carefully read the form below and sign. Your signature indicates that you understand and agree with the content of this form.

Your participation in the group will be confirmed upon the receipt of your **payment** along with the submission of this form.

Please read the information and sign below.

This is a psycho-educational and practice-based experience. It is based on the evidenced-based knowledge of Interoceptive awareness, self-compassion and mindfulness as well as being framed through the HAES social justice model, respecting the influence and intersection of socio-cultural influences on eating disorder and disordered eating development. This means that you will be experiencing interplay between education, and personal processing and growth. This process is presented as an intensive 8-week online group setting. Participation in this experience can result in many benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek attendance at a psycho-educational process.

During the psycho-educational process, you may also encounter unpleasant feelings or thoughts. You may also make decisions about changes you would like to make in your behaviors and/or relationships. This experience may result in changes that were not originally intended.

Attending a psycho-education process is not a substitute or alternative for individual psychotherapy or inpatient psychotherapy. If you require the names of counsellors before, during, or after the psycho-educational process, your facilitator will be happy to provide you with a list of providers.

I understand that I am agreeing to participate in a psycho-educational experience that carries with it the potential for positive benefits and/or unpleasant feelings. I understand that I may experience both expected and unexpected changes.

I also agree to practice self-care while I participate in this group. If I am feeling overwhelmed, I will slow down, or take a break and step away.

I understand that I am free to participate to whatever degree is comfortable for me, and I will not push myself beyond that to meet any perceived expectations of myself or others. I also agree to reach out to the facilitator in between groups if I require extra support.

I understand that if I decide that the group is not for me that I will reach out to the facilitator to discuss this ahead of time and I understand that no refunds can be offered as I am securing my spot in the group and am committing to this at this time.

I understand that this is not considered, nor a substitute or alternative for individual counseling, and that I am free to participate and am encouraged to participate in my own counseling during, or after this experience.

I understand if I am experiencing any increase in eating disorder/disordered eating symptoms that I will reach out locally for individual help.

I agree that I will contact 911 or go to my local emergency room if I am experiencing any suicidal thoughts.

I understand that this group experience will not provide emergency or crisis services. If needed, the facilitator can give a list of needed resources.

I understand that Stephanie Armer, LCSW, group facilitator, will follow the law of therapy and confidentiality in New York. Note that where all precautions will be taken to secure confidentiality that all online groups pose some potential risk in confidentiality. Although guarantees cannot be provided by the group facilitator(s), group members must agree to maintain the confidentiality of other group members. This means that you may not disclose names or other identifying information about group members, nor may you discuss the personal issues and experiences of other members. This includes but is not limited to written posts and pictures on social media forums. Discussing your own experience of being in the group with non-members is acceptable.

I consent to the above: **Yes/No**

Name:

Address:

Phone Number:

Date of Birth: