

**Adolescent Group Outpatient Services Contract
For Parents / Legal Guardians of Adolescents**

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GENERAL PARAMETERS: Adolescent group therapy incorporates a wide range of interventions that include skills based learning, group cohesion building exercises, psychodrama, role play, discussion, open sharing, and rehearsal of effective action. A mindfulness-based activity is incorporated at the beginning of each group to focus attention and quiet the mind. Adolescents are asked also to track data each group session about frequency, length, and duration of symptoms (i.e., extreme panic attacks, intensity of arguments with parents). Treatment targets are identified during the pre-screening sessions.

I request that new group members make a commitment to the group for at least three months. Groups are most powerful when the group is cohesive, members attend regularly, and consistency is maintained. Adolescents are expected to attend treatment regularly and communicate about absences. The groups are ongoing and the length of stay will vary based on the length of time they are beneficial to the members. Adolescents attend my groups willingly, and no two adolescents are admitted from the same high school. They are asked not to contact each other (including on social media) outside of group for privacy and confidentiality. This also prevents group members from excluding each other, subgrouping, taking on the problems of other group members, and engaging in other group dynamics that could make the group feel unsafe. Members are permitted to share contact information to exiting members who leave the group and have no plan to return. Members are required to provide at least one month's notice upon deciding to exit the group. This enables some time for the group members to say good-bye, address changes, reflect upon personal growth, wish the member well, and have a positive experience of ending.

Parents may request to schedule a session at any time to assess progress, obtain my feedback, and to provide input regarding general treatment targets for their adolescents moving forward. Adolescents are encouraged to attend these sessions.

CONTACT AND AVAILABILITY: I am unavailable for emergency services outside of the group time. Clients will need to contact their individual therapist, pediatrician, or psychiatrist for urgent concerns. I require a two-way release of information that allows me to open communication with the adolescent's psychotherapist and psychiatrist, nurse prescriber, and/ or pediatrician. Please note that I cannot guarantee that cell phone or e-mail communications are confidential. Use of e-mail should be limited to appointment scheduling, should not include any sensitive personal information, and may be answered at my discretion.

GROUP AND DBT: I sometimes use materials and skills handouts from Dialectical Behavior Therapy (DBT). DBT skills handouts help people to understand emotions, act with wisdom, behave with self-respect, keep relationships, survive painful emotions without making their situations worse, and increase awareness of consequences to stop acting impulsively. I am unable to provide exclusive DBT services, as DBT is a complex multi-component treatment originally developed to treat adult suicide attempters.

PRESCREENING: The prescreening process is a critical component to orienting new members to services and making the transition into group a positive experience. Ambivalence is considered normal and it is important for teens and parents to have adequate information prior to making a commitment. Pre-screenings are devoted to orienting the family to the services, identifying the presenting problem(s), obtaining necessary informed consents and releases, clarifying treatment parameters and payment information, and identifying a treatment plan.

PRIVACY AND CONFIDENTIALITY: Prior to beginning treatment, it is important that you agree to rules regarding confidentiality. Privacy is especially important in treating adolescents, as they are in a period of developing autonomy and independence. Because it is critical to establish trust and increase the opportunities of accurate self-disclosure about personal matters in treatment, I generally do not disclose information pertaining to experimental alcohol or drug use, sexual behavior, or non-lethal self-harm behaviors. If I believe your adolescent is engaging in behavior that has a health risk I will make every effort

to address this behavior in group and may strongly encourage your adolescent to disclose this information to you. If it is necessary to protect the life of your adolescent or another person, or to prevent serious bodily harm to your adolescent or another person, I have the option of disclosing information to you without your adolescent's consent. *By signing this consent you agree to respect your adolescent's right to privacy, and are waiving your right to access your adolescent's treatment records.*

If you decide to take legal action against myself, I will not be under any obligation to protect your confidentiality. If a government agency is requesting the information for oversight activities, I may be required to provide it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or a disabled person is being abused or neglected, I must file a report with the appropriate state agency/ agencies. Please be aware that sexual assault of a minor is reportable under law.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

LEGAL ISSUES AND CUSTODY DISPUTES: By signing this, you agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements (i.e., visitation). You also agree to instruct your attorneys not to subpoena me or refer in any court filing to anything I have said or done. Although I will work to prevent such an event, a judge may require me to testify. I am ethically bound not to give an opinion regarding custody or visitation rights. If there is a court appointed evaluator, and if appropriate releases have been signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody or custody arrangements. If for any reason I am required to appear as witness, the party responsible for my participation agrees to reimburse me at the rate of \$350 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Please do not sign this form, but fill out the *Adolescent/ Parent Questionnaire* posted on the *Forms* Section of the website and initial and sign where prompted at the bottom of the page. Your signature there will confirm that you have read and understood the terms of this document and have had the opportunity to ask questions about it. Please bring any questions regarding this consent to the intake session.

This consent was updated on February 15, 2016.