



## Advanced Therapy Group for Betrayed Partners: Group Therapy Guidelines

Welcome. The goal of this group is to provide a supportive environment wherein you may remain connected to a recovery community, further healing work, and get feedback, ideas, and support for issues that arise in long-term recovery.

This group is designed for individuals who: 1) have experienced sexual betrayal in their primary relationship, 2) have completed at least one series of the *Betrayed Partners Therapy Group* facilitated by Dr. Manning, 3) have completed a Full Therapeutic Disclosure (FTD), 4) have achieved a degree of stability relative to active trauma symptoms, and 5) have been determined to be a fit for the Advanced Therapy Group through consultation with Dr. Manning. Most members of this group are in their second to sixth year of active healing work following a sexual betrayal. This group will focus on the second and third phases of the Multidimensional Partner Trauma Model which include processing and moving forward. Post-Induction Therapy (PIT) work will also be integrated into the group topics and discussions.

This group is an **open group**, meaning new group members may join at any point before and up until the January session of each year. The maximum number of group members will be **seven (7)**. After joining, group members are required to attend all remaining group therapy sessions for that cycle of the Advanced Therapy Group. The group cycle will run from September to May and will break during the summer months. **The group sessions will be held on the second Thursday of each month from 11:30 am to 1:30 pm** at Dr. Manning's office building.

The cost of the group is \$85.00 per 120-minute session. Fees may be paid with a credit card, cash, or check. If paying by check, please make checks out to Dr. Jill Manning, PLLC.

**Ahead of any individual need, the well-being of the group is paramount.** For the group setting to be healthy and emotionally safe for everyone, certain boundaries must be honored so that everyone has the same opportunity to learn and heal.

1. **Commitment:** Commitment to healing must be a top priority for effective treatment to occur. Each group member needs to be able to attend consistently. Without consistent attendance, the group becomes therapeutically unsafe for people who wish to engage in deeper work. Group members are strongly encouraged to make the necessary scheduling arrangements in advance to be devoted to the entire group experience. If you must miss the group due to an emergency or illness, you will be expected to notify your therapist as soon as possible and all others in the group. **Group members are expected to not miss more than two sessions during the year's cycle. If a group member misses more than two sessions, they will be asked to withdraw from that cycle.** Initial \_\_\_\_\_
2. **No-shows:** If a group member does not inform the group of his or her absence in advance, he or she will be charged the full group fee (\$85.00) for that session and he or she will need to address

the no-show during their next check-in with the group. More than one no-show will necessitate termination from the group. Initial \_\_\_\_\_

3. **Authentic Emotion:** In group therapy, you will be expected to express your true feelings with other group members and to demonstrate sensitivity and respect to others as they do the same. It is expected that everyone contributes to a group climate of empathy, caring, and acceptance. Initial \_\_\_\_\_
4. **Confidentiality:** What is said in our group meetings is ***strictly confidential***. You are expected to refrain from engaging in **any discussion outside of the therapy setting regarding other members or the facilitator of the group. Failure to abide by this requirement will be cause for immediate termination from the group.** You are permitted, however, to share your own learning and insights from the group. You are asked to be extremely judicious about this type of sharing and to mindfully consider the pros and cons of doing so in advance.
  - a. Any issue that arises with or amongst members must be addressed to the member within the group setting through direct conversation during a group session. Initial \_\_\_\_\_
  - b. Any issues with the facilitation of the group must be addressed directly to the facilitator in person within the confines of an individual therapy session or individual appointment. Initial \_\_\_\_\_

You must understand the confidentiality requirements and exceptions of the group facilitator. The information provided by and to a client during therapy sessions is legally confidential if the psychotherapist is a Licensed Psychologist, Licensed Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Certified and Licensed Addiction Counselor, or Registered Psychotherapist. If the information is legally confidential, the psychotherapist cannot be forced to disclose the information without the client's consent or in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. Initial \_\_\_\_\_

There are exceptions to this general rule of legal confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-43-218. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S § 13-90-107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship. For example, I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identified by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am required to report this to the appropriate authorities. I may also disclose confidential information during supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or others, I may be required to take immediate action to protect yourself or others from harm. Additionally, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply. Initial \_\_\_\_\_

c. Additionally, although confidentiality extends to communications by text, email, telephone, and/or other electronic means, I cannot guarantee that those communications will be kept confidential and/or that a third party may not access our communications. Even though I may utilize state-of-the-art encryption methods, firewalls, and backup systems to help secure our communication, there is a risk that our electronic or telephone communications may be compromised, unsecured, and/or accessed by a third party. Please review and fill out DJMP's Consent for Communication of Protected Health Information by Unsecure Transmissions in the intake paperwork if you have not already.  
Initial \_\_\_\_\_

5. **Healthy Living & Relating:** Betrayal trauma can cause some individuals to become vulnerable to acting in ways that are incongruent with their core values or pre-discovery life (e.g., self-medicating with drugs or alcohol; engaging in violence or self-harming behavior; sexually acting out; regressing into prior dysfunctional patterns; neglecting parenting responsibilities; eating in disordered ways; hypervigilant behaviors; and/or seeking plastic surgery). Group members are expected to do their best to live, act and relate to others in ways that are congruent with their highest values and that will not cause harm to themselves, to their child(ren), to their partner, or their relationship. Group members who are not demonstrating a commitment to healthy living and relating may need to terminate their group therapy experience and focus on individual therapy that specifically addresses the unhealthy behavior. This therapy may require seeking specialty care outside of Dr. Manning's practice (e.g., addiction counseling, in-patient care, psychiatric/medical care, and/or a different group therapy setting). Initial \_\_\_\_\_
6. **Staying present with feelings:** It is common for uncomfortable feelings to arise when engaged in deeper emotional work. Group members are asked to refrain from sarcasm or other defenses that bring members out of the present moment and out of their authentic feelings. This applies to "aggressive nurturance" (giving one another a bad time). Your therapist will remind you as the group goes forth since this can happen unconsciously. Initial \_\_\_\_\_
7. **Completing Assignments:** On occasion, a therapeutic exercise will be assigned for homework. Doing the assigned homework between groups is essential to effective treatment, as well as a sign of your commitment to your healing. The group cannot progress when members do not have their assignments completed. You are expected to have your homework completed before the next session. Initial \_\_\_\_\_
8. **Involvement in a 12-Step Community:** Twelve-Step meetings are a proven forum for advancing important healing principles and personal recovery. Consequently, group members are **required to be actively involved in a 12-Step community of their choosing**. Given that the Advanced group only meets once a month, 12-Step involvement is intended to keep group members connected to a larger recovery community on a long-term basis and to foster ongoing self-examination. Group members may choose a 12-Step community unrelated to sexual betrayal if there is a comorbid issue present (e.g., alcoholism, overeating, shopping addiction, drug abuse, etc.). If a group member is not adhering to this requirement, they will be asked to withdraw from the group.  
Initial \_\_\_\_\_
9. **Participation in Therapy:** Group members are **required to be engaged in regularly scheduled individual and/or couples therapy outside of this therapy group**. This requirement is intended to encourage higher-quality group processing and increased individual wellness. A monthly group cannot possibly manage all the long-term issues associated with betrayal trauma, relational healing, and mental health; therefore, outside therapy is required for the benefit of all group members.  
Initial \_\_\_\_\_

10. **Leaving the Group:** By joining this group you are committing to your healing and the healing of others in the group. Before the group starts, each group member has either spoken with or met with the facilitator to carefully assess fit for the group in advance. If for some unforeseen reason, you believe you are not a fit for the group after it has started, you are required to respect the following process: 1) Tell the facilitator of your intention to leave the group by scheduling an individual appointment with her; 2) After speaking with the therapist, you will inform the group of your decision to leave in-person at the next group session so that the group can say good-bye and bring closure to your departure.

Initial \_\_\_\_\_

11. **Safety:** If a group member finds he or she is having trouble following any of the above-mentioned requirements, the following process will occur to ensure the safety of the group: 1) the member having problems will receive a verbal warning and be asked to process the issues individually; 2) the member will be placed on a boundaries contract, which will outline specific recommendations for remaining in the group; and 3) we will find a different way to get your treatment needs met other than group therapy.

Initial \_\_\_\_\_

By signing below, you are stating that you have read and will adhere to the requirements for being in the group programs facilitated by Jill Manning, Ph.D., LMFT, CCPS, BC-TMH.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date