**Catherine O’Riordan**

**Group Therapy Information Sheet and Agreement**

**Location:** St Joseph’s House of Hospitality, 99 Carlton Hill, Carlton, Nottingham, NG4 1FP. I have chosen this venue because it is a new facility and is private, warm, clean, and quiet. It also has good public transport and free parking. Refreshment facilities are available.

**Date & time:** Thursday’s 6.00-8.00pm. Start date: September 26th, 2024. Week’s off: October 24th and November 7th. End Date: December 12th.

**Group aims:** A creative and experiential weekly therapy group to explore your whole self, connect with other people and be supported to recover and grow.

Please note, if you are currently receiving therapy or counselling elsewhere, I will not be able to offer you a place in the therapy group.

**Service:** I provide weekly group therapy. As the group facilitator I will work to help the group develop into a secure space where each person feels respected, supported, and resourced to explore whatever is important to them. I am committed to providing an ethical and reliable service that is responsive and flexible to the needs of each individual and the group as a whole.

If for any reason you are unhappy with the service I provide, please speak to me and I will make every effort to resolve whatever problem has arisen. I am registered with the UK Council for Psychotherapy (2011164382) and I am a member of the British Association for Counselling and Psychotherapy (065056). I follow these ethical and professional codes of conduct. I am firmly committed to the principles of benevolence and non-maleficence and seek to quickly respond to any ruptures in relationship with the hope of repair.

**My approach:** I am a developmentally based, relationally focused integrative psychotherapist and my approach to group work is consistent with this underlying philosophy. I also include Gestalt and Psychodrama principles with an emphasis on working in the here and now of the group process. I believe creating a sense of security and fostering a sense of respect, courtesy and kindness helps us heal and grow and I will seek to embody and foster these qualities in the group process.

I work holistically, attending to the interconnectedness of our mind, body, spirit, and emotions. I offer opportunities for you to connect with yourself and others and learn about all aspects of yourself through a process of sharing and receiving. The group process will include talking, listening, movement, experimentation, and activities. I work from a strength-based and trauma-informed approach, integrating various humanistic strategies in my work.

**Cost:** £45 per session. Payment due before each session, usually via BACS transfer. I prefer sessions to be paid in half-termly blocks, although weekly payment is available upon request. I will provide a receipt at the end of the final session. I ask for a £100 deposit to secure your place.

**Cancellation:** Please note, payment is non-refundable, even if you do not attend. In the unlikely event I need to cancel a session I will seek to reschedule another session and where I am unable to contact you myself my clinical executor Antionette Long will contact you.

**Therapy length**: There is a minimum commitment of 10 sessions with two break’s, October 24th and November 7th, 2024. If you decide to leave the group early, I ask you to inform me and where possible attend a further two sessions so that you and the group can have an ending which I believe is important and reflects your value and the value of each group member.

**Frequency**: The group meets weekly and to get the most out of the group therapy experience it is important to make this weekly commitment. If you need to miss a group session, please let me know before the session. If I have not heard from you, I will try to contact you. If I do not hear back from you before the following session, I will assume you no longer want to continue with the group, but I will contact you again and invite you to attend two final sessions to enable an ending. You are responsible for payment of all ten sessions.

**Personal information:** I am committed to ensuring personal information is kept confidential and your privacy protected. I ask you for personal information, so I can:

* Make an informed assessment
* Provide group therapy
* Contact you about sessions
* Keep sessional notes
* In case of an emergency situation
* Reflect in supervision
* Maintain financial records and invoices
* Where necessary and with consent, contact other agencies and professionals
* With consent, use anonymised information for purposes of research, written publication and training

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| **Personal Details:** | |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Date of birth: |  |
| Emergency contact details – name, contact number & address if different. |  |
| GP contact details – name, telephone, address: |  |
| Professional title / modality: |  |
| Do you have any health or medical conditions it would be useful for me to know about? Are you taking any medications? |  |
| Do you identify as neurodiverse? Please say in what way(s). |  |
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| Please share why you are interested in group therapy and what you hope to get out of it: | |
| Name  Signed:  Date: | |

I will confidentially store your personal information only for as long as is necessary in keeping with insurance requirements, after which time your personal information will be destroyed.

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If there is anything you are uncertain about, please don’t hesitate to get in touch with me. I’m very happy to answer any questions you may have.

Catherine O’Riordan

Psychotherapy, Supervisor & Group Facilitator:

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*Updated: 19/5/24*