

Please contact Wellspring Child & Family Psychology with any questions

## **TEEN SUPPORT GROUP**

Wellspring Child & Family Psychology is offering this teen support group. Mental Health America of Fredericksburg is covering the cost for all participants.

**WHEN:** Tuesdays 6:30 – 8:00 PM starting September 13<sup>th</sup> through October 18<sup>th</sup>

**WHERE:** In-person at Wellspring - 615 Emancipation Hwy, Suite 101, Fredericksburg VA 22401.

**This Teen Support Group** is designed to help teens navigate the important and sometimes challenging time of adolescence. Although this can be a stressful part of life for many individuals, it is also a great time to learn some valuable skills that will help teens effectively manage emotions, thoughts, and relationships both now and in the future. For more information about Wellspring Child & Family Psychology, you can visit their website, [www.wellspringchildandfamily.com](http://www.wellspringchildandfamily.com).

### **Who should attend this group?**

This group is open to high school students who struggle with anxiety, depressed mood, stress, or other issues, who would like to make changes in their life.

### **What is the format of the group?**

The group meets for 6 weekly sessions, and each session is an hour and a half. The group will be divided into three parts: 1) learning a new skill, 2) practicing the skill, and 3) group discussion about topics of interest to the group. You will never be forced to share information, although participation will help you to get the most out of the group. Our curriculum is largely based on Acceptance and Commitment Therapy (ACT) and the DNA-V model of applying ACT techniques to teens.

### **What types of skills will you learn?**

- ❖ To identify your values and goals.
- ❖ How to identify negative self-talk that influences your behavior.
- ❖ To identify behaviors that help you achieve your goals, and those that do not.
- ❖ Skills to tolerate difficult thoughts or feelings that you cannot change right away.
- ❖ Ways to challenge negative thinking and form more balanced thoughts.
- ❖ How to use the skill of discovery to try new things and get different outcomes.
- ❖ You will learn that you are not alone!

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## TEEN SUPPORT GROUP

In order to complete your registration, please complete the **Parent Consent Form** and the **Teen-Registration Form** and email to [info@wellspringva.com](mailto:info@wellspringva.com) or mail to the address below.

### Registration for Teen Group - Parent/Guardian Consent Form

Name of Group Member: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (alt.): \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **To be completed by a parent or legal guardian (unless the teen is 18):**

1. Has your teen received psychiatric hospitalization or intensive outpatient treatment for mental health issues in the past 6 months? \_\_\_\_ yes \_\_\_\_ no

2. Has your teen attempted self-harm (e.g., suicidal behavior; cutting; self-injury) in the past 6 months? \_\_\_\_ yes \_\_\_\_ no

3. Does your teen have any legal history? Have they been charged with a criminal offense? \_\_\_\_ yes \_\_\_\_ no

If yes, what was he/she charged with?

\_\_\_\_\_

4. Is your child currently on probation? \_\_\_\_ yes \_\_\_\_ no

5. Does your teen currently have drug/alcohol addiction/abuse problems? \_\_\_\_ yes \_\_\_\_ no

6. Is your teen currently in therapy or being treated for a mental health diagnosis? \_\_\_\_ yes \_\_\_\_ no

If yes, what is his/her diagnosis? \_\_\_\_\_

7. Has your child ever been expelled from school or other facilities due to misbehavior? \_\_\_\_ yes \_\_\_\_ no

If yes, what was the issue? \_\_\_\_\_

8. Parents, what reason(s) led you to register your child for this group?

\_\_\_\_\_  
\_\_\_\_\_

9. Parents, what do you hope your child gets out of the group?

\_\_\_\_\_  
\_\_\_\_\_

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## **TEEN SUPPORT GROUP**

### **Parent Authorization / Information Release**

I authorize the following person(s) to exchange information with Mental Health America of Fredericksburg/WellSpring Child and Family Psychology/ Center for Psychological Assessment and Consultation. I hereby release Mental Health America of Fredericksburg, WellSpring Child and Family Psychology, and Center for Psychological Assessment and Consultation, and the personnel staff from all legal responsibilities or liabilities that may arise from the release of such information. This authorization to obtain and release information is fully understood and is voluntary on my part.

I hereby give my permission for the following information to be released:

Verified acceptance that I/my child is in the group or attending the group sessions

Information about my/my child's progress

Other: \_\_\_\_\_

To be released to: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Parents, please initial each statement below**

I understand that this is an educational/support group, not therapy or treatment. I understand that my child will receive psycho-education, skills building, and support, but will not receive treatment of mental health conditions.

I understand that if, at any time, facilitators or organizers affiliated with this group feel that my child is not benefitting from the group, or is preventing others from benefitting from the group, that my child may be asked to leave the group and I will be notified.

I understand that, if facilitators or organizers affiliated with this group at any time feel that my child needs additional services, that they may provide referrals or recommendations to myself or to my child.

I understand that group facilitators will maintain confidentiality, but also that there are certain limits to confidentiality (e.g., if my child expresses an intent to harm themselves or others; in cases of child abuse or neglect; in cases where court orders may require that we release information; etc.).

Please note, this group operates on a first come, first served basis. Once your registration form is received and reviewed, we will notify you if your child is accepted into the group.

### **The following individual may be contacted in case of emergency:**

Name: \_\_\_\_\_ Relation to Teen: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_ to participate in the Teen Group with Mental Health America of Fredericksburg and WellSpring Child and Family Psychology. I have read and understand the above statements and the description of the group and understand that this is not a therapy/treatment group. Thank you, and we look forward to meeting your teen!

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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## TEEN SUPPORT GROUP

### Registration for Teen Group (Teen Form)

**Teen Member** - Please answer question and read and **initial beside each statement below** to indicate that you have read and understand each statement:

**Teens, what do you hope to get out of the group?**

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\_\_\_\_\_ I understand that **this group will provide skills, support, and psycho-education, but that it is not a therapy or treatment group.**

\_\_\_\_\_ I agree that **I will strive to be fully present during groups** and agree that I will not consume drugs or alcohol prior to or during groups and will refrain from cell phone use while in group. I agree to attend all group sessions and **will contact Wellspring Child & Family Psychology if I cannot attend a group.**

\_\_\_\_\_ I understand that confidentiality is expected of all group members, and agree that **I will not share any information about other group members or what is discussed in group with anyone outside the group** (note: you should share safety concerns about yourself or other group members with the facilitator)

\_\_\_\_\_ I understand that there are some **limits to confidentiality**, and that facilitators may share information in certain circumstances, such as to keep me or someone else safe, or to report cases of child abuse or neglect.

\_\_\_\_\_ I understand that **I have a right to choose how much to participate in all group activities and discussions. I can choose what personal information to share.** Although confidentiality is expected, I understand that group leaders cannot ensure that all group members will keep all information confidential.

\_\_\_\_\_ I understand that it is expected that **all group members will be polite, respectful, and accepting** of all other group members, and I agree to act in this way.

\_\_\_\_\_ I understand that **I may be asked to leave the group at any time if I do not follow-through with the above agreements.**

\_\_\_\_\_ **I have read and understand the above statements and agree to abide by these guidelines. I agree to maintain confidentiality of all group members both during the course of the group, and also after the group is over.**

\_\_\_\_\_  
Name of Group Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Group Member