Men's OCD Group
Consent For Group Therapy

PLEASE READ CAREFULLY BEFORE SIGNING

Purpose:
The purpose of this ongoing group is to provide a supportive, educational, and therapeutic environment for men living with Obsessive-Compulsive Disorder (OCD). The group combines psychoeducation, discussion, and peer support while emphasizing evidence-based treatment principles, including Exposure and Response Prevention (ERP), acceptance of uncertainty, and reducing compulsive behaviors such as reassurance seeking and rumination.

Members will have opportunities to discuss their experiences with OCD, learn practical recovery strategies, receive support from other members, and share experiences related to living with OCD in work, relationships, family life, and other areas. While members are encouraged to participate, no one is required to disclose anything they are uncomfortable sharing.

Because this group focuses on OCD recovery, discussions may involve intrusive thoughts, uncertainty, anxiety-provoking situations, and exposure exercises. Some members may temporarily experience increased anxiety or discomfort while discussing OCD-related topics. This is a normal part of learning new ways to respond to OCD.

To support recovery, group facilitators may limit reassurance seeking or attempts to obtain certainty from the group, as these behaviors can unintentionally strengthen OCD over time. Instead, facilitators will encourage evidence-based recovery strategies, including tolerating uncertainty, resisting compulsions, and applying principles of Exposure and Response Prevention (ERP).

Participants are encouraged to share openly while being mindful that detailed descriptions of compulsions or reassurance-giving may not be therapeutically helpful for other members. Group facilitators may redirect conversations when necessary to maintain a recovery-focused environment.

This group is educational and supportive in nature and is not intended to replace individual psychotherapy. Members are encouraged to continue working with their individual treatment providers whenever possible.

A telehealth support group adds some unique challenges and situations that are addressed in this form. For the group to work well, a safe environment must be created and maintained. The first step towards creating a safe environment is for you to understand and agree to the following guidelines:

<u>Confidentiality</u>
Information shared in group will be treated with the same type of confidence as individual therapy by the group facilitator(s). Information will not be released without your expressed permission. Exceptions to confidentiality are the same as those for individual therapy and are as follows:

1. Disclosure is required by law when there is reasonable suspicion of abuse of children, elderly persons, or dependent adults; or where the client presents a serious danger of violence to another. NOTE: Reasonable suspicion of child abuse includes knowingly preparing, selling, accessing, streaming, downloading, viewing, and/or distributing material of a minor engaged in an act of obscene sexual conduct, including ”sexting.”

2. Disclosure is permitted by law, allowing protective measures to be taken if you are a danger to yourself or others.

3. There is a court order issued from a judge to release mental health records.

While the group facilitator(s) have legal and ethical mandates and guidelines to maintain confidentiality, a group member does not. Meaning, while the group facilitator will adhere to confidentiality, it cannot be guaranteed due to other group members. Thus, it is imperative that all group participants commit to keeping identifying details of fellow group members confidential for the group to be a safe space for participation and disclosure.

Your group facilitator(s) will use a HIPAA-compliant platform from a secure internet connection to protect the confidentiality of group members. Group members are responsible for the following:

1. You must physically be located in the state of NJ, NY, IL, FL, or PA to attend.
1. You must be in a private setting, alone, with the door closed.
2. All cameras must be on for the duration of the group.
3. If possible, wear headphones to better protect the privacy of other group members.
4. Use a secure Wi-Fi/Internet connection rather than public or free Wi-Fi.
5. Should someone enter the room you are in, alert the group immediately, cover your screen and mute your volume. If the disruption is not brief, you may need to exit the group until you are alone again. If you are unable to return to the group, please send a secure message to the group facilitator to inform them of the reason you were unable to return to group.
6. Recording and "screen shots" of sessions are NOT permitted.
7. Be courteous and respectful.
8. Use gallery view so you can see the faces of all participants.

By joining the group, you are agreeing that you are in an environment where others cannot overhear the group's dialogue or see your screen. If the group facilitator notices that nonmembers are visible or audible during the session, they will ask you to secure your environment and/or leave the group until privacy can be attained. The group facilitator reserves the right to remove you from the group, if you do not do so yourself. If you are removed, the group facilitator will check in with you after the session ends.

Benefits and Risks

Group telehealth can have many benefits such as providing a space to share your personal experiences, giving and receiving support/constructive feedback, and experimenting with new interpersonal behaviors. While there are benefits to group telehealth, video platforms pose more risks and challenges than in-person groups, which can impact group member's confidentiality and comfort. The group facilitator(s)' lack of control over group members' environments is an inherent risk of online group therapy despite attempts to ensure privacy (see Confidentiality section above). If you have concerns about confidentiality, you are encouraged to discuss your concerns with the group facilitator(s) and group members; please voice your concerns before leaving a session so the group can make adjustments. You may choose to leave a particular group session or the group altogether; please communicate your decision to the group facilitator.

Additional challenges to a telehealth format that may create discomfort include technology issues that result in lag time or loss of internet connection and the loss of non-verbal cues and room for misinterpretation by group leaders and group members. Please clarify with group leaders and/or members if you feel misunderstood.

Attendance and Timeliness

Group members are expected to sign on to the video platform at least 5 minutes before the start time and stay throughout the entire session. Your early arrival ensures that the group is able to start on time and provides time to troubleshoot if technical issues arise. If you are unable to attend a session, please contact your group facilitator prior to the meeting.

Crisis Management and Intervention

At the start of each group session, you will be asked to confirm your location which (should be listed below on the ECP form) and your emergency contact person. Should any information change, please notify the group facilitator(s). By providing this information, you agree to have your group facilitator contact your emergency

contact and any additional emergency personnel as needed in the event of an emergency. What constitutes an emergency is at the discretion of the group facilitator and includes but is not limited to becoming incapacitated during the course of a session and/or expressing harm to self or others when your group facilitator is unable to reach you for further assessment.

If you are having thoughts of suicide or are unsure of your ability to maintain the safety of yourself or others, you agree to utilize crisis services instead of attending the group. For 24/7 crisis support, you can call or text the National Suicide Hotline at 988. If you need immediate attention and/or your concerns are life-threatening, please call 911 or go to the nearest emergency department.

Continuity of Care

To maintain continuity of care, the group facilitators may share resources for continued services beyond the group. You are encouraged to ask the facilitator(s) for any referrals that you may need. You are under no obligation to follow through with any resources or referrals.

Contacting Group Facilitator

If you need to contact the group facilitator between group sessions or have any questions, please call or text:
Lenny Gallo, LCSW, LCADC: 973-559-3669

CONSENT: I have read and understood the information provided above and agree to abide by the guidelines for participation in group telehealth. By submitting this document, I agree to abide by its terms.

Name: _____

Physical Location for group sessions: _____

Home address (if different from above): _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____

Emergency Contact Form

If you have a mental health emergency, you are encouraged not to wait for communication back from the facilitator(s), but do one or more of the following:
- Call or Text Lifeline at 988 (National Crisis Line).
- Call 911.
- Go to the emergency room of your choice.

EMERGENCY PROCEDURES SPECIFIC TO TELEHEALTH SERVICES

There are additional procedures that we need to have in place specific to telehealth services. While you may not wish to list an Emergency Contact Person (ECP) for in-person sessions, the State of New Jersey requires that you provide the following information if you are utilizing telehealth via VIDEO and AUDIO for group therapy. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or are in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and telehealth services are not appropriate. We are required to contact an ECP on your behalf in a life-threatening emergency only. Please enter this person's name and contact information below.

In the event of an emergency, either you or I will verify that your ECP is willing and able to go to your location and provide assistance. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees to take you to a hospital.

If we are unable to contact your ECP. Local authorities will be notified and sent to your specific location.

Your signature below indicates that you understand the terms of this document.

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your Email: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Your Signature: _____ Today's Date: _____