

Process Oriented Group Therapy

Cindy Fabico, MA, LMHC, LMFT, NCC

Group therapy has a long and well proven record as a highly effective and useful form of psychotherapy. It is as helpful, and in some cases **more helpful** than individual therapy, particularly in those situations where social support and learning about interpersonal relationships are important objectives of treatment. The vast majority of individuals who participate in group therapy benefit from it substantially.

Group Therapy offers an opportunity to:

- Receive and offer support and feedback
- Gain insight and understanding into one's own thoughts, feelings, and behaviors by looking at relationship patterns both inside and outside the group
- Gain understanding of other peoples' thoughts, feelings, and behaviors
- Improve self-confidence, self-image, and self-esteem
- Improve interpersonal relationships and communication
- Experiment with new interpersonal behaviors
- Talk honestly and directly about feelings
- Undergo personal change inside the group with the expectation of carrying that learning over into one's outside life

What Do You Do? How Are You Expected To Behave?

- There will not be a prescribed agenda for each session.
- Participants talk about any personal or relationship issue relevant to the problems and goals that lead them to therapy.
- Participants offer support, ask questions, wonder about things said or not said, and share associations and thoughts.
- Emphasis placed on examining the relations between members – that is, the “here-and-now.”
- Members will often be asked to share their impressions of one another – their thoughts, fears, positive feelings, and some characteristics of the other that creates distance.
- Disclosure about oneself is necessary to profit from group therapy, but at the same time members should choose to disclose at their own pace.
- Direct advice giving amongst group members and from the group therapist is not a large part of how the group helps.

What Am I Getting Myself Into?

I ask that you make an initial commitment to attend and participate in your therapy group for at least 12 consecutive sessions. By then you will have a clearer sense of the potential helpfulness of the group.

- Group Therapy does not generally show immediate positive benefit to its participants. Because of this fact, participants sometimes find themselves wanting to leave therapy in the beginning if it becomes stressful for them.
- I ask that you suspend your early judgments of the group's possible benefits and continue to attend and to talk about the stresses involved and your doubts about group therapy.

When: Mondays **8am-9:15am** or **5:30pm-6:45pm**, beginning August 17, 2015.

Where: Life Skills Resource Group, **6068 S. Apopka Vineland Rd, Suite 11, Orlando, FL 32819**

Cost (3 options): •\$35 per session, paid weekly; **or** •\$30 per session, paid 6 weeks = \$180; **or**
•\$25 per session, paid 12 weeks = \$300

***Note:** This is a closed group. After week 2, no new members will be able to join. The group will decide at the end of 12 weeks if new members can be added.*

Contact: Email Sabina Flores @ Lifeskillsresourcegroup@gmail.com or call 407-355-7378 to register or to schedule a free phone consultation with Cindy regarding the group.

REGISTRATION INFORMATION

Name _____

Address _____

Phone Number _____ Email _____

Group Time Preferred (please select one):

___ 8:00 am - 9:15 am

___ 5:30 pm - 6:45 pm

****PAYMENT POLICY****

- I authorize Cindy Fabico to charge my card **\$35 every week**, *whether or not I am able to attend, and understand that this information will be kept secure.*
- I authorize Cindy Fabico to charge my card **\$180 for the first 6 weeks, and \$180 for the second 6 weeks**, *whether or not I am able to attend, and understand that this information will be kept secure.*
- I authorize Cindy Fabico to charge my card **\$300 for all 12 sessions**, *whether or not I am able to attend, and understand that this information will be kept secure.*

Cardholder Name (please print) _____

Cardholder Signature _____

Card Type: VISA ___ MASTERCARD ___ AMEX ___ DISCOVER ___

Card Number _____

Exp Date _____ Security Code _____ Billing Zip Code _____

Initials: _____

Client Signature

Date