

## Group Flyer



Life Point Counseling, LLC is excited to present a group therapy opportunity at our Sheboygan location to increase emotional awareness and regulation through structured and diverse learning in a peer setting.

- Does your child have difficulty talking about emotions?
- Does your child have difficulty keeping emotions in check?
- Does your child have difficulty connecting?
- Is your child in need of coping skills?
- Is your child in need of a way to learn strategies to self-manage?

We are looking for children of any gender, ages 8 through 10 to participate in Got Gratitude? A Mindfulness Therapy Program in a Group Setting beginning in February 2024. The children may be currently experiencing difficulty with emotions, reduced coping mechanisms, anxiety, ruminating thoughts, cognitive distortions, depression, or a combination of these. They may also be referred by his/her/their individual therapist as supplemental therapy to increase skills.

In the group and within a safe setting, we will learn:

- About emotions
- How emotions are attached to behavior
- Thought processes that can impact emotions and behavior
- Ways to practice gratitude
- Breathwork activities to connect the mind-body experience
- Coping strategies to use throughout the day and in different situations

The group will meet for 12 sessions, every Monday, from 3:30 pm - 4:30 pm beginning on February 19, 2024. One parent/guardian must be present for the first 15 minutes of the first session.

The cost of the group is covered by most insurances, please call our office with any questions. A private pay fee is also an option.

Additional questions can also be directed to our Sheboygan office at 920-457-8866.

Registration is due by February 12, 2024.

Each group is limited to a maximum of 10 participants. You will be contacted to confirm your enrollment by February 16, 2024.

*"How you look at  
it is pretty much  
how you'll see  
it."*

*-Rasheed Ogunlaru*

# Group Permission

# Form



I, \_\_\_\_\_ agree to the participation in this parents support group/group therapy for the purpose of therapeutic participation, skill acquisition, and peer support. By signing below, I testify that I have been given, read, and understand the documents below from Life Point Counseling, LLC. I have been given the opportunity to ask questions and have retained a copy of the items listed below.

- Informed Consent (Digital or paper version from Life Point Counseling)
  - Services & Scope of Practice
  - Expectations of Evaluations & Treatment
  - Confidentiality & Client-led Expectations
  - Termination
- Intake/Diagnostic Assessment (Digital or paper version from Life Point Counseling)
- Group Proposal Package (This form and included information/forms)

The following items vary from the above documentation and are noted below:

- To determine fitness for this group if you are not a current client of this agency, please call the business office to set up a 15-minute complimentary inquiry session.
- Please ensure that outside of emergencies and unforeseen illness, you can make all 12 sessions. Due to the nature of group sessions, the group must maintain continuity.
- Confidentiality within the group setting will remain a group priority; each member is expected to adhere to and respect the confidentiality of the group and each subsequent member inclusive of partners/spouses/co-parents. What is expressed or shared within the group setting should not be disclosed outside of the group setting. The leader cannot guarantee the responsibility or adherence of each individual member as it pertains to confidentiality, nor control the actions of individual members.
- The fee schedule shall be consistent with that of a group structure. The group cost is for 12 sessions, at 60 minutes in length each, with any necessitated interview and screening. This is not inclusive of any required intake evaluation or follow-up treatment. Payment is expected prior to the first session time and will not be pro-rated for missed sessions. Payment in full for the program will be treated as 6 sessions, receiving a bundled rate for self-pay if paid in full. Please discuss arrangements, payment plans, and accepted insurance with the business office prior to submitting the individual's registration form or if you are the referring therapist, prior to completing a letter of recommendation.
- Termination of the group will be at a set date determined by the start date of the first session and officially ending immediately following the last scheduled session. Should you need follow-up care, please communicate this to the business office prior to the last session so a referral can be made.
- Emergency services are listed on the Informed Consent document. Calls of an emergent nature should first be directed to the individual's professional counselor first.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Group Registration Form



I, \_\_\_\_\_, am registering my child, \_\_\_\_\_, age \_\_\_\_\_, to participate in the Got Gratitude? Mindfulness Therapy Group at Life Point Counseling, LLC at the Sheboygan location, 805 North 6th Street, Sheboygan, WI 53081.

I acknowledge that the group will meet from 3:30 pm to 4:30 pm on Mondays from February 19, 2024 to May 6, 2024.

Please note any conflict with any of the meeting dates :

Monday, February 19, 2024 (Session 1- 60 Minutes)

Monday, February 26, 2024 (Session 2- 60 Minutes)

Monday, March 4, 2024 (Session 3- 60 Minutes)

Monday, March 11, 2024 (Session 4- 60 Minutes)

Monday, March 18, 2024 (Session 5- 60 Minutes)

Monday, March 25, 2024 (Session 6- 60 Minutes)

Monday, April 1, 2024 (Session 7- 60 Minutes)

Monday, April 8, 2024 (Session 8- 60 Minutes)

Monday, April 15, 2024 (Session 9- 60 Minutes)

Monday, April 22, 2024 (Session 10- 60 Minutes)

Monday, April 29, 2024 (Session 11- 60 Minutes)

Monday, May 6, 2024 (Session 12- 60 Minutes)

Child (children) participating:

Name \_\_\_\_\_ gender \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ gender \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ gender \_\_\_\_\_ age \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

email \_\_\_\_\_

Name of person/referral: \_\_\_\_\_

Method of payment:

\_\_\_ Please bill my insurance (we will contact you for insurance information).

\_\_\_ I plan to pay the private pay rate. \*You may also set up a payment plan via

Instamed at <https://pay.instamed.com/LIFEPOINT> (client number not required at sign-up). Unattended sessions are not eligible for refunds or pro-rated fees.

*"Life is a dance.  
Mindfulness is  
witnessing that  
dance."*

*-Amit Ray*

# Group Release Form



I, \_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_ am requesting the release and/or exchange of information. I \_\_\_\_\_ hereby authorize Life Point Counseling, LLC to disclose and/or release the records and mental health treatment information related to therapies provided in group treatment to \_\_\_\_\_. This is inclusive but not limited to notes, diagnosing details, treatment modalities, client progress, intake and evaluations, and information that relates to the treatment of the individual listed above. Full release details are indicated below:

\_\_\_\_\_ Name \_\_\_\_\_ Phone  
\_\_\_\_\_ Address \_\_\_\_\_ eMail  
\_\_\_\_\_ City/State

The request is being made for this disclosure for the following intended purposes only:

At the request of the individual \_\_\_\_\_ Other

Information that is authorized to be released:

Treatment Notes \_\_\_\_\_ Diagnostic Information  
 Treatment Planning \_\_\_\_\_ Treatment Recommendation/Referrals  
 Dates of Treatment \_\_\_\_\_ Treatment Summary  
 Initial Treatment Plan \_\_\_\_\_ Treatment Record in its Entirety  
 All Records and Forms \_\_\_\_\_ Other

This authorization is valid until \_\_\_\_\_ or from one year of its enactment by the date indicated below.

I have received a copy of this information and the authorization to which I am signing. I understand that authorization may be revoked or altered at any time prior to the release of any information, but must be done so in writing and directly received by Life Point Counseling, LLC. I understand that I have the right to refuse the sharing of records and that treatment will not remain a condition of this document.

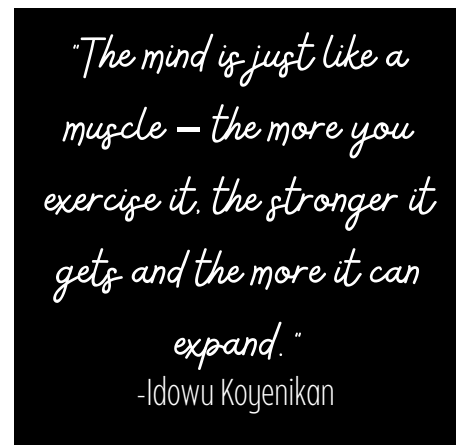
Signature of Client (Minor age 14 years or older): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide the release for the professional counselor treating the individual so that treatment plans can be formulated and adjusted throughout the time spent within the group therapy environment.



# Group Welcome Letter



Dear group member,

We are so glad you have registered for the Got Gratitude? Mindfulness Therapy Group! You will be meeting with us on Mondays from 3:30 pm to 4:30 pm for 12 weeks beginning February 29, 2024, through May 6, 2024.

These are the dates and times of the sessions:

- Monday, February 19, 2024 (Session 1- 60 Minutes)
- Monday, February 26, 2024 (Session 2- 60 Minutes)
- Monday, March 4, 2024 (Session 3- 60 Minutes)
- Monday, March 11, 2024 (Session 4- 60 Minutes)
- Monday, March 18, 2024 (Session 5- 60 Minutes)
- Monday, March 25, 2024 (Session 6- 60 Minutes)
- Monday, April 1, 2024 (Session 7- 60 Minutes)
- Monday, April 8, 2024 (Session 8- 60 Minutes)
- Monday, April 15, 2024 (Session 9- 60 Minutes)
- Monday, April 22, 2024 (Session 10- 60 Minutes)
- Monday, April 29, 2024 (Session 11- 60 Minutes)
- Monday, May 6, 2024 (Session 12- 60 Minutes)

*"In today's rush, we all think  
too much—seek too much—  
want too much—and forget  
about the joy of just being."*

-Eckhart Tolle

Please arrive at 3:20 pm so that we can begin on time. If you are unable to attend, please call the office at 920-457-8866 to let us know as soon as possible.

The first meeting/session will be an opportunity for you to meet your group leader, discuss expectations and outside work, answer parent/guardian and participant questions, and create a journal to use over the next several weeks. We will do short introductions, get to know one another and what we will be learning over the next several weeks. We will decide upon group rules so that we know what is expected of one another and so that the group space remains a safe and comfortable environment for all to participate and enjoy. There will be a lot of take-home information and creative learning throughout the time we spend together.

We request that parent(s)/guardian(s) attend the first quarter of the first session and be available by phone should there be a necessity to leave the group early; waiting in the building is not required. Please note that cell phones are not allowed in the group during the time we are meeting. We welcome all questions and look forward to getting to know you!

Your group leader,  
Jennifer (Jenn) Kalista, LPC-IT