

Psychedelic Integration Group Therapy Informed Consent Form

Please read through the information below and feel free to ask your questions about our sessions and/or anything about us. Once you are ready to participate, please sign this informed consent form below so we will have on our records that you have read the information and that you have been properly informed about the therapy.

WHAT IS GROUP THERAPY?

Group Therapy is a unique kind of therapy where a group of people who are likely experiencing similar challenges in the period of their lives gets together to share their difficulties which as a result give and at the same time, receive help from each other.

We make sure to maintain a safe environment that is conducive both for sharing and accepting each other where each can grow and trust one another and where each and everyone will feel respected and valued.

WHAT IS PSYCHEDELIC INTEGRATION?

Psychedelic integration is exploring and sharing difficulties and insights that arise in medicine space. The integration process, when done correctly, increases the potential for personal and collective transformation. Any feelings, sensations, and thoughts during the journey can be meaningful for healing. Our group creates space for that process to unfold.

Non-ordinary states of consciousness can bring up many big ideas, sensations, and feelings! Sometimes it can be tempting to ignore or push them away, or we may forget what comes up, like forgetting a dream if we don't write it down immediately upon waking. But healing requires that we engage with these ideas, and that is what integration is all about. Being part of integration group work can support and make the difference between successfully integrating our new insights into our lives in meaningful ways or stopping short of continuing growth and healing.

CONFIDENTIALITY

We respect each and everyone's right to privacy and confidentiality and we shall make sure to maintain it that way. However, please understand that this is not absolute and is limited to provide for by law. Certain limitations are as follows:

- Threatening one's self or another that may result in physical harm;
- An act of physical or emotional abuse against a child or any person;
- Sexual abuse against a child where the child is living with the abuser;
- Whenever we are summoned by court order to disclose information against a participant. However, we shall notify you and let you exercise your privilege in the right to deny the disclosure of your records with us.
- Your prior written consent to release records.

CONDUCT AND RELATIONSHIP

For the safety it is necessary that the following is required to be complied with by its members:

1. Discussions made within the group session are not allowed to be discussed outside with anyone and should maintain the practice of confidentiality in order to build trust with fellow members;
2. Members should maintain positivity and not induce disrespect among others;
3. Members should not be drunk, nor they are allowed to take alcohol or take drugs before or after therapy;
4. Maintain conduct that brings respect to fellow members' thoughts, emotions, or behaviour.
5. Refrain from having a relationship with a fellow member other than therapeutic while engaged in the session.

THE THERAPIST(S)

The therapists should maintain a professional relationship with the participants all the time and no more than that. Any relationship with a participant may result in a "dual relationship" and may affect the goals of the session.

WHAT TO EXPECT

The sessions consist of processing on the issues that a member is involved with where the others will give their feedback and reaction towards the said issue. This helps each member understand the issue from a different perspective in order to understand others. This also helps with one's reflection about his or her situation which can then help for insight and personal growth.

VIDEO GROUP THERAPY

Group members are responsible for the following:

1. Being in a private setting, alone with the door closed.
2. If possible, wear headphones to better protect the privacy of other group members.
3. Use a secure Wi-Fi/Internet connection rather than public or free Wi-Fi.
4. 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 the group.
5. Recording of sessions is NOT permitted.

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 non- members 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 therapy 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 behaviours. While there are benefits to group therapy, video platforms pose more risks and challenges than in-person groups, which can impact group member's confidentiality and comfort.

Group facilitators' 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 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 video 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 5 to 10 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. For our in-person meetings, the same expectation applies.

ACTIVE PARTICIPATION/AVOIDING DISTRACTIONS

You are encouraged to freely and openly share your concerns, as well as experiences, feelings and reactions with the group. You will discuss as a group how best to identify that you need time to talk during the group to avoid interrupting others.

Please keep in mind the following considerations for our video sessions so you and others can feel your "presence" in group:

1. Connect with both video and audio, unless you make prior arrangements with your group facilitator.
2. Do your best to eliminate distractions and interruptions: silence phone calls, text messages, emails and other notifications; put a "do not disturb" sign on your door, remove pets from the room.
3. Look at the screen/camera to show you are attentive; stay focused on group interactions.
4. Use gallery view so you can see the faces of all participants.
5. Suggestions for being fully present in group (if possible): sit at a desk with your device at face level; use a tablet or computer rather than a cell phone; and/or sit with a light source behind your camera so your face is visible.

CRISIS MANAGEMENT AND INTERVENTION

At the start of each group session, you will be asked to provide the address at which you are attending video sessions and an emergency contact to your group facilitator.

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 visit. **In a crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call the Toronto Distress Centre 416-408-4357, dial 911 or go to a mental health hospital/ER.**

CONTINUITY OF CARE

In order to maintain continuity of care, the group facilitators may communicate with your current or past individual therapist.

FEES

The fee for group therapy is \$25.00 per 90 minute session. Payment for each session is required except in the case of a verified emergency. Because group requires a certain amount of people present to be effective, group will be cancelled when there are expected to be less than 3 members present. If missing a group cannot be avoided, there is a \$15 late cancellation fee for sessions cancelled with less than 48 hour notice. If a member does not attend and does not give notice for a missed group the fee will be \$25.

DISCLAIMER

This group is not meant to replace personal therapy that participants might otherwise engage in. Furthermore, there are significant legal and medical risks associated with psychedelics. These risks increase for people who are already experiencing mental health difficulties. Both the facilitators and the The Toronto Psychedelic Society do not provide, condone, or support the use of illegal substances. However, we acknowledge that people sometimes take risks that are not medically advised or condoned. Thus, our groups offer a safe, non-judgmental, and confidential space to process non-ordinary states and explore their potential for personal transformation.

CONSENT

I agree to adhere to the norms and expectations for group therapy as indicated above. I acknowledge that I have had the opportunity to ask questions and such questions were answered clearly and to my satisfaction.

I hereby consent to begin group therapy.

_____ Client Name (please print)

_____ Signature of Client

Date: _____

Additional Info:

Date of Birth: _____

Address: _____

Phone Number: _____

Family Doctor: _____

Emergency Contact: _____

We sincerely commit to working with you to the best of our ability so that your experience will be deeply rewarding!

