



Mindfulness-Based Cognitive Therapy (MBCT) Group

Participant Agreements

I, _____ (print name), Date of Birth, _____, hereby acknowledge my participation in the Mindfulness-Based Cognitive Therapy Group at Counseling and Psychological Services of the University of Pennsylvania. This course is being taught by Aurora Casta and Marilia Marien. I am aware that the course entails attending an orientation session, eight, two and a half hour sessions of experiential and didactic mindfulness practice, and a six hour practice day. Each session can include a sitting mindfulness practice, a mindfulness movement practice, walking meditation, mindfulness inquiry discussions, and integration of cognitive behavioral therapy-based information and skills.

I understand that my participation in any component of this course is strictly voluntary. I understand that I may feel mentally and or physically uncomfortable during parts of the class. I understand some mindful movement exercises, which are part of the class, may lead to injury. It is my responsibility to do the exercises in an aware and gentle manner so as to minimize chance of injury. I understand there may be other risks associated with the class not known to me or not reasonably foreseeable at this time. I understand that I am solely responsible for the care of all aspects of myself.

I understand I can stop participating in any activity at any time during the group if I so choose.

I understand that MBCT is offered in a course format to learn and develop mindfulness skills and cognitive behavioral-based skills and is in no way meant to be a substitution for medicine, psychotherapy, medical attention, examination, diagnosis, or treatment.

I understand that MBCT is adjunctive to my overall treatment plan for treating depression. It is intended to decrease the chance of reoccurrence of depressive

episodes. MBCT is not for the treatment of acute depressive episodes. I agree to consult with my physician and or my mental health provider before starting this program to ensure that it is appropriate for me to participate.

If I am currently in treatment, I agree to continue meeting with my mental health providers, which can include individual therapy and medication management. It is important that you do not discontinue your medication because you are taking this course.

I understand that video recordings may be made during this course with the purposes of the professional development of the instructors, Aurora Casta and Marilia Marien. This video will not be posted on line for general public viewing and there will be no general public distribution of it. I will be informed by the team leaders when any class or part of a class is being recorded.

Members agree to and are expected to attend sessions regularly, arrive on time, and remain for the entire session. It is the group member's responsibility to call (215-898-7021) or email Aurora Casta (casta@upenn.edu) or Marilia Marien (marien@upenn.edu) and notify them in advance when it is absolutely necessary to miss or be late to group. The group leader at that time will consider whether too much of the group will be missed and therefore the member cannot continue in the group.

To get the most of the group and in order to establish a group atmosphere conducive to greater gains, as a member, you are agreeing to work actively on the concerns that brought you to the group. This will require that you make a strong effort to complete any group related practices that are conducted either in the group session or assigned for home practice outside the group session.

All information about the people in the group and what is shared during the group is entirely confidential and is not to be discussed outside the group.

While we must observe the utmost confidentiality relating to individuals that are not part of your "treatment team", there are absolutely no secrets among members of your "treatment team". Your "treatment team" consists of your group therapists, individual therapist, psychiatrist, and other professionals working at Counseling and Psychological Services. Thus, what you share in the group, in individual therapy, or with our medication prescriber will be shared with other

members of your “treatment team” when anyone feels that it is important for your treatment to do so.

The MBCT group leaders will attempt to ensure all group members are receiving the kind of care they need. If at any time a group leader thinks a group member needs more support than the MBCT group can provide, she will discuss this with the group member.

I acknowledge that I have read this entire document, that I understand its terms and provisions, that I have been given a chance to ask questions, and that I am signing it knowingly and voluntarily.

Participant’s Signature: _____

Date: _____

Teacher’s signature: _____