

The Daring Way™ Workshop

Adolescent Consent Form

Please read the form below and sign. Your signature indicates that you understand and agree with the content of this form.

This is a psycho-educational experience. This means that your child will be experiencing interplay between education, and personal processing and growth. This process is presented as an intensive workshop or group. Your child's participation in this experience can result in a number of benefits to your child, including improving interpersonal relationships and resolution of the specific concerns that led you to seek their attendance at a psycho-educational process. During the psycho-educational process your child may also encounter unpleasant feelings or thoughts. Your child may also make decisions about changes he or she would like to make in their behaviors and/or relationships. During the course of a psycho-educational process, the facilitator(s) will draw on Dr. Brené Brown's shame resiliency theory. Attending a psycho-education process is not a substitute or alternative for individual psychotherapy or inpatient psychotherapy. The facilitator(s) will be happy to provide you with a list of counselors for your child if you are interested or in need of a referral.

I understand that I am agreeing to have my child participate in a psycho-educational experience that carries with it the potential of positive benefits and/or unpleasant feelings. I understand that my child may experience both expected and unexpected change. I understand that this is not considered, nor a substitute or alternative for individual counseling.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date