

REGISTRATION FORM

Name _____

Email _____

Cell _____

Street _____

City _____

State _____ Zip _____

I am interested in registering for:

___ BREATHE - A support group for friends and family of addicted individuals

Theme: Support Group

Dates: 10 week commitment beginning Sept. 18

Membership is limited to ten people at a time.

Times: Tuesdays from 5:30-7:00pm

Location:

Elbow Tree Christian Counseling

38 South Dixie Highway,

St. Augustine, FL 32084



QUESTIONS?

Contact Hayne by phone at (904) 559-1944
or by email at hayne@elbowtreeflorida.com.

GROUP GUIDELINES:

1. Confidentiality is absolutely essential.
2. Start on time; end on time; arrive a few minutes early if possible.
3. Attend each session with an open and curious attitude toward yourself, others, and interactions within the group.
4. Speak for yourself in first person. Focus on your own growth and avoid the temptation to "fix" others.
5. Whether you have the tendency to talk a lot or not speak up, be intentional to do the opposite.
6. Share only at your level of trust within the group. You may "pass" during group rounds if you choose not to share.



BREATHE

GROUP FACILITATORS



Hayne Steen
hayne@elbowtree.com



Melody Ott
melodyott@gmail.com

BREATHE

A SUPPORT GROUP FOR FRIENDS & FAMILY OF ADDICTED INDIVIDUALS



"We are all spiritually powerless, however, and not just those physically addicted to a substance, which is why I address this book to everyone. Alcoholics just have their powerlessness visible for all to see. The rest of us disguise it in different ways, and overcompensate for our more hidden and subtle addictions and attachments, especially our addiction to our way of thinking." -Richard Rohr

904.559.1944
www.elbowtreeflorida.com



HOW DOES IT WORK?

WHAT IS BREATHE? We are all addicted in some way. When we learn to identify our addiction and embrace our brokenness we can begin to bring healing to ourselves and our world. **BREATHE** is a group designed specifically as a support group for friends and family of addicted individuals.

COST? \$35 per week. There is an initial 10 week commitment required.

If you say can YES to any of these questions, **BREATHE** might be a great place for you.

- Do you have a friend or family member struggling with a life altering addiction or unhealthy habit/relationship?
- Do you feel tempted to protect or rescue someone from the consequences of their addiction?
- Do you ever find yourself feeling anxious throughout the day about the choices another person might be making?
- Do you find yourself feeling consumed with suspicion?
- Have you ever snooped through a loved ones car, phone, purse, brief case, closet or dresser trying to find evidence?
- Have you ever made an ultimatum more than once?
- Do you need a confidential place to process how to develop healthier boundaries with an addicted loved friend or family member?

GROUP THERAPY is a powerful tool for growth and change. Tribe meets face to face to share struggles and concerns with the facilitation of 2 trained group therapists. The power of Tribe lies in the unique opportunity to receive multiple perspectives, support, encouragement and feedback from others in a safe and confidential environment. These interpersonal interactions can provide group members an opportunity to deepen their level of self-awareness and to learn how they relate to others.



GETTING STARTED

- Call or Text Hayne Steen at (904) 559-1944 to:
- Connect personally with our staff.
 - Ensure "goodness of fit".
 - Clarify the group expectations.
 - Determine a date of your 1st meeting.

Complete the attached Registration Form and bring with you to your first group meeting.

Sign Confidentiality Release and bring with you to your first group meeting.



CONFIDENTIALITY RELEASE

I, _____, pledge that I will respect the confidentiality and anonymity of every other participant. I will hold all information and personal experiences that occur as part of the group in strictest confidence. I agree to accept responsibility for honoring my fellow participants' information and experience and will not discuss them among other participants or with people who did not participate in this group. I will share only personal information about myself and my own experiences should I choose to talk with others about the group, be they other participants or not. I make this pledge in order to contribute to an environment of safety, respect, and trust. I understand this group is designed to assist me in understanding myself and how I relate to others. Even though it provides guidelines for improving my life, I may encounter challenging results. I understand that I am fully and solely responsible for the results I experience and decisions I make regarding my use of the information and processes. I release the leaders of this group and all related institutions from any and all responsibility or promise and accept full responsibility for any change or decision now or ever made regarding my participation in the group.

Signed: _____

Date: _____