

REGISTRATION FORM

Name _____

Email _____

Cell _____

Street _____

City _____

State _____ Zip _____

I am interested in registering for:

___ Tribe (Adult Men) on Thursday PM

Theme: Wholeheartedness

Dates: 10 week commitment beginning when you want as long as there is an available seat.

Membership is limited to ten men at a time.

Times: Tuesday evenings

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@elbowtree.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.



TRIBE

GROUP FACILITATOR



Hayne Steen
hayne@elbowtree.com

TRIBE

A GROUP FOR GUYS



A TRIBE is a group of people connected to one another, connected to a leader, and connected to an idea. For millions of years, human beings have been part of one tribe or another. A group needs only two things to be a tribe: a shared interest and a way to communicate."

-Seth Godin

904.559.1944
www.elbowtreeflorida.com



HOW DOES IT WORK?

WHAT IS TRIBE? A group designed to help men find a new way to navigate their own anger, fear and pain while exploring how to live more fully from their whole heart.

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

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

- Is anger disrupting relationship at home or work?
- Do arguments escalate into yelling matches?
- In conflict, do you ever resort to name calling?
- Do others experience you as "controlling"?
- Are you currently separated from your wife?
- Do you struggle regulating your emotional life?
- Do others experience you as emotionally unaware?
- Do you struggle with making sense of what is going on inside?

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: _____