



# Hopeful Hearts Grief Support Group Registration & Informed Consent Form

~ Please complete and email this confidential form to [rhonda@oasisbethlehem.org](mailto:rhonda@oasisbethlehem.org). ~

Rhonda Miller will reach out to you for a required phone consultation PRIOR to joining the group.

This grief support group is specifically for individuals who have experienced the loss of a loved one to substance-related causes. The group provides participants the opportunity to benefit from shared personal experiences, supportive and constructive feedback, and new strategies for coping with loss.

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### Tell Us About You:

Name:		Preferred Name/Nickname:	
Street Address:			
City:	State:	Zip Code:	County:
Cell Phone:		Email:	
Age:	Gender:	Pronoun: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other			

### How Did You Learn About the Hopeful Hearts Grief Support Group?

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### Lost loved one(s) Information:

Name	Birth & Death Date	Relationship	Cause of Death

### Background Narrative

Please provide any additional information you would like to share re: the circumstances of your loss:

### What other types of support(s) do you currently have in place?

Please let us know if there are specific ways we can best support you.

**Do you or other family members/loved ones have a substance use issue?**

**Emergency contact information:**

Name:	Relationship:
Cell Phone:	Email:

**Medical information in case of emergency (e.g., allergies, medical conditions, medications)?**

***Members find friendships by supporting each other outside of group. If you would like to share your contact information (name, phone, email, lost loved one, angelversary), indicate below:***

- YES**    I grant permission to share my information within the group
- NO**     I do not want my information shared within the group

**OASIS Grief Support Program Consent to Family Recovery Support Services**

I have read and agree to abide by the group policies provided. I understand that if I do not adhere to these policies, I may be referred to an outside resource more appropriate to support my needs.

OASIS Community Center provides grief support services in conjunction with other family services, including our team of Certified Family Recovery Specialists (CFRS) and our contracted providers. These services are provided to you at no cost.

*By signing this form, I consent to collaboration between the grief counselor, the OASIS CFRS team and other potential providers to engage in services that are recommended to support me and my own recovery. I have been informed that these services are voluntary, and I may withdraw my participation at any time. I also agree to hold harmless Speak Up for Ben, Inc., the staff of OASIS Community Center, and any support providers. OASIS Community Center reserves the right to amend or make changes to this group agreement at any time.*

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this completed form to Rhonda Miller at: [Rhonda@OasisBethlehem.org](mailto:Rhonda@OasisBethlehem.org)

# Your Wellness Recovery Action Plan!

Name: \_\_\_\_\_

Please indicate Availability:     weekdays     evenings     weekends

We offer a variety of resources to support your recovery. Please indicate your interests:

## **12-Step Peer Support Groups**

- Adult Children of Alcoholics & Dysfunctional Families (ACA)
- Al-Anon Family

## **Evidence-based Education & Support Groups**

- Invitation to Change
- SMART Recovery:     Family & Friends     Individuals (Addictive Behaviors)
- Navigating SUD in the Family* Group Counseling (professionally facilitated)

## **Educational Programs**

- Addiction/Recovery-Related Book Studies
- NAMI-LV Family-to-Family Series (for co-occurring mental health issues)

## **Building Social Connections**

- Arts & Crafts Workshops                       Healthy Eats Cooking Demonstrations
- Social Activities (e.g., potlucks, games, music, picnics)

## **Wellness & Self-Care Activities**

- Arts for Wellness Cultural Events (movies, concerts, plays, field trips)
- Community Garden                               Creekside Meditation Walks
- Restorative Chair Yoga                         Wellness/Self-Care Workshops
- Trauma-Informed Mindfulness & Movement Series
- Tranquility Retreat for Women (impacted by loved one with active addiction)

## **Bereavement Support**

- Hopeful Hearts* Grief Support Group (professionally facilitated)
- Grief Movement Classes
- Angels of the Valley Memorial Banners (new submissions each July/displayed in September)
- Candlelight Remembrance (December)
- Remembrance Butterfly Release (Summer)
- Serenity Retreat for Women (grieving the loss of a loved one due to substance-related cause)

## **Other**

- Volunteer Community (see volunteer application on website for details)
- Advocacy (e.g., attend/help at community anti-stigma events)
- Other Needs or Ideas: \_\_\_\_\_

*Please add any additional information, if desired, about your situation and support needs:*

*~ Please read and retain the information on the following pages for your records ~*

# Hopeful Hearts Grief Support Group Information

**Meeting Time: Wednesdays – 5:30 to 6:45 pm**  
**Location: OASIS Community Center – 1<sup>st</sup> Floor Library**  
3410 Bath Pike, Bethlehem, PA 18017  
484-747-6825  
[www.OasisBethlehem.org](http://www.OasisBethlehem.org)

- Plan to arrive by 5:20 pm to allow time to settle in before the meeting begins.
- OASIS is investing in your family’s recovery by providing the services of a grief therapist. We ask that you commit to attending the group regularly and in-person for maximum benefit.

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This group is co-facilitated by Bill Arnold and Rhonda Miller. Bill has a Masters in clinical counseling, a Masters in Divinity and extensive experience as both a grief counselor and an addictions counselor. Rhonda is a bereaved mother and Certified Grief Educator. Contact information below:

[warnold@aol.com](mailto:warnold@aol.com) | 610.217.1070 (cell)     [rhonda@OasisBethlehem.org](mailto:rhonda@OasisBethlehem.org) | 610.349.5697 (cell)

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We are pleased to be able to currently offer this program to you without charge. The OASIS Community Center is operated by Speak Up for Ben, Inc., a nonprofit 501(c)(3) organization. We welcome tax-deductible donations to continue offering programs free of charge.

The purpose of this group is to process grief related to a substance-related loss. Should you need support for other issues, please speak to the facilitators for appropriate resource(s) referral.

For this support group to function effectively, a safe space must be created. In order to ensure an optimum environment, we ask that participants agree to the following guidelines.

## I. Confidentiality

All information discussed within the group is considered confidential. What is said here, stays here. You may not discuss or share the identity, identifying information, or the reactions of other members with anyone outside of the group. You may talk about your own personal reactions and are even encouraged to do so outside of the group, but not about others’ identifying information or reactions.

The facilitators may, at times, share general information with each other regarding group members’ situations and support needs for the purposes of planning and developing new or expanded resources to meet these needs.

Exceptions to confidentiality include imminent danger to self and/or others, child/elder abuse, subpoenaed records, and threat to safety/security. Professional staff of the OASIS Community Center are mandated reporters in cases of known or suspected child/elder abuse and are also professionally obligated to report other situations presenting imminent danger to self and/or others.

## II. Attendance

Group participants are asked to commit to the program by attending the group sessions on a regular and consistent basis. Participants are expected to arrive on time every week. Group will start and generally end on time. In the event of a cancellation or planned late arrival, please notify the therapist.

Participants must refrain from the use of alcohol or other substances before or during meetings.

In-person attendance is requested for maximum benefit to both you and the group. However, there may be circumstances requiring virtual attendance (e.g., illness, weather, travel). If you need the Zoom link and password, contact Rhonda Miller ([rhonda@OasisBethlehem.org](mailto:rhonda@OasisBethlehem.org) or 610.349.5697) in advance of the meeting (by 5 pm). If you attend a session virtually, please find a confidential location and use a headset or earbuds. Minimize distractions, keep your video on, and be fully engaged.

To reap the greatest benefit from this group therapy experience, it is recommended that you attend at least 8-10 sessions. However, if you decide to discontinue, we ask that you first explore your concerns with the counselor. We also request that you attend at least one additional session to process your departure with the group. Members begin to care about one another and will feel unresolved if you leave without explanation.

#### **IV. Active Participation**

Part of being an active participant is being present at each session, both physically and mentally. You are an important part of the group, and your participation affects the entire group dynamic.

For the safety of the entire group, please temper sharing specific details of your loved one's passing. Graphic details can be very triggering for others. Instead, we encourage you to talk honestly about your feelings. While not everyone can relate to a particular life experience, everyone can understand and relate to feelings (e.g., anger, sadness, loneliness). We realize that focusing on your feelings can be difficult or frustrating at times but is an important part of your grief journey.

Group participants may be asked to complete a survey to assess the effectiveness of the program. The group counselor will, at times, provide handouts with tools for you to use in your recovery.

#### **V. Respect for Others**

Group members are expected to always treat each other with respect, dignity, and equity. By signing this form and joining the group, you agree to avoid destructive behavior towards other group members or the facilitators. Participants are also asked to avoid "cross talking," interrupting others, or engaging in other behaviors that may distract group process. Cell phones should be silenced during the group session.

The group will respect others' differences, beliefs, cultures, sexual identities, and all other forms of intersecting identities that comprise who we are as unique individuals and as members of various groups. Participants are advised to refrain from promoting any particular religious, spiritual, or political viewpoint and belief.

Additionally, within OASIS and in our groups, we have a policy restricting solicitation of any kind. This includes fundraising programs, sales promotions, professional businesses or services (including psychic mediums). If you have any questions, please speak to our executive director.

Rather than reinforcing a culture of silence and/or stigma, in this group we strive to recognize and acknowledge the impact of stereotypes, prejudice, and discrimination, as they surface both inside and outside of the group environment.

We encourage participants to engage in active listening, with the aim of listening for deep understanding as opposed to listening to respond. As a part of this group, participants are expected to support each other in the process of self-exploration.