



## Grief Support Groups

### 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.

Our grief support groups are specifically for individuals who have experienced the loss of a loved one to substance-related causes. These groups provide participants the opportunity to benefit from shared personal experiences, supportive and constructive feedback, and learn new coping strategies for loss.

#### Tell Us About You:

Name:		Preferred Name/Nickname:	
Street Address:			
City:	State:	Zip Code:	County:
Cell Phone:		Email:	
Age:	Gender:	Marital Status:	

#### How did you learn about our grief support programs? Who were you referred by?

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#### Please share some information about your substance-related loss(es):

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:

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#### If you have experienced other significant losses, please describe below:

Name	Birth & Death Date	Relationship	Cause of Death

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

**What are some specific ways that we can best support you:**

**Do you have a substance use issue? Are you in recovery? And if so, for how long abstinence?**

**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, “angel”versary), 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 Group Consent for Family Recovery 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)

*Please retain this information for your records.*

## **OASIS Grief Support Program Information**

3410 Bath Pike, Bethlehem, PA 18017

484-747-6825

[www.OasisBethlehem.org](http://www.OasisBethlehem.org)

### **Hopeful Hearts Grief Support Group**

**Wednesdays – 5:30 to 6:45 pm**

**OASIS Community Center – 1<sup>st</sup> Floor Library**

- Plan to arrive 10 minutes early 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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Our programs are 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 these programs 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 these programs 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 these support groups 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.