



Navigating SUD in the Family Counseling Group Registration & Informed Consent Form

~ Please complete and email this confidential form to info@oasisbethlehem.org. ~

Consent to Treatment: Our group family counseling program is recommended for individuals and family members experiencing troubled relationships, depression, and/or anxiety due to a loved one's substance use. The group provides participants the opportunity to benefit from shared personal experiences, supportive and constructive feedback, and new coping strategies.

A phone consultation with our CFRS staff may be required PRIOR to joining the group. We will contact you to schedule.

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	
Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Student			
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 our group family counseling program?

Loved one(s) with substance use conditions:

Name	Age	Relationship to You	Substances Used

Background Narrative

Any additional information you would like to share re: the impact of substance use on your family?

Do you have Narcan available? Yes No Needed (available from OASIS)

OASIS staff recommends participants attend a weekly educational/support program such as SMART Recovery for Family & Friends or Invitation to Change group to supplement the counseling group.

Do you currently attend a weekly support group? If yes, which one(s)?

What other types of support(s) (e.g., family, therapist, church, etc.) do you currently have in place?

Emergency contact information:

Name:	Relationship:
Cell Phone:	Email:

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

Participant Acknowledgement & Signature

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: Info@OasisBethlehem.org (unless returned via Adobe Sign)

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 ~

Navigating SUD in the Family Counseling Group Information

Meeting Time: Thursdays – 6:00 to 7:30 pm
Plan to arrive by 5:50 pm to allow time to settle in before the meeting begins.

Location: OASIS Community Center – 1st Floor Library
3410 Bath Pike, Bethlehem, PA 18017
484-747-6825

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 that allow us to continue offering programs free of charge.

OASIS is investing in your family’s recovery by providing the services of a licensed professional counselor. We ask that you commit to attending the group regularly for maximum benefit.



Facilitated by Bill Arnold, LPC, CAADC: warnold@aol.com

In the event of a cancellation or planned late arrival, please email Bill (cc: info@oasisbethlehem.org).



For this counseling group to function effectively, a safe space must be created and expectations for participants must be understood. 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 and subject to HIPAA regulations. 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 facilitator may, at times, share general information with the executive director of OASIS 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 national 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.

This is an in-person counseling group. Occasional exceptions may be made, at the discretion of the counselor, for inclement weather, illness, or travel. Contact the counselor 24 hours in advance to request the Zoom link. If you must attend a session virtually, 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 counseling 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

Group participants may be asked to complete and return 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.

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 recovery journey.

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 facilitator. Participants are also asked to avoid "side talking," interrupting others, or engaging in 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. If you have any questions, please speak to our executive director.

Rather than reinforcing a culture of silence and/or stigma, in the 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 the group, participants are expected to support each other in the process of self-exploration.