



Statement of Purpose

The purpose of REAL Grace for Women is to guide women who have been wounded by abuse and other losses caused by broken trust, poor responses, betrayal and/or abandonment along the path of healing. Some of the group leaders in the REAL Grace for Women group are survivors of abuse who have chosen to allow God to use their painful experiences for good. Other group leaders have a heart of compassion and have chosen to walk beside and offer support and encouragement to those who are survivors of abuse and other wounds.

The group leaders are not counselors, pastors, or theologians. They are women who have experienced healing through the grace of God and seek to be used by Him to facilitate healing in the lives of other women whose hearts have been wounded. The group leaders are guides along the road of healing. Although they can lead a person to the healing path, group leaders recognize that they cannot make participants walk along it. Each member is responsible for taking the steps along the path to healing. Group leaders are to guide, encourage, support, and celebrate with members along the way.



Pre-Group Questionnaire

The small groups are designed to promote an environment for healing from various wounds of the heart. In order to help us determine if a small group is the next step for you, we need your response to these questions. Your answers will be confidential and shared only with the group leaders.

Please Print:

Name: _____ Age: _____ Marital Status: _____

#Children _____ Street Address: _____

City _____ State _____ Zip _____

Phone: _____ Can we leave a message? _____ Email: _____

Are you a church member? _____ Church you attend: _____ For how long? _____

1. Have you previously been a member of a small group? _____ For abuse survivors? _____

2. Were you abused in any of the following ways:

Domestic/Spousal? Yes___ No___ If yes, age: ___
Relationship of abuser to you: _____

Emotional? Yes___ No___ If yes, age: ___
Relationship of abuser to you: _____

Physical? Yes___ No___ If yes, age: ___
Relationship of abuser to you: _____

Sexual? Yes___ No___ If yes, age: ___
Relationship of abuser to you: _____

Spiritual? Yes___ No___ If yes, age: ___
Relationship of abuser to you: _____

3. At what age did you first talk about your abuse? _____ To whom? _____ What was that person's response? :

4. Have you received any lay or professional counseling? _____ If yes, for how long? _____ Are you currently seeing a counselor regularly? _____ If yes, for what issues?:

What is his/her opinion of your attending this group?

5. What other help have you pursued in your healing, if any: i.e. pastor, books, seminar?
6. Are you aware of being or have you been diagnosed as being dissociative, bipolar, or manic-depressive? _____ If yes, explain:
7. Have you ever had a panic attack? _____ If yes, when was your last one?
8. What are your personal expectations of this small group?
9. Any additional information that you want to share?
10. Do you anticipate having to miss any of the scheduled meetings? If so, which ones?



Emergency Information Form

Name: _____ Date of birth: _____

Home phone: _____ Cell phone: _____

Emergency Contact: _____

Relationship to you _____

Emergency Contact Phone: _____ Cell phone: _____

Medical conditions? _____

Medications? _____

Allergies? _____

Doctor? _____ Phone: _____

How will you be getting to and from most of the REAL Grace meetings? (i.e. will be driving, my friend will drop me off and pick me up, will be carpooling with another participant, etc.):

If you are seeing a professional counselor, please provide his/her contact information (this will only be seen by REAL Grace for Women group leaders and used only in an emergency situation):

Counselor: _____

Daytime phone: _____ Evening phone: _____

Address: _____

Is there any other information that you think the Group Leaders should have?



Group Members Agreement

In order to make the group a safe place for all members to share and grow, it is important to agree on some boundaries. Signing this agreement below indicates that you agree to the following:

- 1. Regular attendance:** I will attend all scheduled teaching lessons and small group sessions. If I cannot attend, I will let one of my group leaders know before the session.
- 2. Confidentiality:** I will maintain confidentiality of group member's stories and experiences. What is said in group stays in group. If confidentiality is broken, I will tell the group.
- 3. Respect the process:** I will not tell people what they need to do, interrogate, preach at, or try to "fix" others in the group. I will respect each group member's process in finding her own answers, and will not push into their story when it is unwanted. I will work on the issues that are brought up in group and will talk about the group process as I experience it.
- 4. Respect others:** I will consider the impact of my words on others and will refrain from abusive language.
- 5. Share personally:** I am here to work on my own issues. In doing so, I will use "I" statements to share experiences, insights and feelings.
- 6. Limit sharing:** When necessary I will limit my own sharing to give others a chance to enter in.
- 7. Allow feelings:** I will not touch, hug, pass Kleenex, or interfere with an emotional situation without being asked or asking permission. I will avoid minimizing hurts, explaining them away, ignoring them or rescuing people from their feelings.
- 8. Listen:** I will avoid "side-talk" to give each person my undivided attention.
- 9. Stay on the subject:** I will avoid debates over controversial topics that are outside the issues. Yet, I will not shy away from negative or difficult issues that are on topic.
- 10. Consider others:** I will guard against offending others. If someone offends me I will work it out directly with her. I will take responsibility for my thoughts, feelings, issues and recovery. I will give constructive feedback with grace.
- 11. Take responsibility:** I will invest in and take care of myself physically, getting sufficient rest and taking prescribed medications. I will not abuse alcohol, mood altering substances or use illegal drugs during my group experience.
- 12. Accountability:** I will help my group members keep this agreement.

- 13.** We strongly recommend that you read through “The Wounded Heart”, by Dr. Dan Allender before the last meeting of your first group.
- 14.** All participants are expected to complete the homework and be in attendance for all meetings. However, we do understand extenuating circumstances that may hinder this from being accomplished. We encourage you to do your best. Completion of the homework and group attendance lets the leaders know you are committed. If you are not able to meet this commitment then you may be asked to continue at another time and/or will not be eligible to participate in the follow-up group, “My Journey Continues”.
- 15.** We hope and pray that your experience with this first grace group will be a positive and life changing one. At the end of this first 12 week workbook, “My Journey”, we will be discussing continuing on for another 12 week workbook titled “My Journey Continues”. If you would like to join “My Journey Continues” please let your facilitators know. Participation in the second group is based on approval of REAL Grace leaders just as the first group is.

Signature: _____ Date: _____



Covenant of Group Confidentiality

REAL Grace for Women's Part:

- Only group members who have completed the registration process and have been approved for participation will be able to attend meetings.
- No information about group members will be shared within the group or outside the group without permission of that person for a specific purpose.
- Personal sharing will focus on thought patterns and feelings resulting from the abuse/assault rather than detailed disclosure of the actual events.
- Individual counseling *will not* take place in this group. We focus on learning from the experience of others in the group. We work on our specific problems with the help of our therapist.

My Part:

- I agree not to attempt to cause intentional harm to myself while a member of this group.
- I understand that I am free to leave the group at any time.
- I will be responsible to complete the "My Plan for Managing Crisis" form, which is a list of individuals I can call and ask for help if I feel overwhelmed with emotions, anxiety, depression, or suicidal thoughts. This list may include my supportive friends, safe family members, my significant other, or my therapist.

Your Signature

Date

Your registration forms are confidential.

If you would like to attend REAL Grace for Women in conjunction with therapy please have your therapist fill out and return the "Consent and Release of Information" form and the "Therapist Referral" form.

Thank you and we celebrate this brave step on your healing journey!



My Plan for Managing Crisis

Name: _____ Date: _____

I must learn to ask for help and be willing to accept help when it is offered. When I feel overwhelmed with my emotions, anxiety, depression, or suicidal thoughts, I will contact the following individual(s):

I will call _____ at _____ (phone #).

If that person is not available, I will call _____ at _____ (phone #) as a backup.

I may also call my counselor at _____.

Others who have agreed to be a support for me:

Life is worth living because...



Therapist Referral Form
(Please complete this form only if you are currently seeing a Therapist.)

Based on MMPI and/or clinical interview you have had with _____ (client name), are you aware of any psychological problems that may prohibit the client from functioning effectively within the group setting? No ____ Yes ____ Please explain:

Please indicate if any of the following are exhibited:

Dissociative Identity Disorder	Yes ____	No ____
Psychotic Disorder	Yes ____	No ____
Suicidal Behaviors	Yes ____	No ____
Extremely Manipulative Behaviors	Yes ____	No ____
Borderline Personality	Yes ____	No ____

Other:

Do you feel the client would benefit from participation in a support group for women who have been wounded by abuse and other losses caused by broken trust, poor responses, betrayal and/or abandonment? No ____ Yes ____ Please explain:

What is your evaluation of this client's group compatibility?

Is there any indication of the clients' emerging desire for wellness? Yes ____ No ____

Is the client able to verbalize her experience of the abuse to some degree? Yes ____ No ____

Do you have any further comments?

Specific needs/goals of this client:

Will you be seeing this client on an individual basis? If so, how often?

Signature: _____ Date: _____

Thank you for your cooperation.
Gretchen Comeau
Group Coordinator, 603-483-2272 ext. 401



Consent to Exchange Information Form
(Please complete this form only if you are currently seeing a Therapist.)

I consent to the exchange of private information about me to the agency or individual named below and the leaders of REAL Grace for Women. I understand I may revoke this consent at any time, not retroactive, and that upon accomplishment of the requested exchange, this consent will expire. In any event, this consent will expire one year from the date of my signature.

Group member's therapist:

Name: _____

Address: _____

Agency or individual to whom information will be exchanged:

Real Grace for Women
First Assembly of God
45 Myles Drive
Auburn, NH 03032

_____ Referred to support group

_____ Consultation

This information is to be used for the following purpose: To enhance individual therapy with group experience relating to the issues of abuse and other losses caused by broken trust, poor responses, betrayal and/or abandonment.

Group Member's Signature

Date