

## Participant Expectations & Informed Consent

Caregivers Practicing Resilience (CPR) Group Workshop

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### **Weekly attendance is expected**

Group members are expected to make a commitment to attend the entire 6-week semester, a total of 6 sessions. Members also agree to come on time every week. If you are running late or have an emergency/illness that prohibits you from coming, we ask that you email the group leader at [kinshipnolahealth@gmail.com](mailto:kinshipnolahealth@gmail.com) or call Kinship Senior Center to let them know as soon as possible. If you are unable to attend consistently, or if you miss more than two sessions, you may be asked to discontinue the workshop. No refunds will be given for missing sessions unless there are extenuating circumstances. Attendance is vital to group-cohesion among group members, as absences disrupt trust-building and continuity of content taught and discussed in each workshop.

### **What's said in group should stay in group but there are limits to group confidentiality**

Feeling safe in group is important to a productive group experience. Confidentiality is the shared responsibility of all group members and leaders. Please keep discussions that occur in group as well as names and identities of other group members confidential. You are free to disclose to people that you are a member of and/or attend a group, but to protect confidentiality, please refrain from discussing person-specific details of other group members to anyone outside the group. Please note that your group leader is a social worker and therefore, a mandated reporter. An explanation of when or why the group leader may be required to break confidentiality is outlined in the Receipt of Enrollment Documents that every participant must sign in order to enroll in CPR.

### **This group combines psycho-educational information & group support**

In the first half of each workshop session, the group leader will speak on that session's specified topic (education). During the second half of each session, the group will form a circle to discuss and share their insights on that day's topic (support). While some sessions may be heavier on education and others heavier on support, the general format and group structure will not change.

\* Please note that this is not a clinical psychotherapy group and participants will not be receiving clinical psychotherapy services.

### **COVID-19 SAFETY**

Kinship Wellness is a subsidiary of Kinship Senior Center (Kinship) and operates on Kinship's premises. The safety of our senior community remains our highest priority. We highly encourage full vaccination against COVID-19, including boosters. While all of Kinship's members have received their full vaccinations, we are currently still requiring indoor-masking while on the premises to protect the most vulnerable among us.

### **ACCESSIBILITY LIMITATIONS**

Kinship rents space from an ADA-exempt facility. We are currently working to raise funds for a removable wheelchair-accessible ramp; however, until further notice, we do not have the ability to accommodate persons who use wheelchairs.

# Code of Conduct Agreement

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## All group participants understand & agree to the following expectations:

1. Treat all others with courtesy and respect
2. Attend all six group workshops of the current CPR semester
3. Share any new ideas and suggestions in a respectful manner
4. Wear a mask while on the premises to protect the most vulnerable among us
5. Not engage in verbal or physical harassment or hostile behavior, including but not limited to using offensive language or derogatory terminology, bringing any weapons, alcohol, or recreational drugs onto the premises
6. Report any grievances promptly & properly by phone, letter or email to the Executive Director

## COVID-19 SAFETY

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## PLEASE NOTE

To maintain the orderly operation of Kinship as a whole and to discourage inappropriate conduct or dangerous behaviors, Kinship staff reserves the right to refuse and/or revoke participation at any time at the Executive Director's discretion.

## CONTACT

Elaine Looney, LMSW | Executive Director | kinshipnola@gmail.com

Jodi Capaci, LMSW | Wellness Director | kinshipnolawellness@gmail.com

## Group Etiquette & Sharing Guidelines

Caregivers Practicing Resilience (CPR) Group Workshop

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**Compassion & Respect** for other members are core tenets of the CPR group workshop. This means that members agree to uplift and hold space for other members to share their unique experiences in a nonjudgmental atmosphere. Here are some helpful guidelines to ensure a safe & productive group experience:

### **Stay Mentally & Emotionally Present**

Listen attentively to others and don't interrupt or have side conversations.  
Place cell phones & other devices on silent for the duration of the group session.

### **Contribute to the group**

Participate by sharing ideas and asking clarifying questions  
Share your unique perspectives and experiences and speak honestly.

### **Let everyone participate**

Share time with other members without dominating discussion so that all can participate.  
Be patient when listening to others speak and do not interrupt while others are speaking.

### **Listen with an open mind**

Value learning from different perspectives and listen closely to gain insight.  
You can respect another person's point of view without agreeing with them.

### **Think before speaking**

As the saying goes: Seek first to understand, then to be understood.  
It's OK to disagree without being disrespectful.

**The group etiquette & sharing guidelines outlined above are designed to foster a positive and productive experience for all group members. Because of the limits to confidentiality laid out in the Participant Expectations & Informed Consent document, please be aware that there are limits to maintaining confidentiality in any kind of group. While confidentiality is highly encouraged, it cannot be guaranteed.**

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# Enrollment Application

## Caregivers Practicing Resilience (CPR) Group Workshop



**This 6-week group workshop for caregivers** will provide psycho-educational information on caregiving where participants can also share their experiences with other caregivers, in the comfort of a closed group. Weekly attendance is required. This workshop is led by a mental health professional and is focused on fostering resilience through intentional self-care. The current semester is: **Thursdays at 10:00am — 11:30am January 19<sup>th</sup> 2023 to February 9<sup>th</sup> 2023.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

In the event that you have an emergency during a group workshop, please list someone we can contact on your behalf:

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are you able to attend all six sessions in the 6-week semester that will be held every Thursday from 01.12.23 to 02.16.23? ☐ YES ☐ NO

If you answered NO, what date or circumstance would cause you to miss a session?

\_\_\_\_\_

- The cost of this workshop is set at \$125 for early bird enrollment (one session free)
- The cost of this workshop is set at \$150 for those who pay after early bird enrollment
- The last day for early bird enrollment is January 5<sup>th</sup> 2023

**Refunds will not be granted unless there are extenuating circumstances; Refund eligibility is decided on a case-by-case basis at the discretion of the Executive Director & Wellness Director. However, reimbursement will not be granted for sessions missed. Missing more than two sessions may disqualify you from eligibility to join or continue without refund or reimbursement.**

**Once your application is reviewed, you will be notified by phone if you are accepted into the CPR workshop and receive instructions on how to proceed. Enrollment is limited to 12 participants. Applications are reviewed in the order in which they are received. If eligible, you will be offered a spot on our waitlist for the next semester. Please contact the Wellness Director if you have any questions or concerns.**

How did you hear about the CPR group workshop? \_\_\_\_\_

Do you want to be added to Kinship Senior Center's email list to receive monthly newsletters & occasional seasonal emails? ☐ YES ☐ NO

**By signing below, I indicate that I understand, acknowledge and agree to the above.**

Applicant Signature: \_\_\_\_\_

# Receipt of Enrollment Documents

## Caregivers Practicing Resilience (CPR) Group Workshop



Please carefully read the information below before signing this document.

### CPR objectives:

1. Learn evidence-based techniques that can help relieve daily stress
2. Discuss emotional boundaries and how to set them to help against burnout
3. Gain a deeper understanding of "self-care"
4. Learn how to implement self-care as a sustainable practice
5. Learn simple, attainable ways to strengthen your resilience
6. Discover new approaches to communicate more effectively
7. Connect with other caregivers

Which objective are you most interested in learning about? \_\_\_\_\_

I, \_\_\_\_\_ (print name), am aware of the objectives of CPR and have read the documents required to enroll in the CPR group workshop, including the following:

- ☐ Participant Expectations & Informed Consent
- ☐ Code of Conduct Agreement
- ☐ Group Etiquette & Sharing Guidelines

### LIMITS TO CONFIDENTIALITY

Kinship Wellness is committed to protecting your privacy. Please be aware that there are limits to maintaining confidentiality in any kind of group. While this is not a clinical psychotherapy group, your group leader is a social worker and therefore, a mandated reporter; That said, there may be circumstances when your group leader must break confidentiality, however, your written consent is required before any information is shared with anyone for any reason within the extent of the law. State law may require information to be released only in the event of one of the following: The group leader has reason to believe you are in serious danger of harming yourself or others; the group leader has reason to believe you are abusing or neglecting a child, an elderly person, or a disabled person; you have a medical emergency while in session which requires the release of your name; if a court order demands the release of your information to the court.

### COVID-19 & GENERAL SAFETY

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**By signing below, I indicate that I understand, acknowledge and agree to the above.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_