



# Emotional Skills Group

## Revision Christian Counseling

Led by Christina Basham and staff

314-649-0624

Tuesdays 6:30pm- 8:30pm

Located at 4171 Crescent Drive, 63129, Suite 202

Session cost: \$30/session (payments made monthly) + \$10 one-time materials fee

Module 1 (Mindfulness and Interpersonal Effectiveness) begins January 15

Module 2 (Mindfulness and Emotion Regulation) begins March 5

Module 3 (Mindfulness and Distress Tolerance) begins April 30

## OVERVIEW

Life is often unpredictable and there are plenty of situations that are outside of your control.

This group is about teaching you the skills to help manage what you can control...your response to what life throws your way! We will teach you skills to:

- Grow in your self-awareness
- Navigate social interactions in healthy ways to promote positive relationships
- Proactively avoid impulsive emotional reactions and behaviors you later regret
- Effectively tolerate distressing events when you cannot change your circumstances

EVERYONE can benefit from this group and we have high hopes that you will learn skills that can help you be more content and confident as you navigate life.

## SCHEDULE

Group will meet every Tuesday from January 15- May 28. Space allowing, new members can join at the beginning of the next available module. We promise to commit this time to helping you. We hope that you will commit to making Tuesday evenings your time to learn and grow. Outside of extenuating circumstances, we are asking you to commit to this group until the end of Module 3 (May 28). Members starting in Module 2 or 3 are strongly encouraged to attend missed modules the next time the group is offered beginning July 2019.

## COST

Cost is \$30 for each 2-hour group session. There is an additional one-time \$10 materials fee that can be waived if you bring your own 1” Binder and tabbed dividers.

Payments will be charged monthly at the beginning of each month to the credit card on file. You can also pay via cash or check (this is preferred) by the first of each month. We do this for two reasons. First, we hope it will be a motivator to show up to group regardless of how you feel. Second, your contribution helps your fellow group mates. By paying your bill, you help keep the cost down for everyone! You matter to the other people in your group, not just in emotional connection, but also in financial contribution. If monthly payments are a financial hardship, please let us know.

## OTHER REQUIREMENTS

We ask that group participants also regularly meet with an individual counselor to process individual application of group skills. If you do not have an individual counselor, we would be glad to help you find one that fits your needs and your budget.

Please let us know if you have any questions.



# **Emotional Skills Group Registration**

Turn in this form along with Client Registration (new clients) and Materials Fee (\$10) to Revision Staff at least one week before the nearest module begins.

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

**Phone Number:** ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

**E-mail Address:** \_\_\_\_\_

I am okay with other group members having my:  email  phone number  both

**Individual Therapist Name and Phone Number :**

\_\_\_\_\_

By signing this form, I am giving consent for my group leader and my individual therapist to consult on my care.

**What do you hope to gain from this group?**

**Credit Card Information:**

Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

Expiration: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ CW: \_\_\_ \_\_\_ \_\_\_

Zip code associated with this card: \_\_\_ \_\_\_ \_\_\_ \_\_\_

I authorize this card to be charged every 1st of the month for the entire month, from the date below to May 2019.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_