**Thank you for your interest in the Coping Skills for Change program at CMHA Halton Region Branch (CMHA HRB).   
We appreciate you connecting with us to receive support.**

This is a 9 week program that includes a virtual skills teaching group on the Zoom for Healthcare platform, weekly, Change Work exercises and an option for participation in an ongoing skills maintenance group. Your participation in this group is completely voluntary.  
  
While learning new coping skills often helps us to get better at going with the flow and dealing with tough times in our lives, change can also be disruptive and we want to ensure you have support in your life to assist you should feel that way during this program. Referrals must include a crisis plan, emergency contact and details for a mental health professional or a family physician that supports you.  
  
As Group Facilitators are not available for support in-between weekly group sessions, they cannot provide crisis support. In the event of crisis, please use your crisis plan and connect with your existing professional supports.  
 **CONFIDENTIALITY – YOUR RIGHTS**Your involvement in this setting is confidential. A file will be created that includes your personal information. This file is protected and/or stored in a secure, locked area. CMHA HRB does not reveal, share, or transfer your information without your consent. We must ask your permission prior to releasing any information about you. If it is found that sharing information would improve your care, you would be asked to provide verbal consent and/or sign a consent form that specifies what information will be shared and with whom. This consent can be withdrawn at any time by speaking to your Group Facilitator. **THE LIMITS OF CONFIDENTIALITY**  
The follow are instances where your Group Facilitators are required to share information without your consent:

1. If we have reasonable grounds to be concerned about the imminent safety of yourself or others.
2. When required by subpoena or otherwise demanded by law.
3. If there are reasonable grounds to suspect that a child is in need of protection.
4. If you disclose that a regulated health professional engaged in professional misconduct.

**CO-PARTICIPANTS & PRIVACY**  
We request that all participants agree to keep their knowledge of others and what they share in the group confidential. This agreement exists to create an environment where people feel safe to share in group. While we believe that our participants will respect each other and adhere to this agreement, as with any group program, CMHA HRB cannot control what is shared by others.

* **I have read and understood the above information.**
* **I understand my rights in regards to consent and confidentiality.**
* **I agree to keep any information I learn about my co-participants in group confidential.**
* **I agree to service with the CMHA Halton Coping Skills for Change Group**

**NOTE RE: SIGNING CONSENT:**  
During the COVID-19 pandemic, we will accept verbal consent. Please review the above information & it will be confirmed with you by staff via phone and/or Zoom.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\*PARTICIPANT NAME (Please Print) SIGNATURE DATE (Day/Month/Year)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\*WITNESS NAME (Please Print) SIGNATURE DATE (Day/Month/Year)**

**Date of Referral**: Click here to enter a date.

**Referral Source:** Click here to enter text.

**Name:** Click here to enter text.

**Date of Birth:** (include day, month and year) Click here to enter text.

**Address** (include Street name, unit number, City and Postal Code):

Click here to enter text.

**Your Preferred Session**:

|  |  |
| --- | --- |
| Current Sessions Available (please select one): | |
|  | **Session A.1: Group Running January 12th to March 9th 2021** ***Tuesdays 1:30 pm to 4:00pm*** |
|  | **Session A.2: Group Running January 13th to March 10th 2021**  ***Wednesday 9:30 am to 12:00pm*** |
|  | **Session A.3**: **Group Running January 14th to March 11th 2021**  ***Thursday 9:30 am to 12:00pm*** |
|  | **Session B.1: Group Running January 19th to March 23rd 2021** ***\*Not running during March Break (Week of March 15th* )**  ***Tuesdays 6:00pm to 8:30 pm*** |
|  | **Session B.2: Group Running January 20th to March 24th 2021**  ***\*Not running during March Break (Week of March 15th* )**  ***Wednesday 1:30 pm to 4:00pm*** |
|  | **Session B.3 Group Running January 21st  to March 25th 2021**  ***\*Not running during March Break (Week of March 15th* )**  ***Thursday 1:30 pm to 4:00pm*** |
|  | No Preference |
| Additional Information: | |
|  | Please check Here if you would be willing to consider a different session if your preferred choice is not available. |

This Coping Skills For Change Group involves weekly emails with materials as well as reminders to practice the skills we are learning in this program. We also send videos and group content over email. We may also share text messages for the purpose of coordinating screening appointments or contacting participants on group related matters.

***The use of e-mail or text message communication is for the purpose of:***

***-*** *Scheduling including cancellations and unexpected absences from group*

*- Assisting with online technological issues during virtual groups*

***E-mails/text messages are not to be used for urgent matters as they may not be checked daily. If in crisis, please follow your crisis plan, contact your existing supports, and/or***

***the 24/7 COAST Crisis Line by calling 1 -877-825-9011.***

By providing my contact information below, I (the participant) am indicating that I have had the opportunity to ask questions about the preceding information. I consent to the use of e-mail or text message correspondence, acknowledging the guidelines.

Cell Phone: Click here to enter text.   
 Please check here if we can leave detailed voicemails at this phone number.

Email Address: Click here to enter text.

**What groups if any, have you participated in?**

Click here to enter text.

**Describe your current support system both personal and professional:**

Click here to enter text.

**Emergency Contact:** Please provide contact information for someone we can contact in case of an emergency, including an emotional crisis. Provide their full name and phone number.

Click here to enter text.

**Professional support or Family physician:** Please provide the name and phone number for your support staff or physician or so that we may confirm your participation with them if necessary.

Click here to enter text.

**Please indicate if you have thoughts of, or urges to hurt yourself**

Never  Daily  Weekly Monthly

**If you experience thoughts of self-harm please provide the date that you last self-harmed** Click here to enter a date.

**Please indicate if you have thoughts of, or urges to kill yourself**

Never  Daily  Weekly  Monthly

**If you experience thoughts of suicide please provide the date that you last attempted** Click here to enter a date.

**CRISIS PLAN:**

While this program intends to teach new coping strategies, we want to ask you what you are currently planning to do should you experience an emotional crisis as you improve your effectiveness

|  |  |
| --- | --- |
| What are the things that get me feeling like I am in crisis or emotionally overwhelmed | |
| 1.Click here to enter text.  2.Click here to enter text.  3.Click here to enter text. | |
| When I feel I am in crisis, I could… | |
| STEP ONE:  What is one thing I can do to help relieve the intensity of this emotional crisis right now | Click here to enter text. |
| If I still feel I am in crisis, I will try the following strategies (in order if possible)… | |
| STEP TWO:  Take “as needed” (PRN) medications as prescribed if this is applicable | My PRN medications:  1.Click here to enter text.  2.Click here to enter text. |
| STEP THREE:  Talk to someone or reach out for some connection | People I can talk to:  1.Click here to enter text.  2.Click here to enter text.  3.Click here to enter text. |
| STEP FOUR:  Be around people or distract with healthy options. Access some space in nature, use music or your creativity for distractions.  \*within existing COVID 19 Public Health protocols. | Places I can go or things I can do:  1.Click here to enter text.  2.Click here to enter text.  3.Click here to enter text. |
| STEP FIVE:  Connect with a professional support.  This can include a Distress Line, COAST crisis services, a healthcare professional. | My supports:  1.Click here to enter text.  2.Click here to enter text.  3.Click here to enter text. |
| STEP Six: | Proceed to your nearest hospital or call 911. |

Take some time to determine what you hope to achieve with support of this group- specifically, which behaviours you wish to decrease, and which skills to increase. The general goal of skills training is described as:

***“To learn how to change your own behaviours, emotions and thoughts that are linked to problems in living and are causing misery and distress.”***

Please check beside each that applies, and add more if a goal you have is not listed:

**Behaviours to Decrease:**

Mindlessness; emptiness; being out of touch with self and others

Judgmentalness; negative thinking

Absence of flexibility; difficulties with change

Extreme emotions and mood swings; difficulty in regulating emotions

Mood-dependent behaviour; impulsivity; acting without thinking

Difficulties accepting reality as it is; willfulness; trying to control everything

Addiction; destructive behaviours; unhealthy coping habits

Other: Click here to enter text.

**Skills to Increase:**

Mindfulness; staying in touch with the present moment and your inner self

Accepting reality as it is and finding peace with it; Distress tolerance;  
 Changing extreme emotions and living a healthy lifestyle; Emotion regulation

Building relationships and handling conflict; Interpersonal effectiveness;

Other: Click here to enter text.

**Thank you for taking the time to fill our referral form!**

**Please note:**

* Completed referrals will be reviewed for fit for the group by facilitators and you will be contacted to discuss this and/or next steps. A completed form does not guarantee a spot in the group.
* If provided a spot in the group, participants will be required to meet virtually with facilitators prior to beginning this program to review ZOOM procedures and provide Virtual Consent in order to participate. Facilitators will connect with participant directly to arrange these appointments.
* Please contact Allison Jones, CMHA HRB, at [ajones@cmhahrb.ca](mailto:ajones@cmhahrb.ca) or (905) 875-6702 with questions.