

DARING GREATLY™

SHOW UP | BE SEEN | LIVE BRAVE™



based on the research of Brené Brown

Coping Agreement

*I agree to take care of myself while I participate in this group.
If I am feeling overwhelmed, I will slow down.
I will not push myself to do things that feel unsafe.*

If I need to take a break and stop thinking about this work, I will:

If I need to process through my feelings, I will:

If I need to reach out, I will contact:

I do not have a therapist or counselor right now, but I will ask for a referral from my group facilitator if I think that will be helpful.

I have a therapist/counselor whom I can call and meet with when I need to.

Signature

Date