MSC Coping Agreement

Mindful Self-Compassion 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 call:

_____ 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: _____