

# RECOVERING PEOPLE PLEASERS Group



Do you see yourself in the statements on the right?  
Are you ready to take control of your time and build self-care routines?  
Do you want to learn how to say NO to other's needs and YES to your own?

Have you started the journey already?

Are you looking for peers to collaborate with & learn from?

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## Join Us weekly and process with peers!

**Group Facilitator** Sadie Harmon, LPC, guides participants in healthy, meaningful discussion, while providing education and building useful daily skills you can put into practice today.

**When?** Fridays from 9:30-10:30am. Ongoing, Weekly.

**Where?** Virtually. Secure shared with group members following registration.

**Why Join?** This is an open collaborative group. We will follow a format of discussion, shared coping strategies, resources, providing a sense of community, and explore various aspects of co-dependency, aka people pleasing behaviors. Benefits of this type of group include discovering you are not alone, feeling validated, supported, and connected as well as learning valuable information and tools to increase your quality of life. Join others on the recovery journey.

**How?** Complete a quick (one time) registration form, prior to your first session. You can receive the form by emailing [info@elitecognitionllc.com](mailto:info@elitecognitionllc.com) or calling 608-286-1132 x10.

**Cost?** \$25 weekly charged to credit card on file at time of session. \$85/month when you pay for 4 sessions at a time. You may also pay by cash/check. \*CCS programing participants should register through your Service Facilitator.

## 10 Signs You Are A People Pleaser

- YOU AGREE, EVEN WHEN YOU DISAGREE —
- YOU APOLOGIZE TOO MUCH —
- YOU ALWAYS HAVE SOMEONE DOUBLE-CHECK YOUR WORK —
- YOU ARE CONSTANTLY BURDENED BY OTHER PEOPLE'S FEELINGS —
- YOU RARELY ACCEPT CREDIT OR PRAISE —
- YOU TAKE BLAME WHEN IT'S NOT YOURS —
- YOU ACT LIKE THE PERSON AROUND YOU —
- YOU ALWAYS SAY YES —
- YOU NEED EVERYONE TO LIKE YOU (EVEN THE PEOPLE YOU DON'T LIKE) —
- YOU AVOID ANY AND ALL CONFLICT —

**Elite Cognition, LLC**

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## ELITE COGNITION Psychosocial Rehabilitation GROUP REGISTRATION

Today's Date:	
Who (or program) is completing Registration Form?	
<input type="checkbox"/> Self/Participant Guardian <input type="checkbox"/> CCS <input type="checkbox"/> CLTS <input type="checkbox"/> DD <input type="checkbox"/> CCF <input type="checkbox"/> OTHER: _____	
<b>Attendee/ Client Information</b>	
Full Name:	Date of Birth:
Identified Gender:	Current Age:
Preferred Pronouns:	Email:
Address:	Phone Number:
Diagnosis/or current mental health struggles (List all):	
*If this client is a minor or has a power of attorney- please complete the following:	
Guardian/Parent's Name:	Phone Number:
Address (if different than client):	Email:
<b>Group Identification</b>	
<b>Which Group at Elite Cognition are you registering for?</b>	
What mental health recovery goals will this group help support?	
Is there any additional information that would be helpful for the facilitator(s) of this group to know?	
<b>Group Attendance Fee Information</b>	
<b>Private Pay Rates-</b> Recovering People Pleasers group: \$25/session (paid weekly prior to session) <b>OR</b> \$85/month when you pay for 4 sessions at a time (payment prior to first session for discounted rate)	
<b>CCS Consumers-</b> Groups are either psychoeducation or ISDE, depending on content. Once registration is received and consumer is accepted to the group; service facilitators will be notified with number of hours needed to authorize and under which array category.	
<b>Insurance-</b> At this time we cannot accept insurance plans for payment of group services	
<b>Group Payment Information</b>	
<input type="checkbox"/> Cash/Credit Card Weekly (Payment must be completed prior to each session) <input type="checkbox"/> Cash/Credit Card In Full @ discounted rate (Payment must be completed prior to 1 <sup>st</sup> session) <input type="checkbox"/> CCS Programming (Authorization in module should be completed prior to 1 <sup>st</sup> session)	
CCS Service Facilitator Contact* For CCS clients only	
SF Name:	Contact Phone #:
Agency:	Contact Email:

\*Send Completed Registration Form To: [info@elitecognitionllc.com](mailto:info@elitecognitionllc.com), faxed or sent to address above