



APPLICATION: 2018-2019 Austin, Texas NARM Practitioner Training

NARM is a professional clinical training for psychotherapists, somatic practitioners, and health professionals who work with trauma. The information in this application will help NARM faculty get acquainted with prospective participants for the 2018-2019 Austin NARM Practitioner training.

- Acceptance into the NARM training is not automatic by completing this application package.
- Upon receipt of your application, your application will be evaluated within 2-4 weeks, and a personal interview may be requested.
- If you are accepted into the training you will be notified by email of your acceptance.
- If you are not accepted into the training, you will be notified by email of our decision.

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1. Name:
Address:
Email:
Phone(s):
Profession:
License and license number:
 2. How did you hear about the NARM training? Attended a NARM Intro: YES / NO
 3. Please tell us about your interest in NARM and the NARM training, and how you think it would benefit you professionally and personally.
 4. Tell us about your practice: e.g., your clinical orientation, type of clients you work with, issues you focus on, etc.
 5. Describe your professional education, including any clinical or professional trainings. Please list relevant licenses and certifications. (Including your CV is preferred but not required)

6. Please describe your personal and/or professional experience with general psychotherapy, somatic psychotherapy and/or other kinds of clinical or somatic work.

7. What experience do you have with somatically-oriented systems that focus on regulation of the nervous system?

8. What experience do you have with attachment and /or developmentally focused psychotherapies?

9. What psychotherapy or bodywork systems have had the greatest impact on the way you practice?

10. Have you had any other training in trauma? If so, please describe.

11. What self-regulation skills do you practice (e.g., do you have a mindfulness/meditation practice)?

12. Is there anything else you would like to tell us that you feel would help us to know you better?
Please include in here if there are any disability, dietary or religious/cultural considerations you'd like us to be aware of.

Please Note:

- *Please also read and sign below the 3 additional documents: **Informed Consent, Confidentiality, and Video Release***
- ***When completed, please return to: AustinNARM@gmail.com***

Signed: _____

Date: _____

INFORMED CONSENT/MEMORANDUM OF UNDERSTANDING: 2018-2019 Austin, Texas NARM Practitioner Training

The NARM Practitioner Training offers students a theoretical model for understanding how relational and attachment trauma affects the development of adaptive patterns or “survival styles” which are a response to core needs not met in childhood. NARM offers an explanation for how these early adaptations distort present experience and perpetuate many psychological and physical symptoms. Psychobiologically-based interventions that can be used to address the effects of developmental trauma will be offered in this training.

While the theoretical approach taught in NARM offers a useful framework which can support practitioners from various clinical disciplines, **all participants in the NARM Practitioner Training should clarify to what extent using the NARM approach in their practices is condoned by their licensing body.** If you are licensed as a psychiatrist, psychologist, social worker, counselor, marriage and family therapist, or practice under a body work certification, or any other discipline, you need to work within the scope of your practice and your scope of expertise as determined by the type of license you have, your education and clinical experience. The NARM Practitioner Training does not serve as a replacement for the necessary academic and clinical training required to practice psychotherapy. This training provides advanced, adjunctive skills for those already eligible to practice within their profession.

The NARM Practitioner Training offers a Certificate of Completion to those that complete the training. This NARM Certificate of Completion refers only to completion of the 4 module / 2 year course program, and the associated training requirements. **How you apply the learning and experience from the NARM training to your own practice depends on your own education and training, licensure and scope of practice for your discipline.** Any questions about this should be directed to your professional association, licensing board or relevant legal, ethical or clinical resources for your professional discipline. NARM Faculty and Staff are in no way responsible for your application of NARM theory and skills, and will not be liable for any legal or ethical issues regarding your use of NARM.

If you are accepted and agree to enroll in the NARM Practitioner Training, you are acknowledging that the program does involve a high level of personal self-inquiry and that you are responsible for assuring that you have the resources for appropriate self-care. The NARM Faculty and Teaching Team are available to assist if difficult emotional themes emerge, but participants are responsible for managing their own personal well-being. It is important to remember that this is a professional training program and not group psychotherapy or a self-help workshop.

All NARM sessions that you receive from the NARM Faculty and Teaching Team are provided under the framework of training sessions; they are not a replacement for psychological treatment from a licensed psychotherapist. If you require psychological support it is your responsibility to seek those resources. All NARM consultations are also provided within the framework of the training as learning opportunities and are not a replacement for clinical supervision under your clinical license.

If you have any questions about the appropriateness for you of participating in this training, either for your clinical practice or your personal development, please direct them to the NARM Austin Teaching Team at: AustinNARM@gmail.com

Signing below acknowledges that you have read and understood the above conditions.

Signed: _____

Date: _____

CONFIDENTIALITY-BOUNDARY GUIDELINES: 2018-2019 Austin, Texas NARM Practitioner Training

- 1) This is an advanced, professional, practitioner training in which experiential learning practices are used. This means that participants will be sharing personal material at times, and confidentiality is crucial to the safety and well-being of all participants.
- 2) Please keep all information about fellow participants, including names, within the group and in its appropriate context (e.g., dyad practice, small group practice, group debrief, group consultations, etc).
- 3) Please do not directly talk about other participants' experience in the training unless first given explicit permission by this participant to do so. This applies to both classroom discussion as well as informal situations (e.g., breaks, lunch).
- 4) Please feel free to share your own personal experience with other participants in any context, but if you feel it would be helpful to others' understanding to share something of another person's experience, please ask permission first before doing so.
- 5) Please also respect that person's right to choose not to share any personal information for whatever reason. If that creates a challenge in your learning, please speak to one of the assistants or coordinators.
- 6) Feel free to share your own personal experiences with your family and friends, but not the personal experiences of other participants in this training.
- 7) In the discussion after a Session Demo in the class, please direct your comments and questions as much as possible from your own personal experience, or relating to the NARM approach and strategies used (e.g., "why did you choose to say this?" or "what were you noticing here?").
- 8) If a Session Demo volunteer chooses to stay up in the front for the debrief and is open to questions about their experience, that is the time to share with them your personal reflections, or if willing, ask questions of them about the process if germane to the class learning. Please respect that person's boundaries after the Demo and during informal times, and please do not approach them to talk about their Demo unless they indicate an interest in doing so.
- 9) During case consultations, it is your responsibility to follow your clinical guidelines regarding sharing confidential information regarding cases/clients with other professionals. If you are unsure, please consult your ethical or licensure agreements.

Signed: _____

Date: _____

NARM Practitioner Training Video/Audio Recording Release Form

2018-2019 Austin, Texas NARM Practitioner Training

I, _____ enter into the following agreement with the NARM Practitioner Training and Kammer Health & Wellness, Inc. I have been informed that the NARM Practitioner Training will be recorded, and that my name, likeness, image, voice, appearance and/or performance may be captured as part of the recording of the NARM training modules in which I participate.

I grant the NARM Practitioner Training and Kammer Health & Wellness, Inc., its assigns, and/or any person or entity authorized by the NARM Practitioner Training permission to use these recordings in any format, without limitation, and the right to edit, duplicate, and to uses these recordings, in whole or part, as the NARM Practitioner Training and Kammer Health & Wellness, Inc. may elect. I understand that the NARM Practitioner Training and Kammer Health & Wellness, Inc. owns and retains all copyright interests to these recordings. I hereby waive all rights and interest in the results and proceeds of the video produced in this training, as well as the right to inspect, modify, or approve it. I hereby forever waive any right to royalties, payment, or compensation hereunder beyond the consideration stated herein. I hereby release, defend, and hold harmless the NARM Practitioner Training and Kammer Health & Wellness, Inc., its officers, agents, licensees and assigns, from and against any claims, damages, or liability arising from or related to my appearance in NARM Practitioner Training videos. I grant the NARM Practitioner Training and Kammer Health & Wellness, Inc. the right to present, market and otherwise distribute these recordings, in whole or part, for educational, training, research, or marketing purposes, including the right to use these recordings for promoting or publicizing future NARM Practitioner Trainings and classes. I grant the NARM Practitioner Training and Kammer Health & Wellness, Inc. the exclusive worldwide right in perpetuity to use any or all of the video recorded during its trainings, including but not limited to the right to prepare derivative works therefrom, lease, license, convey, or otherwise use or dispose of the Images, Audio or Video by any method or through any medium now or hereafter known, in any field of use, to permit the duplication, distribution, and public display thereof, all upon such terms and conditions as the NARM Practitioner Training and Kammer Health & Wellness, Inc. may approve in its sole discretion.

- I understand that if I ask questions while a recording is in progress I will be filmed and will appear in the NARM Practitioner Training video. My signature below reaffirms that I grant this unconditional release.
- All demonstrations are recorded on video. If I volunteer as a participant in a demonstration, my signature below reaffirms my agreement with this unconditional release.
- I am over the age of 18 years of age and have the right to enter into this agreement and do so willingly and freely.

I have read this release before signing and I fully understand fully understand the content, meaning and impact of this release and agree to all that is stated above.

Signed: _____

Date: _____