



APPLICATION: 2019-2020 Chicago, Illinois NARM Practitioner Training

NARM is a professional clinical training for mental health and other health professionals who work with complex trauma. The information in this application will help NARM faculty get acquainted with prospective participants for the 2019 Chicago 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.
- You will be notified by email of our decision within 2-4 weeks.
- The NARM Training Institute is not responsible for non-refundable air, hotel and other travel expenses incurred related to registration for this training. In rare cases, it may be necessary due to enrollment and other considerations to change or cancel the date of a training. If so, only registration fees will be reimbursed. Please make your travel arrangements with this in mind.

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1. Name:
Address:
Email:
Phone(s):
Profession:
License and license number:
 2. How did you hear about the NARM training? If you attended a NARM Intro, let us know where:
 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. Do you belong to a professional association that adheres to a Code of Ethics for your profession? If so, which one(s)?

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

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

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

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

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 4 additional documents: **Informed Consent, Confidentiality, Consultation and Video Release***
- ***When completed, please return to: ChicagoNARM@gmail.com***

Signed: _____

Date: _____

INFORMED CONSENT/MEMORANDUM OF UNDERSTANDING: 2019-2020 Chicago 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.**

Acceptance into the NARM Practitioner Training does not ensure that all NARM methods will be appropriate for inclusion in your professional practice. 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. Training participants are responsible for operating within their professional scope of practice and for abiding by state and federal laws. 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 Training Institute offers a Certificate of Completion to those that complete the training. This NARM Certificate of Completion refers only to completion of the NARM Training 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 Teaching Team are available to assist if difficult emotional themes emerge, but participants are responsible for managing their own personal well-being. This is a professional training program and not group psychotherapy or a self-help workshop.

All NARM Experiential Consultations that you receive from the NARM Faculty and Teaching Team are provided under the framework of training; 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 Case 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 Chicago Teaching Team at: ChicagoNARM@gmail.com

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

Signed: _____

Date: _____

CONFIDENTIALITY-BOUNDARY GUIDELINES: 2019-2020 Chicago, Illinois 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 each 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 EXPERIENTIAL & CASE CONSULTATION Release Form: 2019-2020 Chicago NARM Practitioner Training

There is a requirement for NARM Experiential and Case Consultations from approved NARM Experiential & Case Consultation providers to receive your certificate as a NARM Therapist/NARM Practitioner. The purpose and intent of all NARM Experiential and Case Consultations within the training format are educational – learning opportunities for you to observe and learn how NARM principles are applied in practice.

NARM Experiential Consultations are experiential learning activities for educating and training NARM students. This includes the teaching of psychological theory and interventions. NARM Experiential Consultations provide an opportunity to gain familiarity of how NARM is applied in the clinical setting. These NARM Experiential Consultations are about application of NARM into the clinical setting where you can use either a client role-play or your personal experience to focus on an area of NARM that you want to better understand. While personal material may arise, these NARM Experiential Consultations are not psychotherapy, psychological treatment, nor a replacement for any sort of psychological or medical treatment. Any gain of personal healing and growth is not the primary intention of these NARM Experiential Consultations. They are experiential learning activities used as part of our teaching and coaching. If you require psychological support it is your responsibility to seek those resources from licensed mental health professionals outside the NARM training.

NARM Case Consultations are learning opportunities for receiving instruction, support and guidance for application of NARM to your clinical practice involving your cases and clients. NARM Case Consultations are not a replacement for clinical supervision under your clinical license. If you require clinical supervision it is your responsibility to seek those resources from mental health professionals outside the NARM training.

The NARM Training Team are there as trainers, not acting in a manner of providing psychotherapy, counseling, or clinical supervision. Please be aware that while our training staff consist of licensed psychotherapists, they are not permitted to get into a psychotherapy or supervisory relationship with you as a client/supervisee. If the training team detects during the training that you may need mental health support, we will refer you to a licensed psychotherapist, psychologist, psychiatrist and/or medical doctor. If we have more immediate concerns for your well-being and safety, we will refer you to a local crisis center or ER. It will be your responsibility to seek those resources from licensed mental health and/or medical professionals. Please note you may not be allowed to continue in this training if you have not accessed these outside resources.

In participating in NARM Experiential and Case Consultations, whether privately, in a small group situation or large group demonstration, you are agreeing to do so voluntarily and at your own risk. The NARM Training Institute LLC holds no liability or responsibility for your participation or involvement in any demonstration, exercise or consultation, and you accept that any result or no result may occur due to your participation or involvement. You are also agreeing to the understanding that consultations and exercises may include questions regarding your personal history and symptoms which could create uncomfortable or even painful feelings, and that you understand you are under no obligation to participate, may refuse to answer any question, and may pause or discontinue your participation at any time.

By scheduling Experiential and/or Case Consultations with NARM Therapists/Practitioners, whether approved or non-approved Consultation Providers, you are agreeing to the understanding that all your meetings and consultations are undertaken at your own risk and that the NARM Training Institute LLC does not control, influence or regulate these NARM Therapists/Practitioners, and that you are agreeing to release the NARM Training Institute LLC from any and all liability or responsibility for any acts or omissions of any provider and any claims related thereto. You are also confirming that you are over 18 years of age and have the right to enter into this agreement and do so willingly and freely.

Signed: _____

Date: _____

NARM Training Institute Video/Audio Recording Release Form 2019-2020 Chicago NARM Practitioner Training

I, _____ enter into the following agreement with the NARM Training Institute and Kammer Health & Wellness, Inc. I have been informed that the NARM Training Institute 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 Training Institute and Kammer Health & Wellness, Inc., its assigns, and/or any person or entity authorized by the NARM Training Institute 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 Training Institute and Kammer Health & Wellness, Inc. may elect. I understand that the NARM Training Institute 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 Training Institute 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 Training Institute videos. I grant the NARM Training Institute 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 Training Institutes and classes. I grant the NARM Training Institute 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 Training Institute 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 Training Institute 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 the content, meaning and impact of this release and agree to all that is stated above.

Signed: _____

Date: _____