

RCM Online Survivors' School of Healing

January 18-19, 25-26, 2019

Purpose:

This school is designed to educate and guide survivors in achieving healing from the dissociative dynamics of DID using the Primary Identity Approach, which greatly shortens the process compared to the traditional alter-centered approach. Training will include teaching from Diane Hawkins, live ministry videos, and personal application in a provided workbook. The school will be presented from a Christian perspective.

School Facilitator:

Diane Hawkins, President of Restoration in Christ Ministries

Who May Attend:

The school is open to all trauma survivors but is especially geared towards those with some level of dissociation in their lives. Class size will be limited to the first 25 survivors who register.

Prerequisites:

1. Listen to the following two CDs:
 - a. Why Am I Not Getting Healed?
 - b. Experiencing More of God NOW
2. Read the introduction to the Workbook
3. Arrange for your counselor or support person to be with you during the sessions. Contact us if that is a problem.

Cost:

- Survivor registration: \$75
- Counselor registration: \$75
(No charge for an internship or previous school attendee, family member, or friend as support person)
- "Why Am I Not Getting Healed CD": \$5
- "Experiencing More of God NOW CD": \$5
- *A Survivor's Workbook: Applying the Primary Identity Approach to the Healing of DID*
 - Black and white: \$15 (available only until Dec. 31, 2018)
 - Colored: \$20 (\$23 after Dec. 31, 2018)

Scholarship help will be available by application, if needed.

Registration Deadline:

Registrations must be received by January 7, 2019 to allow for receipt of materials and completion of prerequisites.

Schedule:

The school will be presented from 12:00 to 4:00 p.m. Eastern Standard Time on each of the four days.

Please note that you can use a pseudonym to sign in to the program, and we will shut off all cameras so you can be anonymous to the rest of the group. We will also control the microphones for answering questions. Questions can be asked orally or through the chat box.

Survivor Registration Form

Name of DID survivor: _____

Address: _____

E-mail address: _____ Phone: _____

Name of support partner: _____

My support person is a (check one) counselor _____ family member _____ friend _____
_____ Check here if choosing a counselor who has previously attended a paid school or internship.
_____ Check here if unable to find a support person and feel stable enough to attend without one.

Your support partner can be a spouse, family member, close friend, therapist, or prayer minister who is able to do the following:

1. Recognize that the survivor is overwhelmed and recommend that he/she step back from the teachings or videos
2. Know how to handle the survivor if he/she switches or is triggered
3. Offer appropriate support for the survivor when feeling a range of potential emotions, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
4. Attend all sessions with the survivor
5. Make sure the survivor is in a stable condition before leaving him/her

_____ Check here if you would like to apply for a partial scholarship.

Please initial your agreement with the following and sign below:

_____ I acknowledge that I am a survivor of childhood trauma.

_____ I acknowledge that my support person is knowledgeable of DID and can meet the above qualifications.

_____ I will not allow any unregistered persons to participate with me in the school. (This is necessary for our liability and commitment to the survivors whose ministry demonstrations are shown.)

_____ I will not record any portion of this school in any format.

_____ I will keep all identifying information from the live ministry videos I watch confidential.

_____ If I ask any oral questions, I agree to have my voice anonymously recorded and replayed in a recorded edition of the school that may be released in the future.

_____ I understand that RCM reserves the right to refund the registration fee and to cut off the online access of any person who is perceived to be unable to cope with the material presented, is disruptive, or is perceived to be a threat to others in attendance.

_____ I acknowledge that I am attending this school by my own will and that RCM has not promised any guaranteed results from it. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

Dated this _____ day of _____, 20____

(Survivor Signature)

(Survivor Print name)

(Witness Signature)

(Witness Print name)

Please **print, sign,** and **mail** to: Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441 or **FAX** to 540-249-9716 or **scan** and **e-mail** to rcmoffice@rcm-usa.org.

Support Person Registration Form

Name of support person: _____

E-mail address: _____ Phone: _____

_____ Check here if you are a counselor who has previously attended a paid school or internship.

_____ Check here if you would like to apply for a partial scholarship.

Requirements for being a support person for the RCM Online Survivors' School:

1. Being able to recognize when the survivor is overwhelmed and to recommend that he/she step back from the teachings or videos
2. Knowing how to handle the survivor if he/she switches or is triggered
3. Being able to offer appropriate support for the survivor when feeling a range of potential emotions, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
4. Attending all sessions with the survivor
5. Making sure the survivor is in a stable condition before leaving him/her

Please initial your agreement with the following and sign below:

_____ I acknowledge that I am knowledgeable of DID and can meet the above qualifications.

_____ I believe the survivor I will be supporting is stable enough to benefit from this school.

_____ I will not allow any unregistered persons to participate with me in the school. (This is necessary for our liability and commitment to the survivors whose ministry demonstrations are shown.)

_____ I will keep all identifying information from the live ministry videos I watch confidential.

_____ I agree not to record any portion of this school in any format.

_____ If I ask oral questions during the school, I am willing to have my voice anonymously recorded and replayed in a recorded edition of the school that may be released in the future.

_____ I understand that RCM reserves the right to refund the registration fee and to cut off the online access of any person who is perceived to be unable to cope with the material presented, is disruptive, or is perceived to be a threat to others in attendance.

_____ I acknowledge that I am attending this school by my own will and that RCM has not promised any guaranteed results from it. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

Dated this _____ day of _____, 20____

(Support Person Signature)

(Support Person Print name)

(Witness Signature)

(Witness Print name)

Please **print, sign, and mail** to: Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441 or **FAX** to 540-249-9716 or **scan and e-mail** to rcmoffice@rcm-usa.org.