

# SE™ Professional Training Beginning Module I DVD Review Session Form

**Participant name:** \_\_\_\_\_

**Provider name:** \_\_\_\_\_

Prior to admittance into the Beginning II SE training module, participants taking the SE Professional Training Beginning Module I by DVD must complete a mandatory, complementary, 2-hour review session with an approved Review Session Provider. This form is to be used by the Review Session Provider to assess the participant's comprehension of the Beginning 1 course material. This signed and dated form will also serve as an invoice to the SE® Trauma Institute for session compensation.

The concepts and skills listed below are those that the participant is expected to have learned in the Beginning 1 SE training module. For each of the listed skills or concepts, if the participant does not have at least a basic understanding, or feel at least somewhat proficient in being able to apply those skills, she/he should consider focusing more specifically on those topics in her/his consultations with faculty or approved consultation providers. Each module builds upon the knowledge gained in previous modules, so it is useful to have a working knowledge of the material before moving on to the next module.

## **PART 1: Assessing Conceptual Comprehension**

Review/discuss with participant the key concepts presented in the Beginning 1 training module as listed on the following two tables. Please circle the number that best correlates with your assessment of the participant's comprehension of each topic.

1. Don't Understand
2. Still Unclear on Some Aspects
3. Basic Understanding
4. Good Understanding
5. Understand Well

### **Key Concepts: Physiology of Trauma**

Cycles of the ANS (sympathetic and parasympathetic)	1	2	3	4	5
Healthy nervous system response	1	2	3	4	5
Traumatic stress and ANS dysregulation	1	2	3	4	5
Basic symptoms of traumatic stress	1	2	3	4	5
Basic concepts of self-regulation	1	2	3	4	5

**PART 1 (continued)**

**Key Concepts: SE Model**

SE method of sensation-based tracking	1	2	3	4	5
Language of sensation	1	2	3	4	5
Tracking activation, settling	1	2	3	4	5
Stream of Life model	1	2	3	4	5
Trauma Vortex	1	2	3	4	5
Counter Vortex	1	2	3	4	5
SE concept of titration	1	2	3	4	5
SE concept of pendulation	1	2	3	4	5
SE concept of resource	1	2	3	4	5
SE concept of discharge	1	2	3	4	5
SE concept of stabilization	1	2	3	4	5
SE concept of resonance	1	2	3	4	5
SE model of movement through time	1	2	3	4	5
SE concept of containment	1	2	3	4	5
Other:  _____	1	2	3	4	5

**PROVIDER COMMENTS: Please list any concepts that could use further clarification:**

## PART 2: Practical Application

Have the participant conduct a 20-30 minute practice session with the participant playing the role of Practitioner and provider playing the role of Client, then debrief. The participant should organize the session as follows:

1. Orient (Parasympathetic Nervous System)
2. Resource (Parasympathetic Nervous System)
3. Notice activation (Sympathetic Nervous System)
4. Resource (Parasympathetic Nervous System)
5. Orient (Parasympathetic Nervous System)

After the practice session and debrief, please circle one of the numbers on the scale to indicate how proficiently participant applies the following concepts/skills

1. Not at all Proficient
2. Lacking Proficiency
3. In the Middle
4. Somewhat Proficient
5. Very Proficient

Tracking own sensations	1	2	3	4	5
Tracking client sensations	1	2	3	4	5
Managing own activation (capacity for self-regulation)	1	2	3	4	5
Managing client's activation	1	2	3	4	5
Observing pendulation	1	2	3	4	5
Facilitating pendulation	1	2	3	4	5
Observing titrations	1	2	3	4	5
Facilitating titrations	1	2	3	4	5
Identifying resources	1	2	3	4	5
Using invitational language	1	2	3	4	5
Using body-based language	1	2	3	4	5
Basic recognition of patterns of constriction, activation, discharge, integration	1	2	3	4	5
Beginning understanding of SIBAM	1	2	3	4	5
Beginning understanding of coupling dynamics	1	2	3	4	5
Other _____	1	2	3	4	5

## BEGINNING 1 DVD REVIEW SESSION CONFIRMATION & INVOICE

### PROVIDER:

Please fill out this 4-page document (assessment and signed confirmation page) in full. Once it is filled out please scan and email it to [apply@traumahealing.org](mailto:apply@traumahealing.org). Alternatively, you may fax a copy to (303) 652-4039 or mail the original copy to the SE Trauma Institute at 6685 Gunpark Drive, Suite 210, Boulder, CO 80301. Please keep a copy for your records. Upon receipt of this completed document, the SE Trauma Institute will issue to you a \$200 check in compensation for the review session.\*

\*Please also submit a completed W-9 if one has not been submitted previously.

Your signature on this document confirms that you are an approved SE Beginning Review Session Provider and that you have conducted a two-hour review session with the participant listed below. During the session, you and the participant reviewed the basic concepts of the Beginning 1 training module, and conducted a practice SE session with the participant playing the role of the practitioner.

**In your professional opinion, is this participant prepared to proceed to the Beginning 2 SE training module? (Check one)**

- I feel confident that this student is prepared to join the Beginning 2 SE Training Module
- I have reservations about this participant's preparedness in proceeding to the Beginning 2 training module.

### Comments:

### REVIEW SESSION PROVIDER INFORMATION:

Provider full name \_\_\_\_\_ Tax ID \_\_\_\_\_

Provider mailing address: \_\_\_\_\_

Provider phone: \_\_\_\_\_ Provider email: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date \_\_\_\_\_

### PARTICIPANT INFORMATION:

Participant full name \_\_\_\_\_

Participant mailing address: \_\_\_\_\_

Participant phone: \_\_\_\_\_ Participant email: \_\_\_\_\_