

HOW TO BE APPROVED TO PROVIDE BEGINNING 1 DVD REVIEW SESSIONS

If you are approved to Provide Individual Case Consults at the Beginning level or above you may request to be approved to provide Beginning I DVD Review Sessions (U.S. only)

- a. Every student who takes Beginning I via DVD in the U.S. is required to take a complimentary two hour review with an SE case consult that has been approved to provide review sessions.
- b. These Beginning I DVD review sessions are free to the students and are paid by the Institute to the review session provider at a rate of \$200 for a 2-hour sessions with **one student** (to be reimbursed once the provider submits a completed Review Session Form and Invoice).
- c. This offer is only applicable to Beginning I Students training in the U.S. and does not apply to any other level.
- d. Please note that Beginning I DVD review sessions do not count towards the SEP certificate requirements.
- e. To request approval to provide Beginning I DVD review sessions contact kchapman@traumahealing.org

Please see next page for the review form you will be required to complete and submit for each student you review.

You will also be required to submit a W-9 form if you are approved to provide reviews.

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. 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: _____