

# *Radical Aliveness/*

Institute of Southern California

## *Core Energetics*

Dear 1<sup>st</sup> & 2<sup>nd</sup> Year Student,

### **Re: Proposed Training Terms**

Thank you for your interest in training with me as a practitioner of Radical Aliveness Core Energetics, a somatic awareness teaching in the tradition of Wilhelm Reich and John Pierrakos. I work with the vital energy and emotional patterns that are blocking growth. The somatic perspective addresses vital energy flow in terms of self-awareness; the reflective use of our senses through which we continually perceive the outside world.

Energetic patterns are formed by our emotional history and experience. This training uses movement and consciousness to bring awareness to places of holding, to uncover feelings that tensions have blocked from awareness or constrained from expression.

Students often ask about medical conditions. You are more vulnerable to developing pathological conditions (i.e., illness, injury, disease) when energy imbalances persist for extended periods. However, an energy imbalance does not suggest the existence of a medical condition. Also, healing or recovering from illness or injury is facilitated by releasing vital energy, which can be initiated without medical diagnosis or treatment.

Because I am neither trained nor licensed to diagnose or treat pathological conditions, I ask that you address the following questions so that we can discuss your need for medical services and clarify services which I can offer you.

1. Does the diagnosis or treatment of any medical condition (i.e., illness, injury, disease, or other mental or physical condition) concern you? Please explain.
2. Describe any concern about your health in terms of patterns of behavior or imbalances you experience on physical, emotional, mental, or energetic levels.
3. Has the treatment of a mental or emotional pathology concerned you in the past? Is it a present concern?
4. The scope of practice boundaries contained in questions 1-3 above are intended to guide our ongoing relationship throughout your training. In the event that your concern does not at this time warrant referral to a medical doctor or psychologist, should any potential concern about a treatable pathological condition or psychopathology increase in the future, will you agree to bring these concerns to my attention?

**EXPECTATIONS:**

By responding to this proposal, you agree to attend scheduled sessions on time and honor your financial commitments. I will expect you to be prepared to face uncomfortable feelings and experiences that have previously been unconscious. You agree to communicate as honestly as possible about what is happening, by expressing and reporting your feelings or your emotional difficulties, or physical discomfort. I also ask that you to agree work on conflicts in the relationship and be willing to let me know in between sessions if you are in need of more support.

**PRACTITIONER'S ROLE:**

The faculty of this Institute brings to this training skills and experience in working with the flow of vital energy and emotional expression. This includes primarily the ability to listen on many levels, and remain present, centered and grounded in the midst of emotion and instability. We also bring a practice of compassionate acceptance of a broad range of human experience that is essential for building trust and supporting confidence and self-esteem.

The faculty has been chosen for their abilities in somatic experiencing, which is based upon self-awareness, a capacity for observation and empathic appreciation of another's personal experiences.

**PLAN:**

Please state your desired outcome for this work. For what are you seeking help. Feel free to list as much as you wish in terms of what you hope to achieve in this work.

Please also make a list of your expectations of me and what you feel you need from me to be successful in this work.

Working with energy, movement and consciousness can affect your mental and physical health in many positive ways but it is not a replacement for a doctor. In case of concerns about physical or mental disorder I will ask that we discuss the appropriateness of consulting a physician or psychologist.

The process of Vitalistic healing (working with vital energy) may be associated with healing crises. When this happens, physical and mental symptoms may get worse. I will expect that you take responsibility for communicating a healing crisis with me and monitoring your own limits.

**PROGRAM COST:**

\$3000 per year

*Please note there are additional costs incurred by the student each year in order to complete process work requirements – see SESSIONS section below.*

**PAYMENT PLAN:**

*Payment plan for years one and two:*

*Year one:* \$200 deposit due September 1, 2010 with signed agreement

*Year two:* \$200 deposit to be paid by September 1, 2011

\$350 payment monthly due on the first of each of the 8 months for each training year:

October 1

November 1

December 1

January 1

February 1

April 1

May 1

June 1

12 month payment plan available upon request.

There will be a \$25 late fee for any payments received after the 7<sup>th</sup> of each month.

Upon signing the agreement there is a commitment for the year and you are responsible for payment in full. Upon paying the deposit for the second year there is a commitment for the year and you are responsible for payment in full. If you are in need of any other financial arrangement please speak to me personally.

**ATTENDANCE:**

Only one training module can be missed in the 2 year program. When it is missed students will be required to make up the work with a project to display competency in the topics covered as well as doing 2 extra sessions or one workshop focused on the topic missed.

**SESSIONS:**

Students are required to do twenty hours of individual process work sessions per year with a certified and approved (by the director) Core Practitioner

*Or*, forty (per year) of group sessions with a certified and approved Core Practitioner

*Or*, Core Energetics workshops with a certified and approved Core Practitioner with one day of workshop equaling one session requirement.

*Or*, any combination of the above to fulfill the twenty hours per year requirements.

*Costs incurred in order to complete process work session requirements are the responsibility of the individual student and are not included in the program fee.*

**HOMEWORK:**

Students are required to complete all homework assignments

**2010-11 SCHEDULES AND DATES:**

1st Module:

**October 14-17**

2nd Module:

**December 9-12**

3rd Module:

**February 10-13**

4th Module:

**March 31-April 3**

5th Module:

**June 2-5**

There will be a monthly teleconference call to be scheduled during our first meeting.

*Meeting Times*

THURSDAY	9:15 – 9:45	Movement class
	10:00 – 1:00	Process Group
	1:00 – 2:30	Lunch
	2:30 -4:30	Class
	4:30 – 6:00	Dinner
	6:00 – 9:00	Community Meeting

FRIDAY	9:15 – 9:45	Movement class
	10:00 – 1:00	Class
	1:00 – 2:45	Lunch
	2:45 -5:45	Class
		Free Night

SATURDAY	9:15 – 9:45`	Movement class
	10:00 – 1:00	Class
	1:00 – 2:30	Lunch
	2:30 -5:30	Class
	5:30 - 7:00	Dinner
	7:00 – 9:00	Community Meeting

SUNDAY	9:30 – 12:30	Process Group
	12:30 – 2:00	Lunch
	2:00 – 3: 30	Community Class
	3:30 – 4:00	Break
	4:00 – 5:00	Spiritual Service

**MEETING ADDRESS:**

Temescal Gateway Park  
15601 Sunset Boulevard  
Pacific Palisades, CA 90272

**AGREEMENT:**

Please call to discuss any of these conditions that you do not understand or are unwilling to agree with by responding to the questions asked and submitting your initial payment. Please enclose a copy of this agreement with your reply and payment, incorporating in it your reply by dating and signing the copy.

By your written reply in the absence of our mutual modification of this proposal, you express agreement with these terms. Future modifications may be made only by our mutual written agreement.

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Signature

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Date