Voice Dialoguing

With Rufus May and Elisabeth Svanholmer

(Cool accents included!)

A Two-Day Workshop for Clinical Providers, Peer Supporters & More!

We are applying for Continuing Ed Credits for LMHCs and LCSWs in Massachusetts!

Monday, May 23 to Tuesday, May 24
10am to 4:30pm (registration at 9:30)
Holyoke Community College, Holyoke, MA

What is Voice Dialoguing?: Many people who hear voices have at least some voices that say difficult or challenging things at some of the time. Conventional training suggests teaching people to distract themselves or ignore those voices. However, many have found that a turning point for them has been finding different ways of understanding and even talking with those voices.

Individuals who attend this training will learn about and explore a 'Voice Dialoguing' approach that supports people to:

- Explore the motives and meaning of voices
- Re-define the relationship between a voice and voice hearer
- Reduce the sense of powerlessness that some voice hearers experience
- Reduce negative impacts of voices on daily life

Sponsored by:

Western Mass RLC

$100.00 per person. Scholarships/reduced cost available.
Open to local & national applicants. Space is very limited and sign up is required by completing and submitting a registration form by Friday, May 1st (or until the training is full) to info@westernmassrlc.org or fax to 413.536.5466.

About Rufus & Elisabeth: Rufus has worked as a clinical psychologist for 19 years in England. He is also a writer and internationally recognized trainer and speaker. His work is inspired by 15 years working with the Hearing Voices Network and his own experience of what so commonly gets referred to as 'psychosis' and recovery in his late teens. Elisabeth is an artist and has worked as a Hearing Voices speaker, trainer and facilitator since 2006 in Denmark and other parts of Europe, as well as Canada and Australia. Her work is inspired by her life long experiences with hearing voices.

VOICE DIALOGUING
Registration Form

Complete the registration form below and submit it to info@westernmassrlc.org or by fax to 413.536.5466. Registrations are accepted on a first come, first serve basis. The training is open to both local and national applicants. Registration will be accepted until May 1 (or the training is full). PLEASE TYPE OR PRINT NEATLY.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #1: _____ **Phone #2:** _____

E-mail: _____

PLEASE INITIAL THE FOLLOWING TO INDICATE YOUR UNDERSTANDING:

____ This training is two days in length.

____ This training involves in depth sharing about difficult issues and traumas that some may find difficult to hear.

____ The training group will be mixed, and is likely to include individuals working in clinical roles, peer supporters, family, friends, and individuals who hear voices themselves.

____ Registration is accepted on a first come, first serve basis. Space is very limited, and I understand that my attendance is not confirmed until I receive an acceptance e-mail.

CIRCLE ONE:

I understand that there is a $100.00 fee to attend this training, and that I am also responsible for any travel and food expenses I may incur as a part of attending this training. I agree to pay this fee upon confirmation of my registration unless otherwise noted below. (I will be sent instructions on how to pay upon confirmation of my registration.)

I agree and am able to pay this fee   **I am requesting a scholarship or reduced rate***

* Please note: Scholarships only cover the training fee. If you are applying for a scholarship, please also attach a paragraph about your interest in the training and how it will impact your work and/or other aspects of your life. Decisions about scholarships and reduced rate applications will be made by April 15th. **(If you would be travelling from afar and would like early notification of a scholarship or reduced rate, please note that in your paragraph.)**

I will be requesting Continuing Ed Credits? *(circle one)* **YES**   **NO** If yes, I will want: *(circle one)* **LCSW**   **LMHC**

SIGNATURE: _____ **DATE:** _____