

Making Sense of Voices

Maastricht Interview Training

A Three-Day Workshop for Clinical Providers & Other Supporters

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

With trainer, Peter Bullimore & Shaun Hunt



Monday, April 3rd—Wednesday, April 5th, 2017
Holyoke Area, Location To Be Determined

The Maastricht Interview is a semi-structured questionnaire that can be used to support people who hear voices. It was developed by Dr. Sandra Escher, Professor Marius Romme and voice hearer, Patsy Hage as a way to explore the experience of voice hearing in depth and provide the tools needed to build trust, openness and understanding. It can assist people who hear voices in a number of ways including:

- Validating the experience and overcoming the shame of talking about voices
- Offering space and support to systematically map all aspects of the voices and build insight
- Empower the individual by promoting acceptance and the opportunity to take charge

Participants in this training can expect to:

- **Become a pioneer in using one of the most exciting instruments developed by the Hearing Voices Network in recent years**
- Learn how to conduct the interview
- Undertake two interviews with voice hearers
- Write reports and develop constructs from Maastricht interviews
- Develop a shared understanding of voices and ways to support people who hear voices

Sponsored by:



\$150.00 per person. Scholarships/reduced cost available.

Open to local & national applicants. Space is very limited and sign up is required by completing and submitting the attached form. Registrations accepted until the training is full to info@westernmassrlc.org.

About Peter & Shaun: Peter is an internationally known trainer, founder of the Paranoia Network in England, and owner/operator of Asylum Associates. He has taught at several universities in the United Kingdom including holding a teaching and research post at Manchester University, and been published on topics of trauma and voices. Shaun works for the Sheffield Health & Social Care as a part of the recovery education unit. He also takes part in the Paranoia Network and travels with Peter and others to offer Maastricht trainings.

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Registration Form

Complete the registration form below and submit it to info@westernmassrlc.org

Registrations are accepted on a first come, first serve basis. The training is open to both local and national applicants.

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 particularly geared toward people in clinical roles, though is open to and likely to be helpful for other supporters, as well (people working in 'peer' roles, family members, etc.).

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

___ Although the 'Maastricht Interview' has also grown out of the Hearing Voices Movement, this training is completely different than the 'Hearing Voices Facilitator' training or other Hearing Voices movement trainings. Participants in this training will be asked to take part in in depth interviews and the development of written reports intended to help people who hear voices understand and map out their voices.

CIRCLE ONE:

I understand that there is a \$150.00 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 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.

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

SIGNATURE: _____ DATE: _____