



Ravens Grove Foundation for Healing, Inc

PTSD RECOVERY RETREAT REGISTRATION FORM October 12-16, 2017

Please provide the following information. Please print clearly. All information submitted is considered confidential and for use by our staff in providing services at the retreat. Return with deposit to: Ravens Grove Foundation, 3004 S. First Street, Austin, Texas 78704.

PERSONAL INFORMATION

Name _____
Address _____
City, State Zip _____
Phone (main) _____ Cell _____
Email address _____
Date of Birth _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Name _____
Phone _____ Alt Phone _____
Physician name _____
Phone _____ Alt Phone _____
Special dietary needs _____
Please list any medications you are currently taking: _____

Diagnosis, if any: _____ Therapist: _____

PROGRAM INFORMATION AND FEES

Program Tuition per Person	\$350.00
Hotel Room and Board (multiple occupancy)	\$750.00
Total Fees	<u>\$1100.00</u>
Deposit to be paid with form (1/2 total fees)	<u>-\$550.00</u>
Balance due	\$550.00

Balance due 2 weeks prior to event.

Send completed Form and Deposit
check made payable to:
Ravens Grove Foundation
3004 S First Street
Austin, TX 78704

Total fee includes: Tuition, room, meals, applicable taxes, and gratuities are included. Payments can be in check or cash only. *Refunds are offered only in the event that the retreat is cancelled.*

Staff Use Only

Date registration received _____ Payment amount _____ Check number _____

What are you currently doing to manage your symptoms?

What self-care techniques do you use for flashbacks, anxiety attacks, etc.? How successful are they?

What plans or resources do you have for follow-up after this program?

Type of current therapy? How many years?

AGREEMENTS

- Do not bring drugs or alcohol to the retreat center. You will be asked to leave if they are present.
- This retreat will bring up many feelings. We hope you will feel comfortable expressing them. There will be a safe place provided to express anger so you will not have to hurt yourself or others.
- You agree to be willing to work through your feelings to add to the safety of the group.
- This is a “no harm” contract (no self-abuse or self-injury) for the duration of the retreat. If you feel suicidal, you agree to contact a staff member who will help you immediately work through it.
- You are responsible for your own self-care for the duration of the retreat.
- Do not leave the premises without informing a staff member.
- You will be responsible for asking for what you need during the retreat.
- If you continue to feel unsafe and the staff feels they are unable to bring you to safety, your emergency contact will be asked to come and get you.

In signing this registration form you affirm that you understand and agree to the Agreements and Conditions listed above.

Name

Date

PTSD SYMPTOMS YOU MAY BE EXPERIENCING

Please check any and all of the following symptoms of PTSD that you are currently experiencing. This information will NOT be used for diagnosis, and is considered confidential.

- hypervigilance: hiding, sitting with back to walls, feeling watched, startle response, fear of being alone, constantly alert ... fight or flight mode.
- alienation from body: not at home in body, no sense of body image, avoidance of mirrors, layers of clothing, extremely private, manipulating body weight to avoid intimacy, often numb, detached in body.
- dissociation: splitting from event, removing self from feelings/emotions/pain, feelings of viewing self, physical numbing, depersonalization of memory/pain, feeling like watching self on video, getting so focused on something can tune everything/everyone else out, inappropriate behavior (laughing at funeral/someone's pain), driving from one place to another and not remembering how got there, losing time.
- anger issues: inability to recognize/express own anger, fear of someone's anger/rage, hostility towards certain people (reminder of other side in war), constant anger, fear of losing control, triggered into anger with various voices, colors, smells, etc.
- suicidal: ideation/attempt, obsessive thoughts about suicide, self mutilating behaviors, daring the fates with high risk behavior, accident prone
- sense of pervading fear: no sense of power, victimology, inability to set limits, fear of being left, phobias, compulsive behavior about locking doors, checking rooms, paranoid.
- addictions: behaviors to cover pain/fear/anger/sadness/helplessness, driven compulsive behavior may be acceptable in workaholism, but still being used to numb out.
- memory losses: blocks of any part of history, not explained by coma.
- feeling of awful secret: feeling shame of having done something and can't share and others wouldn't understand.
- anxiety/panic attacks: heart speeds, chest feels pressure/squeezed, can't breathe, feeling dizzy/light headed, total debilitating fear/immobilization, feeling like dying, periodic or constant attacks.
- sleeping disorders: night terrors, nightmares, awakening nightly at the same time, fear of dark, fear of falling asleep, doing things to avoid falling asleep, waking up screaming/yelling/ body jerks/movements while asleep, never getting REM sleep, sleep deprivation, waking up still feeling tired.
- depression: periodic or constant sadness that feels bottomless, seeing only the negative in people/events, feeling helpless, worthless and not wanting to wake up, but no active plan of suicide, radical change in eating/sleeping habits, feeling hopeless, jaded, cynical, bored with no joy.
- trust issues: mistrusting or trusting indiscriminately, feeling isolated and different.
- self esteem: low self esteem, intense shame, need to be invisible, feeling bad for being alive, feeling useless, feelings others are more worthy and more important, behavior puts self second or last, arrogance and facade of feeling superior, feeling like a victim or perpetrator.
- body memories: unexplained pains, bruises, marks, splotches. Body somatizes the trauma/stress ... Chronic Fatigue Syndrome, fibromyalgia and other autoimmune diseases may be escalated by intense stress/trauma.
- feeling crazy/different: feeling like an outcast, unreal, create fantasy world/relationships, desire to change name or identity.
- physical signs: gagging response, swallowing constantly, lower immune system, constantly sick, aches, headaches, having somatic symptoms that can't be explained by your physician.
- flashbacks/abreactions: reverting to other places, reliving a memory, being triggered to a past time frame of trauma, hallucinating which can be done visually, olfactory, auditory, tactile or taste (metal, blood, etc.) Flashbacks can be experienced in blips ... pieces of feelings, pictures, sounds, tastes, etc. Finding self hiding under a table, closet, shaking uncontrollably, body jerking, falling into a trance state, agitated body movement, looking around and not recognizing where you are, feeling different in your body, feeling transported in time.
- eating disorders: not wanting to eat, no joy in eating, bulimia or anorexia, overeating, binge eating.