

Informed Consent Form

I, _____ understand that the Expressive Arts Therapy Training Program that I am about to enter involves group process work that tends to be regressive in nature and deeply therapeutic. It will stimulate feelings, thoughts and behaviors that can be both joyful and painful. I agree to seek professional therapy if and when I find myself dealing with issues that will not and cannot be raised in this program format or if the instructor requests that I do because of issues occurring in the group process. This program is not to be taken in place of therapy, although it is often seen as a meaningful adjunct to primary therapy.

This Training will allow me to experience, process and theoretically appreciate the dynamics of Creativity and the Creative Process Paradigm for Change in a multitude of art forms and multi-modal approaches. Through this training I will receive specific tools and techniques that I may use in my personal practice as an Expressive Arts Therapist, in an environment that I am legally qualified. I will experience these activities first-hand and learn the power and dangers that are inherent in their use. I will not teach these techniques to others for the purpose of training them to be Expressive Arts Therapists, after only one year of training.

This approach to healing work is Humanistic in nature and brings in Carl Roger's concept of Unconditional Positive Regard, Fritz Perl's Gestalt Techniques (wherein one works within the present and the material that is presented is seen as projections to be integrated), Jungian Transpersonal ideas (of the power of working with the archetypal symbols and their significance), Transformational Psychology (that incorporates Joseph Campbell's work on The Hero's Journey, Jean Houston's Work with Sacred Psychology and the search for the Greater Story), Shaun McNiff's image-centered teachings in the Art Studio method and Dr. Goldberg's Doctoral work on creativity and healing. All of these approaches are focused on the transformation that occurs in creative work and play.

The Director and Primary Facilitator, Jane Goldberg has a Ph.D. in Transformational Psychology, a Marriage and Family Therapist, (M.F.T.), License ME16867, is a Certified Expressive Therapist (C.E.T.) and a Distinguished Fellow with the National Expressive Therapy Association. She is also a Registered Expressive Arts Therapist (R.E.A.T.) and founding Board Member of the International Expressive Arts Therapy Association.

Confidentiality within the group is mandatory. This is not therapy and no insurance coverage will be available to me. Information that I share will be disclosed to the proper authorities, where revelations regarding my own acts of child sexual abuse, elder abuse, threats of violence to a third party, or plans to commit suicide are revealed.

In addition, a commitment to the program requires that I pay all fees for the entire program, whether or not I attend the sessions. Make-up sessions may be provided. However, I will be charged a fee for the additional time and teaching required to duplicate the original training hours that I missed. A Certificate of Training will be rewarded only at the end of one full year of training, after completing 240 hours of Training. All payments are non-refundable.

If for any reason the promised sessions are not provided, Dr. Jane Goldberg will refund the monies that were pre-paid for those sessions.

Signing below indicates that I have read and agree to the above information:

Signature _____

Print Name _____ Date _____

Jane Goldberg, Ph.D., R.E.A.T., M.F.T. _____

Date _____
