



5145 Pontiac Trail • Ann Arbor, MI 48105 • USA
 Phone: 734-761-6268 Fax: 734-663-6861 Website: www.metapsychology.org
 Email: info@metapsychology.org

**LIFE STRESS REDUCTION FACILITATOR
 CERTIFICATION APPLICATION**

INITIALS

- _____ **A)** I hereby apply for Certification as a Life Stress Reduction Facilitator.
- _____ **B)** I attest that I have successfully completed the *TIR – Expanded Applications Workshop* on _____ (date) and the *Life Stress Reduction – Case Planning Workshop* on _____ (date) _____ with Trainer(s) _____
- _____ **C)** I attest that I have successfully completed an Internship covering the materials of these workshops with Trainer(s) _____ as covered below.
- _____ **D)** I have delivered a minimum of 50 successful hours of viewing sessions, on a good sampling of the techniques covered in these workshops to a minimum of 6 clients, under the supervision of an AMI Certified LSR Trainer
- _____ **E)** I hereby submit a session log documenting the hours I have delivered under this supervision. The session log includes what was addressed in each session, length of each session, and the end result of each session.
- _____ **F)** I have written LSR case plans for the successful resolution of these client's issues, completing at least one person to his/her satisfaction on Life Stress Reduction.
- _____ **G)** I enclose standard video recordings complete session (this includes pre-session checks for food, rest, etc., “Start of session” and end point as well as the facilitator’s asking if the viewer has anything to say before the end of the session, and acknowledgment of the session ending), on techniques for this training level, for review by the AMI Certification Committee. I understand that Certification is contingent on the video recording being accepted by the Certification Committee. If the recording enclosed with this application is not accepted, I will be informed as to what is unacceptable and extended the opportunity to submit another recording (please ensure that the sound quality of the recording is good – if the committee members reviewing your recording are unable to hear all parts of the session another recording will be requested). The maximum number of recordings that will be reviewed by the Certification Committee is three. If all three recordings are unacceptable, I will be required to start a new application process, which includes paying another application fee.
- _____ **H)** I enclose a signed copy of the client release form for the above video recording(s).
- _____ **I)** I have personally received a minimum of 10 hours of successful Life Stress Reduction facilitation.
- _____ **J)** I enclose my completed written exam for this level of Certification.
- _____ **K)** I have a current TIRA membership, or I am renewing my membership application along with this Certification application. I understand that I need to keep my membership current in order to maintain the validity of my Certification.
- _____ **L)** I understand that my certificate is valid for a period of three years and that at the end of three years I will need to apply for Re-Certification, documenting at least 21 hours of continuing education in the field. I understand that I will only need to renew my highest level of Certification.
- _____ **M)** I understand that if I allow my Certification to lapse for a year or more that further training and supervision will be needed to the satisfaction of the AMI Certification Committee for me to be able to re-certify at this level, and that I may be required to submit a new recorded session before my application will be accepted.
- _____ **N)** I enclose the Certification application fee.

Signature: _____ Date: _____

Certification Application Fee: Category A Countries - \$150.00 Category B Countries - \$125.00

Method of Payment Visa MasterCard Discover Check in US dollars, drawn on US bank, payable to AMI, or
 _____ Paypal (Send to: finance@tir.org)

Card Number: _____ CCV Code (last 3 digits on back of card) _____

Expiration Date: _____ Card Holder’s Signature: _____

APPLICANT: PLEASE SEND YOUR COMPLETED APPLICATION & FEE(S) TO YOUR TRAINER.

TRAINER: Please send Certification application, session recording, and fee(s) to AMI, 5145 Pontiac Trail, Ann Arbor MI 48105, USA, along with your letter of recommendation once you have accepted applicant’s session recording, and the completed Certification application.



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Consent for Release of Records

I, _____,

Date of Birth: _____,

hereby give permission to my facilitator,

Name: _____,

Address: _____

Email: _____

- to record my sessions for professional supervision and/or certification,
- to share recordings only with qualified professional colleagues for their education in Traumatic Incident Reduction (TIR) and related techniques.
- I understand that I am under no obligation to give this consent and that, if given, it may be rescinded at any time.

 Client Signature

 Date

Facilitator or trainer, please notify AMI by fax or postal mail if the Consent for Release of Records is rescinded.
 Note to US citizens engaged in substance abuse services: the confidentiality of alcohol and drug abuse records is protected by federal confidentiality regulations (42CFR, part 2). Federal rules restrict any use of this information for the purpose of criminally investigating or prosecuting alcohol or drug abuse patients.

3. What are the advantages of a written case plan?

4. What strategy would you use to address a complicated bereavement (complicated bereavement is the state of being overwhelmed by grief and loss)?

5. Why do we have a great array of short unlayering techniques? What is their function?

6. Explain how you would address the situation of a viewer having a long term, very difficult relationship with his/her parents.

7. Give 3 examples of how your training in Communication Exercises (CEs) has paid off in actual sessions with specific clients (to protect client confidentiality do not include client names) at this level.

8. Attach a case plan for the following client (*Please note, this is a composite case and does not consist of the issues of any one real viewer.*) "D" = the viewer's distress rating for this issue; "I" = the viewer's interest rating. It is fine to use any style of case planning, as long as it is clear and easy to understand the plan.

Basic information: Female, 25 years old, currently single, divorced, no children

Recent car accident D = 8B I = 6

resulting in: Fear of driving (she still drives, but is very anxious) D = 9A I = 8A

Serious damage to her foot. It had several bones broken and she now walks with a limp

D = 10C I = 5

Has had one operation so far attempting to correct this D = 8C I = 7

May have future operations but is very afraid of experiencing this D = 10A I = 9B

Difficult relationship with father, who is controlling and critical. D = 10B I = 8A

"I'll never be able to please him, yet I keep trying" D = 9B I = 9A

Feels she is "going nowhere" in her career. Had idealistic ideas of what she would be able to accomplish as a social worker, but is now feeling disillusioned. D = 7 I = 8C

"I feel like a failure in life - have felt that way for a long time" D = 8A I = 3

"A lack of love in my life" D = 6 I = 4

The divorce D = 5 I = 2

Love to cook - "A bright spot in my life" D = 0 I = 9C