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Thank you for your interest in this month's Complex PTSD and Dissociation Workshop and study groups. Choose from the below options for your attendance:

- Brief 60 min Introductory Workshop via PowerPoint: (Free with study group)  
*Held every 2<sup>nd</sup> Sunday 12pm – 1pm PST*
  
- Beginners Study Group (*Held every 4th Sunday 12pm – 1:30pm PST*)  
60 min - \$35 or 90 – min \$50
  
- Intermediate/Advanced Study Group (*Held every 4th Sunday 1:30pm – 3pm PST*)  
60 min - \$35 or 90 – min \$50

Topics of Discussion include but are not limited to:

- Case discussion and feedback
  - both pertaining to the standard EMDR protocol, as well as, any necessary modifications to the standard EMDR model of treatment
- Enhancing cooperation of the internal system
  - through working with parts/ ego states, introjects
- Understanding the choice points
  - when deciding to proceed with standard reprocessing or if additional resourcing/ containment strategies, etc is necessary when working with a Complex PTSD client/ client with a Dissociative disorder
- Ways to fractionate/ titrate the traumatic material
- Recommendation of resources, templates, trainings, books, etc

In order to best meet the needs of the group, each study group will be a maximum of 8 participants. To secure your spot, please complete this form and pay the rate of \$35 *before* the scheduled date. If for any reason you are unable to attend the group, please let me know *at least 48 hours* ahead of time so that a participant on the waiting list could take your spot.

As a reminder, please be mindful of any legal or ethical responsibilities, such as confidentiality and privacy of your clients during case presentation, that you have pertaining to your licensure board or the state at which you practice from. This study group is by no means a replacement for your own training in Complex PTSD and Dissociative disorders, but is a supplement to ensure that your practice is held to the highest standard of care.

Please fill out the following:

Name/Email: \_\_\_\_\_

License type/ No: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

EMDR Training Organization Completion of Basic Training/ Year: \_\_\_\_\_

EMDR Certified? Yes No

EMDR Consultant? Yes No

Payment information: \_\_\_\_\_ CV: \_\_\_\_\_

Expiration: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

Or you can choose to pay in the form of PayPal or VenMo using my email address:

[patricia@emdrempowered.com](mailto:patricia@emdrempowered.com)

Please pay prior to our meeting date to secure your spot.

I look forward to working with you!

If you have any additional questions, please feel free to email me.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patricia Bianca Torres, LMFT# 105942