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Eupsychia Institute is a 501(c)(3)
tax-exempt not-for-profit
corporation teaching an
evolutionary model of healing the
psyche that can transform
individuals and their communities
through awareness, emotional
healing, integration and service.

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Eupsychia Institute, Inc.

CENTER FOR EMOTIONAL HEALING
AND SPIRITUAL TRANSFORMATION SINCE 1975

A Personal Letter from Jacquelyn Small . . .

Thank you for contacting us about Eupsychia's Healing into Wholeness Psychospiritual Wellness Program, April 23-May 3, 2008 that is being held at our beautiful, retreat center in the foothills of the Northern Georgia mountains, in Dahlonega. I am happy that this work has attracted you, for I've witnessed many experiences of healing and awakening amidst those who attend these retreats. This 10 day program is a powerful experience for our participants, and our staff, and we always look forward to them. The feeling created around this program model is truly inspiring, and the feedback we get is that for most people this is an unforgettable, life-changing experience. Those of us in charge are just the guides; Spirit does the work.

Now, with that great introduction, let me say more, to make sure this program is right for you. We are a "path of synthesis", which means we honor all religious and psychological schools of thought and are not representing any one belief system or spiritual group. We strongly support your individuality and know we each have unique contributions to make to society by learning to be our authentic, creative selves. You may heal deep wounds and begin overcoming addictive patterns with us. And you may deepen your sense of life purpose and gain insight about your own particular life's work while with us. We believe this is an integral part of your healing process of becoming "whole."

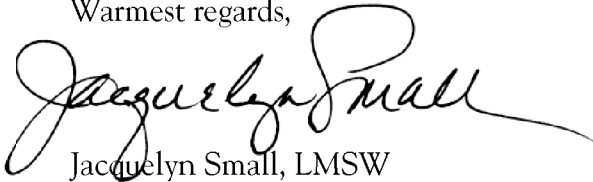
Transformational work such as this differs from conventional "talk therapy." To transform aspects of our nature requires a deep commitment on our parts for lasting change; the process is about dying to old parts of ourselves that keep us stuck in the past, and awaken to fresh aspects of our selves we're not so familiar with yet. In transformational inner work, there are no outside "experts" on you; the Self, your own core or essence is your guide and your teacher. Your healing comes from your own direct experience of accessing your own depths. We use methods and loving group and individual work that enable you to access these deeper aspects of yourself and awaken your spirituality. We are constantly moving you into your emerging future so you won't feel you are trapped in your past, no matter how traumatic or dysfunctional it was.

We view your symptoms of distress not as pathological, but as those of birthing a new consciousness. So, I cannot promise you that all 10 days with us will be pure joy, but they will be rich in meaning and relationship. Those who fully commit to the honorable work of Self-transformation make it through with less suffering than those who resist their needed changes.

The settings we work in are beautiful, loving, supportive, and full of playful, exciting, adventures into Self-exploration. And we have a lot of fun and great food! Often, you will make life-long friends. And we make sure that you are given practical tools to take home with you to continue your process of awakening and daily practice, and, if needed, our staff will help you find a good support system for your return.

I'm hoping I'll soon get to meet you face to face. If you have any questions, do not hesitate to call Brenda or me at Eupychia. I travel a great deal and am not always available, but I will respond when I'm needed. My personal email address is jacque@austin.rr.com. So do not hesitate to contact me if you wish. We'll help you in any way we can to make this program work for you. Our space is limited, so let us know soon if you are planning to come in June.

Warmest regards,

A handwritten signature in black ink that reads "Jacquelyn Small". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Jacquelyn Small, LMSW
Founding Director

HEALING INTO WHOLENESS

A Ten-Day Psychospiritual Wellness Program

April 23-May 3, 2008
Center for New Beginnings
Dahlonega, GA (80 miles NW of Atlanta)

Eupsychia's healing program is known for its therapeutic environment created by our professional staff and participants who need a safe place to come and express their authentic selves without fear of judgment. Our group work milieu creates this safety net. Our healing groups are composed of people who share a willingness to "delve deeply" while questioning and exploring aspects of their nature that need understanding and integration. We recognize and come to know that the pain and losses of the past served a purpose as a part of our spiritual wholeness and creativity. We all have a need to find spiritual meaning and purpose in our suffering as well as our joys in life. Because of the depth of The Eupsychia Process, our method of deep inner work, people in our workshops often access patterns of function and dysfunction that have not been accessible through the ordinary means of analytical or talk therapies.

The Eupsychia Process is especially useful for those in the professions who are experiencing burnout. It also integrates what we believe to be the best aspects of mainstream treatment and the holistic approaches of transpersonal (or psycho-spiritual) therapy, and tracks perfectly with the Twelve-Step philosophy of addiction recovery.

At the heart of our work is the belief that healing is a two-way process: We must go back into our pasts and make conscious all our disowned and unconscious feelings or events we've repressed; and we must also reach forward into our future and merge with a higher identity, a more integrated or ideal "new self." Consequently, we work with processes that encompass both ego integration and ego transcendence. We've found that a 10-day involvement in therapeutic transformational processes, which includes family-of-origin work, tends to activate both vectors of the healing process.

Our 10-Day program is being held in a lovely northern Georgia retreat setting not too far from Atlanta, selected for its healing environment. Recognizing the sacredness and deeply personal quality of this inner work, the owners and caretakers of the Center for New Beginnings will not allow other groups other than ours during our programs. This is an opportunity to spend 10 days with Jacquelyn Small and the Eupsychia personnel, all excellent teachers, therapists and interns. There are a few contraindications, which you will note on the application form. We have found that clients showing little change after long-term psychotherapy benefit greatly from our program. Therapists may wish to refer such clients. The referring therapist remains the primary therapist; our work is adjunct only, and will be integrated into your client's ordinary therapeutic routine for follow-up.

Eupsychia's methods benefit those seeking help with:

- Inspiring Spiritual Awakenings
- Awakening Blocked Creativity
- Patterns Underlying all Addiction
- Letting Go of the Past

- Repressed Trauma (early childhood)
- Finding Meaning and Purpose
- Patterns Underlying all Addiction
- Letting Go of the Past
- Seeking a community of like minded souls
- Repressed Trauma (early incest, abuse)
- Depression (all types)
- Grief and Loss
- Building a sense of Self
- Burnout
- Stress-Related Symptoms
- Relationship and Gender Concerns

Methods we utilize include, but are not limited to, the following:

- Integrative Breathwork: Each person will experience 6 sessions, 3 as a "breather" and 3 as a "sitter" over the course of the workshop, unless the case manager decides to limit these sessions for particular clients.
- Integrative psychotherapies, as well as gender groups in small group sessions.
- Expressive therapies, such as movement, guided imagery, mask-making and artwork.
- Meditation, journalizing, ritual, outdoor projects, and play.
- Each participant coming for healing will have opportunities to work individually with Jacquelyn Small, senior staff and Eupsychia's interns.
- The staff/client ratio doesn't exceed 1/8, and many times is less.

This healing intensive is designed to produce the following outcomes:

- Living with a greater sense of personal meaning and spiritual purpose
- Augments inner strengths through a stronger sense of self
- Living in right relationship to one's self and others
- Re-awakening the creative response to life and one's creative expression
- Ability and skills for living in more balance during times of undue stress
- Methods for continuity and integration of this healing experience
- Fulfills a requirement in Eupsychia's Certification Program in Soul-Based Psychology and Integrative Breathwork

Your application to this healing retreat will be the first step in our process of getting to know one another. We are looking forward to sharing in this healing experience with you!

arrival. Some pay-over-time plans are available. Please read the enclosed or attached information on “A Note about Pay-Out Plans” about this option.

INSURANCE REIMBURSEMENT

Insurance reimbursement is between you and your insurance company. Payment for this program must be made in accordance with Eupsychia’s policies, either in full or over time according to a pay option mentioned on the page “A Note about Pay-Out Plans” within this documentation. However, ***though Eupsychia will not take responsibility for collecting money from insurance companies***, sometimes a company might pay for the treatment parts of this program (less room/food) as they would services in an intensive outpatient program for individual and group therapy. Eupsychia would be happy to provide you with an invoice that you may submit to your insurance company for possible reimbursement. *Please, we can only provide this information once.* The following diagnosis would be appropriate to submit:

- ∞ Any stress related disorders
- ∞ Chronic Fatigue Syndrome
- ∞ Chronic Headaches
- ∞ Chronic Pain Syndrome
- ∞ Chronic Pain Syndromes of Unknown Etiology
- ∞ Chronic Depressions resistant to conventional medical and psychological treatments
- ∞ Depression single episode
- ∞ Anxiety Disorders including Panic Attacks
- ∞ Sleep Disturbances
- ∞ Post Traumatic Stress Disorders
- ∞ Phobias

We encourage your personal therapist or physician to provide your insurance company a letter recommending the program for you *along with a diagnosis*.

FOR YOUR CONVENIENCE

For those flying, we will provide a shuttle or van service from Atlanta’s Hartsfield International Airport directly to *The Center for New Beginnings*. The shuttle fee will be up to \$80.00 (round trip or either way). Plan your arrival into Atlanta any time ***before 3:30 p.m.*** on the first day of the program and plan your departure from Atlanta any time ***after 3:30 p.m.*** on the last day of the workshop. It’s about a 1¼ hour drive from the airport to the retreat center. Delays at the Atlanta airport are not unheard of, please bring patience and a good book! We will do all we can to get out of there fast, though.

CONTINUING EDUCATION CREDIT

Eupsychia is certified by the state of Texas as a Continuing Education Provider for the certification and re-certification of Licensed Chemical Dependency Counselors (PN 0331-89), Licensed Professional Counselors (#665), Social Workers (all types, CS1260), Marriage and Family Therapists, Licensed Massage Therapists and Psychologists with reciprocity in most other states. Most states do have reciprocity with Texas but it is incumbent upon you to determine whether any program you wish to attend will qualify for credit by your state's licensing board(s). You might need to request a brochure of the event and offer Jacquelyn's professional vita for their consideration. This workshop provides 90 hours for participants and 110 hours of credit to interns.

A Note about Pay-Out Plans

Though compared to comparable programs in the United States, Eupsychia Institute's **Healing into Wholeness 10-Day Psychospiritual Wellness Program** is extremely affordable (others range from \$4,500 to over \$27,000!), we still understand that \$3,195 seems out-of-reach financially for some. For this reason we offer a pay-over-time plan to anyone who simply could not attend otherwise.

In fairness and respect for the high cost of putting on a program of this nature **and** the fact we at Eupsychia struggle like other small not-for-profit businesses to stay afloat financially, we ask that before requesting a plan that you **exhaust all other possibilities for gathering the full fee together**. A few ideas are loans from banks, friends, family or request a new credit card if your current card is insufficient (we accept Discover Card, Visa, MasterCard and American Express). Most credit card companies offer very low introductory interest rates for the first 3-12 months of use.

Remember, Eupsychia is a non-profit organization. Should you find a friend or family member to pay your full or partial fee, they will receive the tax-deduction.

Pay-Over-Time Method

We request that a total of \$1,800 for the 2008 programs be paid by the first day of the workshop. This includes the \$500 deposit due us upon your acceptance into the program. The balance is due over a three-month period beginning the next month following the program (and sooner, if you prefer, or possibly longer*).

Terms:

If paying with checks: The checks payable to us over time must be mailed to me, Brenda Shea, at Eupsychia, before the workshop and dated for **the day they are written (not the day they are to be deposited)**. A note should accompany your checks directing me which day each month I am to deposit your payment, beginning the month following the ending of the program. (You can direct me to deposit any check earlier, if you want).

If paying by Credit Card: This method is the same as the check method, only provide to me your Visa, MasterCard, Discover Card or American Express number with expiration date and verification code before the workshop and let me know the date each month to process your payment.

*Except for the mechanics of the process, the above payout terms are not "written in stone." We *do* need postdated checks or a credit card number to charge each month but we know some of you only need two months while others may need four or five. Give me a call and we can discuss your particular situation.

*The healing that occurs at this program runs deep.
I do hope you'll join us.*



APPLICATION & PSYCHOSOCIAL FORM
Eupsychia Institute's 10-Day Psychospiritual Healing Retreat
with Jacquelyn Small, LMSW and the Eupsychia Staff
(February 2008)

(Please Write Clearly or Type)

This application is for the following 10-Day Intensive:

_____ APRIL 23-MAY 3, 2008
Center for New Beginnings
Dahlonega, Georgia

_____ October 15-30, 2008
Center for New Beginnings
Dahlonega, Georgia

Name of Applicant: _____

Street Address, City, State, Zip Code: _____

Telephone; Home: (_____) _____ Work: (_____) _____

Fax (____) _____ Email (important): _____

Gender: Male ____ Female ____ Are you a smoker? Yes ____ No ____

Diet: All meat OK ____ Vegetarian (Fish/Fowl OK) ____ Vegetarian (Strict) _____

Travel Information for the retreat: Are you flying? ____ or Driving ____?

Do you need shuttle service? Yes* ____ No ____ (*We will need your complete travel itinerary ASAP)

For rooming purposes, do you prefer to stay up late or to wake early? Late ____ Early ____

Date & Place of Birth: ___/___/____, _____

Profession: _____

Marital Status: Married __ Single __ Divorced __ Widowed ____
Co-Habiting __ Remarried ____ Separated ____ Engaged ____

Name of Significant Other: _____

Address of Significant Other: _____

Telephone of Significant Other: (_____) _____

Children: Number _____ Ages _____

Physician's Name _____

Physician's Telephone _____

Have you attended previous Eupsychia events? Yes ____ No ____

How did you learn about this program?

- ____ Friend
- ____ Relative
- ____ Eupsychia Brochure Mailing
- ____ Eupsychia Website
- ____ Other website: _____
- ____ Ad in Magazine (Which?) _____
- ____ Other: _____

In case of emergency, who do we contact (*must be completed*):

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone(s): Home () _____ Work () _____

Do you have medical insurance? _____ If yes, what is your policy number? _____

Insurer's Name and Address:

Insurer's Phone Number: (_____) _____

(Confidential)
MEDICAL AND PSYCHOSOCIAL HISTORY

Statement of Confidentiality: The following information will be helpful to the Eupychia staff in understanding your individual concerns. Please answer as accurately and truthfully as possible. The information obtained will be treated as privileged and confidential, and will not be released to any person without your written permission. This form and any copy will be destroyed within one year of your attendance at this program. Content is more important to us at Eupychia than specific dates. When a date is not immediately remembered, an approximation is fine.

Though we prefer this form be filled out we can take this information by phone should you prefer not to have this information in written form.

Do you have any severe illnesses or injuries. If yes, please describe:

Are you on any medication now? List medication(s), dose, frequency, and reason:

Birth Complications (breach, c-section, etc.): _____

Were you adopted? Yes _____ No _____ If yes, at what age _____

••• MEDICAL HISTORY •••

How would you describe your current state of physical health?

Is there anything in your medical history or family health pattern that would be useful for us to know?

••• FAMILY HISTORY •••

MOTHER: Living _____ Deceased _____

If alive, describe your current relationship with her:

FATHER: Living _____ Deceased _____

If alive, describe your current relationship with him:

How would you describe the atmosphere in your home when you were a child?

Were you ever physically, mentally, emotionally and/or sexually abused as a child? Please explain _____

What role did you play in your family?

••• PSYCHOSOCIAL HISTORY •••

Have you ever had counseling or been in therapy? Please describe {for what reason(s) did you go, was your therapy helpful,...}

Have you ever been hospitalized for psychiatric problems? If so, when and why?

Are you alcohol or chemically dependent? Yes ____ No ____

If so, are you in recovery? Yes ____ No ____ If so, for how long? _____

Have you ever been in treatment for any addictive disorder? Yes ____ No ____

If yes, what was the disorder (alcohol, drugs, eating disorder, sex, etc.)

When were you in treatment? _____

Have you attended 12-Step meetings? Yes ____ No ____

Do you currently attend meetings? Yes ____ No ____

Would you like to participate in 12-Step meetings at this program? Yes ____ No ____

•••VOCATIONAL HISTORY•••

What is your occupation now? _____

Does your present work satisfy you? Yes ____ No ____

Please explain: _____

Education: _____

Other interests, hobbies and activities _____

••• MARITAL/SIGNIFICANT OTHER INFORMATION•••

If currently married or living with a primary mate, for how long?

Describe relationship problems or concerns you have or have had: _____

If applicable, describe any previous primary relationship you've had:

••• SEXUAL HISTORY •••

What problems/concerns do you have or have you had sexually?

Have you ever been raped/sexually abused or have you ever sexually abused someone else? If so, please describe.

••• SPIRITUAL HISTORY •••

Have you ever had a Near-Death Experience? If so describe circumstance and experience:

Have your spiritual views or internal spiritual experiences ever caused you trouble in the outer world?

Describe your religious or spiritual training and the role and meaning of spirituality in your life.

••• GOALS AND EXPECTATIONS •••

Please write briefly about what you expect of this Healing 10-Day Program.

If not covered above, what is there about your present behavior and/or feelings that you would like to change or provide any other information you feel it's important for us to know in understanding you:

Along with this Application/Psychosocial Form, please attach a recent photograph of yourself if you are flying into the Airport so we will recognize you.

Contraindications: Pregnancy, contagious diseases, severe heart conditions and severe cases of mental illness. We need to be informed of any conditions that require ongoing medical attention.

Signature

Date

Thank you. Please send your completed Application and Psychosocial History Form to us at the following address, fax or email:

**Eupsychia Institute, Attn: Healing Program, PO Box 151960, Austin, TX 78715
(800) 546-2795 • Fax (512) 327-6043 • eupsychia@austin.rr.com •
www.pathoftransformation.com**