



Directions Unlimited

32501 McDonnell Lane ~ Fort Bragg, CA 95437 ~ phone (916) 599-8597 ~ fax (707) 962-9199 ~ info@DirectionsUnlimited.com

New Directions Workshop Enrollment Agreement Form

NAME Erika Friedman ^{cell} HOME PHONE 559-346-8719 WORK PHONE 916-488-3222
ADDRESS 1019 Dornajo Way #4049 CITY Sacramento ST CA ZIP 95825
E-MAIL ADDRESS Friedma88@gmail.com DATE OF BIRTH 03/27/1985

Course Dates and Times

| | | |
|------------|------------------|--------------------------|
| Friday | <u>8/18/2017</u> | 7:00 p.m. until complete |
| Saturday | <u>8/19/2017</u> | 9:00 a.m. until complete |
| Sunday | <u>8/20/2017</u> | 9:00 a.m. until complete |
| Graduation | <u>8/20/2017</u> | 7:00 p.m. Sunday evening |

Course Location

140 W. San Jose
Near Blackstone and Shaw
Fresno, CA

Course Agreements

I agree to pay a course tuition of \$ 150.

I agree to attend each session, as listed above, and I agree to be on time for each session unless notification is given in advance.

I agree not to take any non-prescription drugs or alcohol within 24 hours of any session. I further agree to notify course personnel of any prescriptions or medical advice that must be followed during course sessions.

As a participant in the course, I agree to respect the confidentiality of all participants and their remarks, and I agree to keep all such materials private and confidential.

I agree to return a completed Course Information Sheet and a signed copy of this Enrollment Agreement.

Informed Consent

I understand this course is educational and not psychotherapy or a substitute for psychotherapy.

I understand that, in addition to the benefit, there is always the risk of emotional and/or accidental medical contingencies in such a group experience. I assume the risk, by this consent, for any accident or injury to myself, or inflicted by me during the course, and hereby release **Directions Unlimited** from liability therefor.

I hereby authorize the staff of **Directions Unlimited** to take any reasonable steps on my behalf in the case of accident, injury or illness, including by not limited to emergency first aid; doctor, nurse and/or ambulance services; etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release **Directions Unlimited** from liability therefore. If I am unable to attend the course during the above session dates, my full tuition will be transferred to the next available course.

I agree to the above terms and conditions:

Erika Friedman
Student Signature

8/17/17
Date

Required if student is under 18 years of age:

Parent or Guardian Signature

Date

Agreed to by Directions Unlimited:

Directions Unlimited Staff

Date

Payment Type (check one)

| | |
|---|--|
| Cash (Paid in Full) <input type="checkbox"/> 100s <input type="checkbox"/> 20s <input type="checkbox"/> 10s <input type="checkbox"/> 5s <input type="checkbox"/> 1s | MasterCard / Visa / Discover / AmEx <input checked="" type="checkbox"/> online via Pay Pal |
| Check # _____ Payable to Directions Unlimited | Name on Card _____ Card # _____ Exp. Date ____/____/____ CEC #'s on back |
| Other – See Promissory Note | Other – See Promissory Note |



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New Directions Workshop Course Information Sheet (CIS)

Please complete this worksheet prior to the workshop and fax it to the number above.

Personal Information

| | | |
|---------------------------------------|---------------------------------|---------------------------------|
| Name: <u>Erika Friedman</u> | Course Date: <u>8/18/2017</u> | DOB: <u>3/27/85</u> |
| Address: <u>1019 Dorsajo Way #249</u> | Course City: <u>Fresno</u> | |
| City: <u>Sacramento</u> | State: <u>CA</u> | Zip: <u>95825</u> |
| E-Mail: <u>Fire Drake88@gmail.com</u> | Home Phone: <u>559-346-8719</u> | Work Phone: <u>916-488-3222</u> |

*** Please Note: All information provided here will remain confidential! ***

Family Information

| Relationship | First Name | Age | Personality Description | Occupation | Died? Cause / Year |
|--------------|----------------|-----------|---------------------------------|--------------|-----------------------|
| YOU | <u>Erika</u> | <u>32</u> | <u>creative</u> | <u>CO/IT</u> | <u>yes!!</u> |
| Mother | <u>Yetty</u> | <u>61</u> | <u>depressed/anxious, none</u> | | <u>how could</u> |
| Father | <u>Richard</u> | <u>65</u> | <u>kind, laid back, teacher</u> | | <u>*I* have</u> |
| Step-Mother | | | <u>depressed</u> | | <u>died? !!</u> |
| Step-Father | | | | | |

Check appropriate boxes below. List oldest to youngest siblings...

| Brother ✓ | Sister ✓ | Step? ✓ | First Name | Age | Personality Description | Occupation | Died? Cause / Year |
|-------------------------------------|--------------------------|-------------------------------------|---------------|-----------|--|----------------|-----------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Miguel</u> | <u>39</u> | <u>motivated, a little obsessive</u> | <u>teacher</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

(For additional siblings, list the same information as above on last page of this form)

| Relationship | First Name | Age | Personality Description | Occupation | Died? Cause / Year |
|------------------------------|------------|-----|-------------------------|------------|-----------------------|
| Spouse/ Significant Other | | | | | |

| Son ✓ | Daughter ✓ | Step? ✓ | First Name | Age | Personality Description | Occupation | Died? Cause / Year |
|--------------------------|--------------------------|--------------------------|------------|-----|-------------------------|------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Describe how your parents related to each other: My mom was critical and controlling. My dad retracted into himself instead of standing up to her.

Describe how your father related to his children: He tried to be involved - he read to me and played games, and left discipline to my mom. Then he got depressed and distant.

Describe how your mother related to her children: My mom criticized everything she could about us, was always angry and telling us how we screwed up or worried her.

Describe how you currently feel about your parents: They did the best they could. I love them and hope they can both be happy.

Your Past

Describe your employment: I'm CFO / human resources / tech support at a small custom software development company.

How do you feel about your work? Anxious - things are very slow and we're gone through most of our money.

Have you served in the armed forces? No Describe your experience: _____

Do you have, or have you had, any major physical illnesses or injuries? No

Please describe: _____

Are you presently taking any medications? Yes If so, what? over the counter sleeping aids

Have you, or any members of your family, had problems with alcohol or drugs? Yes

Please explain: My dad abused alcohol and pot when he retreated into himself during his marriage to my mom.

As a child, did anyone in your family have a handicap or prolonged illness? No.

Please describe: _____

Have you ever experienced any physical or emotional abuse? Maybe?

What did you experience? I was made to feel like there was always something wrong with me.

Are you: Married _____ Single ☒ Separated _____ Divorced _____ Living Together _____

Describe your current relationship: I'm just casually dating someone.

What could you do differently to improve this relationship? It's really too soon to say.

Describe your relationship with your children: N/A

Have you had counseling or therapy? Yes What were the results? They've improved my ability to deal with anxiety in a healthy way.

What could you have done to make the results more positive? Go to my emotions faster. My therapist and I can easily engage on an intellectual level.

In what other ways do you add to your personal growth? I could stop beating myself up. Meditate. Read and write more. Worry less.

Goals For Yourself

As a result of this course, what **specific** changes would you like to create in your life? I would really like to feel more at peace about myself and where I'm at in my life. This isn't a competition or race. I'm not "supposed" to be any specific place or person. I want to feel less like everything is my responsibility and be kinder to myself. I create almost all my own problems by how I think about things. I want to create less problems.

As a heads-up, I don't have many memories from when I was little.

Early Recollections (ERs)

Think back as far as you can and describe the first specific incidents that you remember. Tell how old you were and what feeling you had. Make sure it is a specific incident and not a generalization.

An example of a specific recollection:

ER #1 – Age 7 – My father and I were working on his car. I was actually doing all the work but he was explaining exactly how to do every movement, like he was talking to a 2-year-old child. I felt like he didn't trust me. I was angry and never wanted to work on the car again.

The following is **not** a specific recollection: ER #1 – Age 7 – When I was a kid, I hated to work on the car.

Please complete below by describing your early recollections and how you felt about each one.

ER #1 Age 5 : my dad took me to my first day of kindergarten. We walked through a classroom for older kids and I thought it was where I was supposed to be.

How you felt: Excited and happy and eager.

ER #2 Age 8? : my brother's cousin died in a car accident. My brother and his cousin had the same name. I heard my parents talking about how Miguel had died and thought they were talking about my brother.

How you felt: Scared, sad, and a little numb. I don't think anyone ever realized I had misunderstood. Boy was I happy when my brother came home!

ER #3 Age 10? : My mom asked what I thought about her and my dad maybe splitting up. I told her I wanted them to stay together.

How you felt: Scared and worried, nervous to be put on the spot

Additional Information

Describe the **best** thing that happened to you as a child: My dad read to me every night for years. This instilled a love of reading, which later turned into a love of writing. I think it made me more imaginative and creative.

Describe the **worst** thing that happened to you as a child: It was a lot of little experiences of my mom telling me I had done something wrong rather than one major event. I walked around scared to set her off yelling about something else I'd done "wrong."

How did you find out about the New Directions Workshop? A guy I was dating many years ago told me about it.

Who was instrumental in your decision to take this workshop? Initially, the guy I was dating, now, me.

Write below any additional information you would like us to know:

I've been doing much better since I posted in the ND Facebook group and so many people responded. I realized I wasn't alone, which I'd really been feeling.

Since then I've been making an effort to be more optimistic and to tear myself up less. I've also made a point of letting myself feel whatever it is I'm feeling. I had shut myself down emotionally without realizing it.

I want to take these positive changes and run with them.