



HEALING HEART CONNECTIONS LLC

PRESENTS

GETTING TO THE HEART OF HEALING

September 22-24, 2017

Chad's House (behind The Carriage House)

3327 Lake Ave.

Fort Wayne, IN 46805

The foundation of the work we do together is both the sharing of our personal stories (psychodrama) and the forming of our connections, becoming a group (sociometry). Arlene K. Story brings a vast knowledge of treating traumatic events, complex trauma and addictions in action. Ann Hale will offer a few basic concepts of Moreno's and teach a useful group exercise called "The Diamond of Opposites." Our intention is to create a safe learning environment for practice and self-exploration as we work in ways that participants can easily learn methods useful in their own groups.



**Arlene K. Story, LMHC, LCAC, TEP,
CSAT-S, CTT, MAC**

Arlene is the founder of Healing Heart Connections LLC. She works throughout the country facilitating psychodrama trainings, trauma and addictions trainings, and personal growth intensives. Visit her website at www.healingheartconnections.org.



Ann E. Hale, MA, TEP

Ann resides in Roanoke, VA and is the author of three texts on sociometry. She was awarded the J.L. Moreno Lifetime achievement award by the ASGPP in 2002. Visit her website at www.sociometry.net.

Training Schedule:

Friday, Sept. 22, 2017 1pm-6:30pm
Saturday, Sept. 23, 2017 8:30am-6:30pm
Sunday, Sept. 24, 2017 8:30am-1:00pm

Inquiries: **Arlene** – 260-402-0870 or arlene@healingheartconnections.org
Ann – 540-400-8182 or annhale@cox.net

Cost: \$400.00 paid by cash or check
(Continental breakfast & lunch provided)
Shared Rooms at Training Site Available: \$25/night
CEU's: 18 hrs. Social Work, MHC's, MFT's, NAADAC applied for. Also may be applied to certification by the American Board of Examiners in Psychodrama, Sociometry, and Group Psychotherapy.

Register and mail check to: Arlene Story, 1804 Folsom Ln., Fort Wayne, IN 4681



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REGISTRATION

(PLEASE PRINT)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Profession: _____ CEU's Requested: _____

Special Needs (ADA): _____

Special Dietary Needs: _____

In Case of Emergency Notify: _____

Overnight Accommodations Needed (\$25.00 per Night): ___ Thurs. ___ Fri. ___ Sat. ___ Sun.

How Did You Hear About This Workshop? _____

Please Return Registration Form And Fees To: Arlene K. Story, 1804 Folsom Ln., Fort Wayne, In 46815