



← Ongoing Psychodrama Training Group for Professionals

Basics of Psychodrama →

Healing Sorrow, Grief, & Loss

Posted on [February 6, 2012](#) by [DrMarlo](#)

<p>When: September 11, 2012 @ 9:00 am - 3:00 pm</p> <p>Where: Tempe Springhill Suites 5211 S Priest Dr Tempe, AZ 85283 USA</p> <p>Cost: \$119</p> <p>Contact: Marlo Archer 602-456-1889 Marlo.Archer@azpsychodrama.com</p> <p>Categories: <input checked="" type="checkbox"/> TRAINING</p> <p>Tags: Continuing Education Training</p>	<p>← Back to Calendar</p>  <p><input checked="" type="checkbox"/> Add to Calendar <input type="checkbox"/> Add to Google Calendar</p>
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On the 11th anniversary of the 9-11 attacks, this workshop will teach participants action methods they can use to facilitate the healing of sorrow, grief, and loss for their clients. Structures to be demonstrated may include, and are not limited to: Concretizing losses, Warming-up to Grief, Dorothy Satten's Sorrow Protocol, Ann Hale's Sociometric Cycle, Facilitating unspoken goodbyes, Surplus Reality Scenes, and Anchoring Fond Memories.

Tuesday, September 11th (5 hours) Coffee & Water provided – Bring Your Own Bag Lunch
 Workshop will be held in Tempe. Address will be given to registrants promptly.

Enclose check for \$119 and return to: Marlo Archer – 1237 W. Auburn Dr. Tempe, AZ 85283

Name: _____ Phone: _____ E-Mail: _____

May we sign you up for our e-newsletter? Yes ___ No ___

Professional Degree / Credentials (if any): _____

Informed Consent: I understand that this workshop is intended only as training, not as therapy. I am aware that psychodrama, sociometry, and group psychotherapy are powerful methods that must be used carefully. I understand that this is an experiential workshop, that is, I will be allowed and encouraged to participate actively. I understand that as a result of my participation, therapeutic issues for further exploration may be revealed and that it is my responsibility to seek professional services for therapy, if such a need should arise. Workshop leader is available to make referrals to professionals in my area.

Signed: _____ Date: _____