



Organizational Resiliency Training Overview **(Total Time Commitment: 3hrs maximum)**

“People do their best when they feel competent.” -Dr. Candace Baker
This evidence-based minimal downtime training is an effective tool to foster continuity and facilitate resiliency within any organization, small group or family . Through the utilization of validated positive psychology modalities this training provides insight into establishing and maintaining a stable and healthy overall environment.

Expected Outcomes

Increased productivity and improved communication, significant reduction in episodic burnout, business/lifestyle resilience, and acquired tools to improved overall adaptability to change that support the continued evolution of resilience.

Training Outline

1. Scope of Practice & Consent
2. Trauma-Informed Assessment
3. Core Principles
 - T-H-I-N-K
 - Communication (is key)
 - Practice (makes perfect, kinda)
 - T-R-U-T-H
 - Change (is not a scary word)
 - T-E-S-T
4. Implementation
5. Six month Follow-up (Supportive Integrity Check)

Training Logistics

Good News...We come to you!

Master's level educated and experienced trainers facilitate virtual training modules , through the use of interactive evidence-based activities and discussion.

Group Level

Group A: Small Group (2-5 attendees)

Group B: Agency (6- 24 attendees)

Group C: Corporate (25+ attendees)

Step 1. Choose your group level (Group A,B,C)

Step 2. Schedule Session & Submit payment via:
<https://square.site/book/N9BBRE1BKFZRT/peptalk-llc>

Step 2. Complete Trauma-Informed Assessment & Consents for each attendee

Step 3. Scan/Screenshot & Email completed Assessments and Consents

Step 4. Choose Training Platform & Attend Training

Step 5. Schedule no additional cost 30 minute sixth month supportive integrity check.

Web-Based/Virtual Training Platform Options





Treatment Consent & Privacy Guidelines

TO THE PATIENT: This consent form is to obtain your permission to perform the evaluation necessary to identify the appropriate advisement for any identified emotional/lifestyle disturbance(s).

This consent provides us with your permission to perform reasonable and necessary examinations, testing and advisement. By signing below, you are indicating that (1) you are 18 years old or older and that able to give consent for treatment for yourself. (2) intend that this consent is continuing in nature even after a specific advisement has been made and treatment recommended; and (3) you consent to web-based/virtual/ telephonic treatment and agree to the privacy standards of the chosen web-based mode of communication. The consent will remain fully effective until it is revoked in writing to the following email address: peptalkllc@outlook.com. You have the right at any time to discontinue services.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Signature of Patient or Personal Representative _____

Printed Name of Patient or Personal Representative

Relationship to Patient

Date