## COMMUNITY PSYCHOLOGY, LIBERATION PSYCHOLOGY, INDIGENOUS, AND ECOPSYCHOLOGY DEPTH TRANSFORMATIVE PRACTICES, DPC 997

*Note*: To ensure acceptance of hours, approval must be obtained from Dr. Susan James *prior to beginning* any transformative practice.

## COURSE DESCRIPTION

Graduate work in depth psychology can be enhanced by involvement in self-transformational practices. During the first two years of the program, students are exposed to a number of transformative approaches, including council, appreciative inquiry, dreamwork, public conversation, theater of the oppressed, restorative justice, and somatic approaches to trauma healing. Students may choose to deepen their experience within one or more of these approaches, or propose another (or set of others) that is relevant to their interests, and ongoing work. Each student is expected to engage in a minimum of 60 hours of transformative practice during the first two years of the CLE specialization. A teacher with expertise in the practice who is willing to provide one-on-one mentoring, and is willing to sign off on hours completed is required.

Students are required to request approval in advance of beginning and a log recording the hours they complete.

The 60 hours of transformative practice may be in one or several categories. Their completion is a requirement for the M.A. degree.

Give a brief description of the practice you are proposing. Include in your description whether this is a new practice for you or an on-going on e.

Who will be your witness, guide, or teacher? What is his/ her background and/ or qualifications?

Approval Request Form must be submitted via email to Dr. Susan James.

## Pacifica Graduate Institute Depth Transformative Practices Documentation of Hours CLIE Specialization

Within the first two years of the Community, Psychology, Liberation Psychology, Indegenous and Ecopsychology specialization of the M.A./Ph.D. Depth Psychology Program, students are expected to engage in 60 hours of depth transformative practices, in relationship with a mentor, or set of mentors. Latitude is given to students to choose the form of this practice in accordance with their interests. See attached description.

Student Name:				Date:			
Provider Name:				Date:			
Provider Signature:				Date:			
informatio before beg	on for the perso ginning. Please	on overseeing the record dates as	his and submit nd total numbe	via email to Su	nd the name and san James for ap ubmit via email of the practice.	proval	
Pre-approva	al:				Date	:	
Dates:*							
					Date		

## Total Hours: \_\_\_\_\_ Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_\_ Approval of Completed Hours: \_\_\_\_\_\_\_ 249 Lambert Road, Carpinteria, CA 93013 telephone 805.969.3626 fax 805.565.3804

\*additional dates may be recorded on the reverse if necessary