



## The Daring Way™ and Rising Strong™ Programs

- ♦ Please complete this form and send to Julie Myers, LCPC, NCC, CDWF at juliemyerslcpc@gmail.com, fax 208-908-0580, or 2500 W Kootenai Street, Boise, ID 83705. Julie will contact you to discuss participating in a Daring Way™ or Rising Strong™ program.
- ♦ Cost for Daring Way™ Summer 16 hour four week group is \$550. All materials are included. Your seat in the next available group will be reserved after you have returned the attached form, talked with Julie about your participation, and when payment is received. These services are not eligible for health insurance reimbursement.
- ♦ A special group rate of \$475 is available if you are registering as a group of three people or more. Each person will need to complete this form and send to me separately and designate on the form others in the group.
- ♦ Currently, there are openings for the summer group meeting on Fridays from 8:30am-12:30pm. The dates for this are June 9, June 16, June 23, and June 30.

## ABOUT THE DARING WAY™

The Daring Way™ is a highly experiential methodology based on the research of Dr. Brené Brown. The method was designed for work with individuals, couples, families, work teams, and organizational leaders. It can be facilitated in clinical, educational, and professional settings. During the process we explore topics such as vulnerability, courage, shame, and worthiness. We examine the thoughts, emotions, and behaviors that are holding us back and we identify the new choices and practices that will move us toward more authentic and wholehearted living. The primary focus is on developing shame resilience skills and developing daily practices that transform the way we live, love, parent, and lead.

Further information is available at [www.thedaringway.com](http://www.thedaringway.com).

## Group Facilitator

Julie is a Licensed Clinical Professional Counselor in Idaho, a National Certified Counselor, a Certified Daring Way™ Facilitator, and a registered counselor supervisor. Known for her interactive, candid, respectful, and welcoming style, Julie is proud to be a member of the Boise Counseling Center clinical group. She specializes in working with LGBTQ clients and allies, gifted adults and parents of gifted kids, and addiction related concerns. She also is active as a clinical supervisor and consultant for professional clinicians seeking additional licenses, skills, or professional development. Julie has served both her profession and her community as treasurer and president of the Idaho Mental Health Counselors Association and as a member of the East Boise Community Work Center Advisory Board and the Treasure Valley Drug and Alcohol Coalition. She previously worked as Clinical Director and Supervisor for Human Supports of Idaho. In addition to her work with individuals and couples, she currently facilitates Daring Way™ and Rising Strong™ programs based on the research of Brené Brown.

## Participant information

Are you registering as part of a group? Yes ☐ No ☐

If yes, list other group members \_\_\_\_\_  
\_\_\_\_\_

♦ Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male ☐ Female ☐ Other ☐

Marital Status: Single ☐ Partnered ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Ok to leave message? Yes ☐ No ☐

Mobile Phone \_\_\_\_\_ Ok to leave message? Yes ☐ No ☐

Ok to leave text? Yes ☐ No ☐

Work Phone \_\_\_\_\_ Ok to call at work? Yes ☐ No ☐

Email address \_\_\_\_\_

Would you like to be added to an email list to receive occasional news about Daring Way™ or

Boise Counseling Center services? Yes ☐ No ☐

Preferred method of contact \_\_\_\_\_

Special Instructions / Other phone numbers \_\_\_\_\_  
\_\_\_\_\_

## Referred by

Names or website names: \_\_\_\_\_

May we thank them? Yes ☐ No ☐

## Emergency Contact Information

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Please check which programs interest you**

- ☐ **Daring Way™ Groups**
- ☐ **Rising Strong™ Groups**
- ☐ **Daring Way™ or Rising Strong™ Weekend Intensives**
- ☐ **Daring Way™ or Rising Strong™ in the Workplace**
- ☐ **Daring Way™ or Rising Strong™ Individual Counseling**

♦Have you ever been in treatment with a mental health professional (counselor, social worker, marriage and family therapist, psychiatrist, psychologist)? Yes ☐ No ☐

If yes, when? \_\_\_\_\_

Please briefly list reasons. \_\_\_\_\_

Are you currently taking any medications for mental health reasons? Yes ☐ No ☐

If yes, please describe: \_\_\_\_\_

♦Do you currently have a counselor you could work with if something came up in group requiring individual attention? Yes ☐ No ☐

If not, would you like referrals to counselors? Yes ☐ No ☐

♦Are you currently in recovery for any addiction? Yes ☐ No ☐

If yes, for how long have you been in recovery? \_\_\_\_\_

Please describe your treatment history and recovery program or support for maintaining sobriety: \_\_\_\_\_

♦Have you experienced distressing life events (trauma, loss, et cetera) that have significantly impacted your functioning and quality of life? Yes ☐ No ☐

If yes, please describe how you have addressed these events: \_\_\_\_\_

♦ What sparked your interest in attending a Daring Way™ or Rising Strong™ workshop, group, or intensive? \_\_\_\_\_

What previous experiences have you had, if any, with experiential or support group? \_\_\_\_\_

What worked well? \_\_\_\_\_

What was difficult for you, if anything? \_\_\_\_\_

If you have any concerns about participating in a Daring Way™ program, please describe: \_\_\_\_\_

Please check which, if any, Brené Brown books you have read:

- ☐ I Thought It Was Just Me
- ☐ The Gifts of Imperfection
- ☐ Daring Greatly
- ☐ Rising Strong

Reading these books is **not required** for participation.

Registration policy: Your seat in the group is reserved when your payment is received. There are no refunds once the group has started. Registration for a group of three or more is complete when all in the group have submitted payment. A fee of \$75 will be retained for any cancellations prior to the start of the first meeting.

My signature here indicates I have read, understand, and agree to the registration policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date