

**Intensive Family Reunification Workshops**

The Transitioning Families Therapeutic Reunification Model (TFTRM™) is focused on a non-blaming approach and the empowerment of the familial unit as a whole. Therapeutic Reunification is a therapeutic process designed to introduce, re-introduce or reinforce the bond between family members. The goal of each workshop is to assist the family structure from within the family. This means strengthening existing familial relationships or assisting in connections to promote and support the development of compassion and communication skills. The diversity of our experience has led us to the assumption that although traditional therapeutic techniques have a place, there are other psycho-educational and experiential methods that help families grow and thrive such as cooking therapy or animal assisted therapy. Because of the case-specific nature of the intervention, each family will have a different treatment plan and all family members may be asked to participate. Please be advised that this a solution focused, non-blaming intervention. Using this information for litigation is considered contrary to the spirit and intent of the workshop.

**Location:** Sonoma County, California

**Duration:** 2-5 days (given extenuating circumstances, longer stays are an option)

**Accommodations:**

Most meals are provided by our chef and his support staff. All participants are expected to stay in the area at the discretion of the TF staff. Travel arrangements and lodging expenses are the responsibility of the participants. A workshop administrator is available to assist in the logistics of travel and lodging

**Payments and fees:** Family reunification workshops are \$8000 per day. Staffing varies accordingly to each family. A 25% deposit is required to reserve the date and the final payment is due one week prior to the workshop. Irrespective of the duration of the workshop, \$5000 of the deposit is non refundable. This fee structure describes a standard workshop fee. To discuss other options that may be available to your family, please contact our administrative office at 707-237-5330 or [admin@transitioningfamilies.com](mailto:admin@transitioningfamilies.com)

Signature: Please sign and date below that you have read, understand, and agree to the terms of these policies.

Name of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Ad-  
dress: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Signature

of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_