

Application to join The Group Inward Expeditions

Inward Expeditions is not for everyone

1. I acknowledge that Inward Expeditions will only accept my application if the process is likely to be beneficial to me; and I will accept the decision of the admission committee at Inward Expeditions.
2. I acknowledge that Inward Expeditions is a not-for-profit organization, has limited resources and is not able to provide medical documentation to a third party for any reason.
3. I acknowledge that Inward Expeditions is not able to accept my application if I have unresolved or ongoing legal proceedings or insurance disputes.

Inward Expedition is not conventional medicine

4. I acknowledge that Inward Expeditions is considered complementary or alternative medicine.
5. I acknowledge that the process has been effective for others but may or may not work for me.
6. I acknowledge that Inward Expeditions is only for those in whom conventional pharmacological and talk-based therapies have not worked or are inaccessible in a timely manner due to side-effects, financial or geographic barriers or are just not acceptable due to other reasons.
7. I acknowledge that I must not change my medication without direction from my own physician.
8. I acknowledge that Inward Expeditions is not meant to replace existing mental health care or the need for emergency health care in those who are experiencing life-threatening conditions.

Cost

9. I acknowledge that this group program is free and donations are only accepted from those who have completed the program and experienced its benefit.

About the Inward Expedition

It is traveled mostly with the eyes closed, and the heart opened to the voice of your inner healing wisdom. Please start by closing your eyes for 5 seconds and ask yourself if you can believe in the possibility that there is an inner healing wisdom in you that will give you all the answers you need? Close your eyes for a few moments and see what answers come up.

If the answer to the above question is yes then close your eyes again for another 5 seconds and ask yourself if you can set the intention to be open to what you may not already know. If the answer is again yes, this journey may be for you.

10. I acknowledge the **possibility** that there is an Inner Healing Wisdom within everyone.
11. I acknowledge my **intention** to be open to what I do not know.

12. I acknowledge that the Inward Expeditions takes time and it is most effective if I commit to completing all 15 sessions of the NADA protocol and diligently practice Anapana daily.

Attendance:

13. I acknowledge the importance of completing all 15 sessions; to show up on time for the sessions; that I must arrive that I will be solely responsible for checking the posted [schedule](#) prior to attending each session; and to make every effort to complete all 15 sessions as soon as I can.

Group Norms

14. I acknowledge that at Inward Expeditions, we are on a shared journey of inner healing and will do my very best to ensure a safe space for everyone, I shall be kind and refrain from making generalizations about ethnicity, nationality, gender, age, sexual orientation, religious beliefs, political beliefs or otherwise
15. As a speaker I shall respect everyone's time by being concise and sharing with the intention that what I share might help someone else in the group.
16. I shall not make jokes about others or single other people out, even if I have good intentions.
17. I shall bring value to the group by only offering my personal and authentic perspectives and experiences by using the "I voice".
18. I shall refrain from sharing details that might possibly hurt others.
19. I shall try to contribute to the group by sharing my authentic experience even if it is only one word or one sentence, however, I know I do not have to share if I choose not to.
20. **As a listener**, I shall respectfully and without exception listen to others perspectives as their own and not criticize, praise or offer comments or solutions; regardless if the speaker is a friend or a family member.
21. I shall respect the confidentiality of everyone.

Privacy

22. I acknowledge that Inward Expeditions will keep all my personal information confidentially and in full compliance with privacy regulations.
23. I acknowledge that Inward Expeditions will have all audio and video recordings stored for the purpose of education/research and only use them with my consent.

Location

Inward Expeditions is located at [Ajax Harwood Clinic at 88 Harwood Avenue South, Ajax](#)

Schedule

- *Please be sure to arrive 15 minutes earlier for your first session.**
- *Sessions are 50 minutes, please arrive on time.**

Mondays 9:30 am
Tuesdays 9:30 am

Wednesdays 9:30 am

Fridays 99:30 am

Saturdays 9:30 am

Name: _____ Email address: _____

Phone number/ D.O.B: _____ Today's Date: _____

Patient Signature: _____ Signature of Guardian (if under 18): _____

Health card # _____

Questionnaire

There are no right or wrong answers. Prepare to take the time and carefully notice. Simply provide whatever the answers that come up.

1. Rate your sleep on a scale of 1-10. _____(10 being the best)
2. Rate your nutrition on a scale of 1-10. _____ (10 being the best)
3. How happy are you on a scale of 1-10? _____
4. Try to imagine yourself happy for just one moment and rate that happiness on a scale of 1-10? _____
5. Rate the quality of your relationships on a scale of 1-10? _____
6. How often do you find yourself ruminating about the past or worrying about the future? (rate on a scale 1-10) _____
7. How many seconds, if any, do you notice passes between the end of one thought and the beginning of the next thought? _____
8. Can you imagine even the briefest moment what it feels like to be happy and peaceful? _____
9. In the last 24 hours, how many times have you noticed yourself ruminating about the past? _____
10. Estimate how long each time? _____
11. In the last 24 hours, how many times have you noticed yourself worrying about the future? _____
12. Estimate how long each time? _____

13. Where do you feel happiness in your body? _____

14. Close your eyes, name three parts of your body that you can sense or feel?

15. When you close your eyes please describe what you see in the “eyes of your mind”? _____

16. Close your eyes and name the first three thoughts that you notice show up in your mind. _____,
_____, _____

In the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

In the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3

8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Answer the questions according to the last 2 weeks.	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Having problems waking up too early	0	1	2	3	4
4. How dissatisfied are you with your current sleep pattern?	0	1	2	3	4
5. How noticeable do you think your sleep is in impairing the quality of your life?	0	1	2	3	4
6. How worried are you about your current sleep pattern?	0	1	2	3	4
7. What extent do you consider your sleep pattern to interfere with your daily functioning (e.g., fatigue, memory, mood, etc.)?	0	1	2	3	4

Answer the questions according to the last 2 weeks.	Almost never				Almost always
1. When I fail at something important to me, I become consumed by feelings of inadequacy.	1	2	3	4	5
2. I try to be understanding and patient towards those aspects of my personality I don't like.	1	2	3	4	5
3. When something painful happens I try to take a balanced view of the situation.	1	2	3	4	5
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	1	2	3	4	5
5. I try to see my failings as part of the human condition.	1	2	3	4	5
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
7. When something upsets me, I try to keep my emotions in balance.	1	2	3	4	5

8. When I fail at something that's important to me, I tend to feel alone in my failure	1	2	3	4	5
9. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.	1	2	3	4	5
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11. I'm disapproving and judgmental about my own flaws and inadequacies.	1	2	3	4	5
12. I'm intolerant and impatient towards those aspects of my personality I don't like.	1	2	3	4	5