

RCM Basic Survivors' School of Healing

RECORDED Online Version

April 6-25, 2026

Purpose:

This school is designed to educate and guide survivors in achieving healing from the dissociative dynamics of DID using the Primary Identity Approach, which greatly shortens the process compared to the traditional alter-centered approach. Training will include teaching from Diane Hawkins, live ministry videos, and step-by-step personal application in a provided workbook. The school will be presented from a Christian perspective.

Logistics:

The recorded school consists of 21 hours of teaching, Q & A, and ministry videos and will be available 24/7 from April 6-25, allowing you the freedom to watch the recorded segments on your own schedule. A live Q & A webinar will be offered on April 25 at 12:00 p.m. (noon) Eastern Time. You will receive:

- A link to the recordings for each segment of the school and a password for access.
- A separate link for the live Q & A webinar on April 25 will be sent on April 23rd.

No new registrations will be accepted after April 6 in order to allow time for receipt of prerequisite materials and completion of the course. (Repeat attendees may request attendance at any time.)

For our liability concerns and the commitment we have made to the survivors whose live ministry demonstrations are shown, we request that you do not share the link to the school with any person other than your designated support person.

School Facilitator: Diane Hawkins, President of Restoration in Christ Ministries

Who May Attend:

- Trauma survivors: All trauma survivors can benefit from the school, but it is especially designed for those with some level of dissociation in their lives.
- Counselors and Prayer Ministers: DID healing facilitators desiring to know how to use the Primary Identity Approach for healing DID are welcome to attend with or without a survivor for educational purposes. This is one of the best ways to learn how to apply the process.

Prerequisites for Survivors:

1. Listen to the following two recordings:
 - a. "Why Am I Not Getting Healed?" ([Available here](#))
 - b. "Experiencing More of God NOW" ([Available here](#))
2. Purchase and read the introduction to *A Survivor's Workbook: Applying the Primary Identity Approach to the Healing of DID*. ([Available here](#))
3. Arrange for your counselor or support person to be with you during the sessions at least for the first time that you view the recordings. Contact us if that is a problem.

Cost:

- First-time attendees (Repeat attendees no charge):
 - Survivors \$75* Counselors/Prayer ministers as support persons \$75*
 - Counselors/Prayer ministers attending alone \$150*
 - Family member, friend, or RDT intern as support person: No charge
 - Graduate THM or Level I RDT intern: No charge
- *A Survivor's Workbook*: \$25 or \$15 as PDF download
(required for all survivors and counselors and prayer ministers attending alone)
- Survivor Prerequisite recordings: \$8 each as CDs or FREE as downloads

*Financial assistance is available by application, if needed.

RECORDED BASIC SCHOOL – April 2026
Survivor Registration Form

Name of DID survivor: _____

E-mail address: _____

Country if not in the US: _____ Phone: _____

Name of support person: _____

Your support person can be a spouse, family member, close friend, counselor, or prayer minister (pm) who is a stable, mature individual able to do the following:

1. Attend all sessions with the survivor
2. Recognize when the survivor is overwhelmed and recommend that he/she step back from the teachings or videos
3. Know how to handle the survivor if he/she switches or is triggered
4. Offer appropriate support for the survivor when feeling a range of potential emotions, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
5. Make sure the survivor is in a stable condition before leaving him/her

My support person is a (check one) counselor/pm _____ family member _____ friend _____

_____ Check here if your support person is also an unhealed DID survivor.

_____ Check here if you are choosing a counselor or prayer minister who has previously attended a paid school or internship.

_____ Check here if you are unable to find a support person and feel you are stable enough to attend without one.

_____ Check here if you would like to apply for financial assistance.

Please **INITIAL** (do not check) your agreement with the following and sign below:

_____ I acknowledge that I am a survivor of childhood trauma.

_____ I acknowledge that my support person is knowledgeable of DID and can meet the above qualifications.

_____ I will not allow any unregistered persons to view these recordings or the live Q & A webinar for this or any subsequent time that I view them.

_____ I will not record any portion of this school or the Q & A webinar in any format for this or any subsequent time that I view them.

_____ I will keep all identifying information from the live ministry videos I watch confidential for this or any subsequent time that I view them.

_____ I acknowledge that I am viewing this school by my own will and that RCM has not promised any guaranteed results from it. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

Dated this _____ day of _____, 20____

(Survivor Signature)

(Survivor Print name)

Please **print, sign, and mail** to:
Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441
or **FAX** to 540-249-9716
or **scan** and **e-mail** to rcmoffice@rcm-usa.org.
(Please note that information sent by e-mail is less secure.)

RECORDED BASIC SCHOOL – April 2026

Support Person Registration Form

Name of support person: _____

E-mail address: _____

Country if not in the US: _____ Phone: _____

Name of person you will be supporting: _____

I am _____ am not _____ a counselor or prayer minister.

_____ Check here if you are an unhealed DID survivor.

_____ Check here if you are a counselor or prayer minister who has previously attended a paid school or internship.

_____ Check here if you would like to apply for financial assistance.

Requirements for being a support person for the RCM Online Survivors' School:

1. Attending all sessions with the survivor at least for the first time they are viewed
2. Being able to recognize when the survivor is overwhelmed and to recommend that he/she step back from the teachings or videos
3. Knowing how to handle the survivor if he/she switches or is triggered
4. Being able to offer appropriate support for the survivor when feeling a range of potential emotions, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
5. Making sure the survivor is in a stable condition before leaving him/her

Please **INITIAL** (do not check) your agreement with the following and sign below:

_____ I confirm that I am knowledgeable of DID and can meet the above qualifications.

_____ I will not allow any unregistered persons to view any part of the recorded school or the live Q & A webinar for this or any subsequent time that I view them.

_____ I will not record any portion of this school or the Q & A webinar in any format for this or any subsequent time that I view them.

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Dated this _____ day of _____, 20____

(Support Person Signature)

(Support Person Print name)

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or **FAX** to 540-249-9716

or **scan** and **e-mail** to rcmoffice@rcm-usa.org.

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Counselor/Prayer Minister Attending Alone Registration Form

Name: _____

E-mail address: _____

Country if not in the US: _____ Phone: _____

Please check: _____ I am a licensed counselor. _____ I am a prayer minister.

_____ I am a graduate THM or Level I RDT intern.

_____ Check here if you would like to apply for financial assistance.

Please **INITIAL** (do not check) your agreement with the following and sign below:

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_____ I will not record any portion of this school or the Q & A webinar in any format for this or any subsequent time that I view them.

_____ I will keep all identifying information from the live ministry videos I watch confidential for this or any subsequent time that I view them.

_____ I acknowledge that RCM has not promised any guaranteed results from this school. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

Dated this _____ day of _____, 20____

(Signature)

(Print name)

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