

Seeing and Describing Patterns in Client Systems: Skills for High-Impact Intervention

Dates	June 7-10, 2018 Begins Thursday, 3pm Ends Sunday, 12noon
Fee	\$1,095 GISC Member \$1,045
CE hours	21 ICF
Faculty	Jackie Sherman, PhD, and Nancy Rutkowski, PhD, LCSW, PCC

Whether you are a consultant, coach, or therapist, developing your ability to see repeated patterns of behavior in a client system is crucial to effective intervention.

This 3-day workshop will increase your ability to work with interactive patterns in dyads, couples, teams and families. You will improve your ability to identify those patterns and then to describe them in ways that are useful to your client. These skills are critical to working with pairs and groups and to working with the Cape Cod Model.

Benefits

Participants will:

- Learn to distinguish process from content
- Learn to distinguish data from interpretation
- Improve your ability to see behavioral patterns in the whole system
- Develop your ability to describe these patterns nonjudgmentally
- Have an opportunity for extensive practice
- Receive personalized feedback from faculty

Participants

This workshop will benefit experienced consultants, coaches and therapists seeking to enhance their skills in process observation and intervention with client systems. It is designed to stand on its own and to complement all GISC workshops that teach the Cape Cod Model for working with more than one person.

ICF has certified this course for 21 core competency hours.



Faculty Nancy Rutkowski and Jackie Sherman



Registration Form

Name: _____ Male: Female:

Company Name: _____ Position: _____

Preferred Mailing Address - Work / Home : _____

City/State/Province/Postal Code/Country: _____

Work Phone: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

Current Profession (please check all that apply):

Coach Consultant/OD Psychotherapist Leader/Executive Nonprofit Educator Other _____

Professional Affiliations/Associations:

ICF (Int'l Coach Federation) OD Network APA Other (please specify) _____

How did you hear about this program? _____

If by referral, from whom? _____

Please register me for:

Program Title	Date	Fee
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I am a GISC Member: I would like to join GISC: \$125/year

Total: _____

Invoice my organization: _____

I have enclosed a check or money order payable to GISC (US funds only):

Charge my: Visa Mastercard American Express

Name as it appears on card: _____

Account Number: _____ Expiration Date: _____

Signature: _____

Cancellation Policy: Refunds are available up to 21 days prior to a program, less a \$35 administration fee. When cancellation is made with a notice of 20 days or less, tuition will not be refunded, but may be applied to a future program within the next calendar year.

Mail or fax along with your payment to:
Gestalt International Study Center, PO Box 515, South Wellfleet, MA 02663-0515, USA

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