

# Consulting Excellence: Finding Your Developmental Edge

Dates **June 14-16, 2012**  
**Begins Thursday, 1pm**  
**Ends Saturday, 6pm**

Fee **\$1,175**  
**GISC Members: \$1,125**

CE hours **22**



The workshop offers an intensive, focused opportunity for participants to examine their consulting style and the explicit and implicit assumptions that direct their interventions. Using cases that participants find particularly problematic and at their developmental edge, the workshop explores in-depth the participant's use of self. Using GISC's signature combination of support and challenge, participants will examine aspects of themselves that may lead to difficulty in case work.

A unique structured exploration will be used to explore how some aspects of your core competencies can be obstacles to success when overused. The result will be a clearer sense of the connection between who you are and what you do, a sense of the mechanics underpinning your style, and new tools and practical experiences for increasing your developmental edge.

The course work will blend the supervision method used by clinicians with case consultation methods used in coach/consultant development. The format will include a range of experiences including casework, self-analysis, and group discussion. Participants will have opportunities to expand their ability in shadow consulting to each other.

*"I have been coming at least once a year to GISC for different programs; I make it a habit to give myself a week for reflection and learning each year. This makes it possible for me to go deeper in the understanding of the Gestalt approach and how I can grow as a consultant working with this perspective. The last program I attended was about developing my edge as a consultant – and I enjoyed it very much, which means that I plan to come back during the year 2012 for another program pursuing my personal and professional growth."*

Ake Johansson, MSc in Gestalt in Organizations  
Sweden

## Benefits

Participants will:

- Obtain greater clarity in defining their core competencies.
- Surface blind spots in the assumptions underlying their work through peer and faculty feedback.
- Gain insight into how the strengths of their consulting style may be related to difficulties they experience in their work.
- Achieve greater confidence through understanding why certain people and situations are uniquely challenging.
- Have an opportunity for practice in applying the model presented.

## Participants

The workshop is open to consultants, coaches, clinicians, psychotherapists, and managers.

[ICF has certified this course for 22 CC hours.](#)

# 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  Leader/Executive  Psychotherapist  Nonprofit  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:**

| <b>Program Title</b> | <b>Date</b> | <b>Fee</b> |
|----------------------|-------------|------------|
| _____                | _____       | _____      |
| _____                | _____       | _____      |

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 2 calendar years.

Mail or fax along with your payment to:  
**GISC, PO Box 515, South Wellfleet, MA 02663-0515, USA**