

# Consulting Excellence: Finding Your Developmental Edge

Dates **April 23 - 26, 2010**  
**Begins Friday, 1 pm, Ends Monday, 12 noon**

Location **Stockholm, Sweden**

Fee **\$1,075 US\***  
**GISC Members: \$1,025 US\***  
**\*Includes \$150 food charge in addition to the standard fee**

CE hours **22**

Faculty **Seán Gaffney, MA, Edwin Nevis, PhD**



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 their core competencies can be obstacles to success when overused. The result will be a clearer sense of the connection between who they are and what they do, a sense of the mechanics underpinning their style, and new tools and practical experiences for increasing their 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.

## Benefits

Participants will:

- Obtain greater clarity 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 consulting work.
- Achieve greater confidence through understanding why certain people and situations are uniquely challenging.
- Have an opportunity for extensive practice.

## Participants

The workshop is open to experienced consultants, coaches, clinicians, psychotherapists and other practitioners.

## Facility & Meals

The Workshop will take place at a small conference center in Stockholm:

Matsallskapet  
Bockholmsvagen 1 Himlabacken 4  
170-78 Solna  
Stockholm, Sweden  
(T) 46 8 660 5755

Contact Person: Anna Looft Persson  
(E-Mail: [anna@matsallskapet.se](mailto:anna@matsallskapet.se))

There are 10 sleeping rooms available at the Center for a price of about \$80, including VAT. If you wish to make a reservation please contact Anna at the above phone or e-mail address.

\* We will be eating lunch and having morning, mid-morning and mid-afternoon snacks there, as there are no restaurants close by. This cost has been added to the registration fee.

ICF has certified this course for 22 cc hours.

*"New knowledge is great, yet it's of limited value without the felt experience of that knowledge. Only personal experience changes us. Most workshops, including some that I lead, don't incorporate time for the experiential. Those at GISC do, and it made a big difference for me. Seán Gaffney was a master at drawing out that which was inside me, thereby allowing me to see a new 'me' for myself. Powerful."*

Bradford Glass, Leadership Coach

# Application

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Name: \_\_\_\_\_ Male:  Female:

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province/Postal Code/Country: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Current Profession: \_\_\_\_\_

Consulting Excellence, Stockholm, Sweden: \_\_\_\_\_

April 23-26, 2010: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Title: \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

I am a GISC Member:  I would like to join GISC:

How did you hear about this program? \_\_\_\_\_

If by referral, from whom? \_\_\_\_\_

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: \_\_\_\_\_



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

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