2019 IFS Training Group for Practicing Clinicians

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This training experience consists of 5 – 4.5 hour sessions. It is intended to help therapists integrate the use of IFS therapy into their clinical practice. The training group is limited in size to **9** participants. Participants must commit to attend all 5 sessions. Additional 5-session training groups will begin in February, 2020 (dates TBA). *This training is not affiliated with Center for Self Leadership.

Participant Prerequisites

Group members must have a graduate degree in a mental health field (license preferred).

Graduate students and people in related professions may be permitted to attend with permission of instructor.

22 Category I continuing education units will be offered for each meeting to LSW, LCSW, LMFT, LMHC, LAC, and LCAC licenses.

<u>**Cost</u></u>: \$350.00 (Fee can be paid in installments if necessary. Email DJB to work something out.</u>**

Meeting Program Outline

- -Opening Meditation/Journaling
- -Experiential Exercise
- -Didactic/Questions & Answers
- -Demo in Large Group/Processing
- -Sharing Exercise during Lunch

-Supervised Triad Practice Groups

-Questions/Answers/Closing

Meeting Themes

- 1. IFS Model/Role of Therapist
- 2. Self
- 3. Managers
- 4. Firefighters
- 5. Exiles

Instructor: David J. Burkhard, M.A., LMFT, LCSW, LMHC and Certified IFS Therapist through Center for Self Leadership. Private Practice 1989 – Present. (Family Systems, Gestalt, Personology and Psychopathology, Myers-Briggs.)

Program Assistants:

Nidhal Newash is a licensed clinical social worker (LCSW) and works at DePauw University. MSW, Temple University; Level I and II of EMDR;, Prolonged Exposure (trauma technique); IFS 45 hours. Kristen Swart, MSW, LSW is an individual and marital therapist at Peace Counseling Group, LLC in Carmel. MSW, University of New England; Phase 1 Brainspotting; IFS 45 hours.

When: Sept 28, Oct 19, Nov 16 and Dec. 14 (2019) and 1/18/2020 Where: Burkhard Counseling. 7110 S. East Street, Indianapolis, IN 46227

Time: 10a.m. to 2:30p.m. (working lunch – brown bag)

Registration Form

Make check payable to Burkhard Counseling and mail or register online at www.burkhardcounseling.com

| Name: |
|---------------------|
| Prof. License Type: |
| License : |
| Address: |
| |
| Phone: |
| Email: |

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