



**The Minuchin Center
for the Family**

303 5th Avenue, Suite 603 • New York, New York 10016

Phone: 212.481.3144 • Fax: 212.481.5395 • www.minuchincenter.org

. Workshop will meet @:

**303 5th Avenue, Suite 603
New York, NY 10016
Friday June 4th, 2010
9:30AM – 4:30PM**

. The cost is **\$125.00** per person.

. To register: by fax (212)-481-5395
or email:

minuchincenter@minuchincenter.org

. **Deadline to Register is:**
May 26th, 2010

David Keith, M.D., is Professor of Psychiatry, Director of Family Therapy and former Director of Child and Adolescent Psychiatry at SUNY Upstate Medical Center in Syracuse, New York.

Amy Begel, LCSW, LMFT, is a family therapist and faculty member of The Minuchin Center, as well as faculty at the Continuum Center for Health and Healing, and the Mid-Hudson Family Practice Residency Program.

**THE MINUCHIN CENTER FOR THE FAMILY
IS PROUD TO PRESENT**

**“Learning to Play Loud and Wrong: Failure, Impasse and the Art of
Improvisation in Family Therapy”**

Presented by: David Keith, M.D., and Amy Begel, LCSW, LMFT

Therapists and physicians are faced with the perpetual pressure of clinical uncertainty and/or fear of failing. Fear of failing leads to caution that inadvertently results in limited therapeutic benefit for those we wish to help.

In this workshop, David Keith, M.D., psychiatrist and family therapist, and Amy Begel, family therapist and faculty of the Minuchin Center and the Institute for Family Health, explore the possibilities for transforming failure and frustration into therapeutic experiences for clinician and family.

The afternoon will expand the notion of the vitality of uncertainty and feature a "jazz consultation" with professional jazz musicians as consultants to a family therapy session.

Early Bird Special: Registration by April 23rd\$100.00

Other Discounts: 10% Alumni/10% Students

Only one discount per person

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Registration-----→

Name: _____ Organization: _____ Profession: _____

Address: _____

Telephone: (Home) _____ (Work) _____ E-Mail: _____

Signature: _____ Date: _____

Check No: _____ *Check must have name, address and phone number or please write it on check.*

Credit Cards: Please Check One: VISA MASTERCARD DISCOVER AMEX

Credit Card No. _____ 3-digit security code _____ EXP DATE: _____

Name* (as written on card): _____ Amount to be charged:\$ _____

*If the purchaser is not the same person as indicated on the credit card you must include the correct name and billing address of the credit card holder.