



The Minuchin Center for the Family

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

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THE MINUCHIN CENTER FOR THE FAMILY IS PROUD TO PRESENT

A DAY WITH NANCY BOYD-FRANKLIN, Ph.D.

WORKING WITH AFRICAN AMERICAN CLIENTS AND FAMILIES

With ample clinical case examples and videotaped material, Dr. Boyd-Franklin will present a Multisystem Model in which Black and White clinicians will learn how to effectively use themselves in their work with African American families by:

- Learning how to utilize cultural strengths such as the extended family network, religion and spirituality, and survival skills.
- Discussing the diversity within the African American community
- Learning about racism’s impact on family life, child rearing, gender issues, and couple relationships.
- Paying special attention to the “invisibility” of African American men and the fears for Black male children.

Learning Objectives:

1. Participants will have a greater understanding of the subtleties of African American culture.
2. Clinicians will learn more effective strategies for joining and intervening with African American clients and families.
3. The role of spirituality and religion in African American families will be illustrated and participants will learn how to utilize these strengths in therapy.
4. Participants will learn how to involve key extended family members in the treatment process.
5. Participants will learn the importance of “the therapist’s use of self” in the treatment of African American clients and families.

Friday, October 29th, 2010

8:30 AM – 5:00 PM

Location:

NEW YORK CITY

TBA

\$125 per person

Deadline 10.15.10

Early Registration \$100

Deadline 09.30.10

Group discounts available

Registration accepted by:

Fax: 212-481-5395

Email:

theminuchincenterforthefamily@gmail.com

Phone: 212-481-3144

Mail: Minuchin Center for the Family

303 Fifth Ave. Suite #603

New York City, NY 10016

Breakfast and registration:

8:30AM – 9:15AM

Please return portion below to: Minuchin Center for the Family / 303 Fifth Ave. Suite 603 / New York City, NY 10016

NAME (s) of Registrant (s) If group list all	
ADDRESS	
HOME PHONE	
MOBILE PHONE	
EMAIL ADDRESS	

PAYMENT INFORMATION: (IF PAYING BY CREDIT CARD)

CREDIT CARDS CHECK ONE VISA MC DISCOVER AMEX	EXPIRATION DATE/ 3 DIGIT SECURITY CODE
CREDIT CARD NUMBER	
NAME AS WRITTEN ON CARD (IF DIFFERENT FROM ABOVE INCLUDE NAME AND BILLING ADDRESS OF THE CREDIT CARD HOLDER)	