# Using Creativity in Ethical Clinical Supervision: Inclusivity, Expansiveness, and Engagement Dr. Leah Miller, Ph D, LPC-S, RPT-S, LMFT

February 29, 2020

9:00 AM – 4:00 PM

Counseling Center of Expressive Arts

1600 Medical Center, Suite B-1, El Paso, TX, 79902

Fee: $180

Often, practicing counseling supervisors are placed in situations to supervise counseling interns and students without having the appropriate supervisory skills and/or support.  The objectives of this six-hour workshop are to provide the participant with knowledge and skills of supervision as well as to help the professional clearly define their own personal role expectations of both the supervisor and the supervisee.   Using creativity as the catalyst, experiences will be provided that will help the supervisor increase their understanding of inclusivity, expansiveness, and engagement in the supervisory relationship.

Participants will be able to:

* Expand personal philosophy and understanding of supervision through review of supervision theories
* Identify personal role and role of supervisee in the process of supervision
* Define creativity and three areas where creativity enhances the process of supervision
* Understand the connection of creativity in providing inclusivity, expansiveness, and engagement in the supervision process
* Experience and describe creativity in supervision
* Explore ethical considerations in supervision when using creativity

## Participant details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | Last Name: | |
| Address | | | |
| Daytime Phone: | Evening Phone: | | Licensure: |
| Email: | | | |
| Work Setting: Hospital Clinic Agency Private Practice Other | | | |
| Business Name: | | | |

## Payment details fee: $180

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| --- | --- | --- |
| Charge My:  VISA MasterCard Discover AMEX Other | | |
| Card #: | | |
| Expiration Date: | CVC: | Billing Zip Code: |
| Name on Card: | | |

## Registration form submission:

**Registration forms may be submitted in person to our physical address, by FAX, or written out as an e-mail submission with the information required above.**

**Address**: 1600 Medical Center, Suite B-1, El Paso, TX, 79902

**FAX**: (915) 845-3122

**Email**: ngomez@ccoea.com