

## Second Saturdays Sandplay Therapy Consultation Group

Leslie Johannes, MEd, LMFT, CST-T, group facilitator and teacher



A bridge in a sand picture may suggest that the Jungian concept of *the transcendent function* is operating for the sandplayer in the present moment.

Jung has written in "The Transcendent Function" – *The tendencies of the conscious and the unconscious are the two factors that together make up the transcendent function. It is called "transcendent" because it makes the transition from one attitude to another organically possible* (CW 8, par 145).

### Ongoing Monthly Consultation Group – Autumn 2016, Winter and Spring 2017

- ❖ Second Saturdays 10:00 am – 12:00 noon: Sept. 10, Oct. 8, Nov. 12, and Dec. 10
- ❖ Second Saturdays in 2017: Jan. 14, Feb. 11, Mar. 11, Apr. 8, **May 20\***, June 10
- ❖ Group Supervision credit for state licensure available for MFTs, MHCs, and MSWs
- ❖ STA group consultation credit available for clinicians
- ❖ Limited to five participants – time for at least 2 presentations per group meeting
- ❖ Cost: \$65 per 2 hour meeting to be paid ahead 3 months (\$32.50 per credit hour)

\* PLEASE NOTE **changed** date in May 2017 to **May 20** (due to significant family event)

Website: [www.lesliejohannes.com](http://www.lesliejohannes.com) (office address, map, and directions here)

Email: [leslie@lesliejohannes.com](mailto:leslie@lesliejohannes.com)

Phone: 425-452-9767

Individual Consultation, Supervision, or Personal Process by appointment

Details about group structure and procedure to be provided following registration

\*\*\*\*\*

**Please complete, detach, and send this registration form with your payment to:  
Leslie Johannes, 1715 114<sup>th</sup> Ave SE, Suite 210, Bellefield Office Park, Bellevue, WA 98004**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ (please print clearly)

Licensure or Graduate Program/Level of progress \_\_\_\_\_

**Please include previous Sandplay training or experience on the back of this section of the registration form.**

[ ] \$195 Payment by check [ ] \$195 Payment by credit/debit card: Card # \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Expiration \_\_\_\_\_

MM/YY

CVV# (3-digit number on back of card) \_\_\_\_\_ your zip code \_\_\_\_\_