

**Please join us on Friday, February 10, 2017 (1p.m. – 4p.m.)**

**Mental Health America of Greater Tarrant County**

**“Using Family Drawing Assessments in Therapy”**

 **Jane Avila, LCSW, ATR-BC**

Participants will engage in drawing their own family drawing as a reference to learn about visual indicators of family relations. Verbal directives as well as appropriate art material selections will be presented and visual clues in drawings will be explored as a way of understanding how your client relates to family members.

Jane Avila is a Licensed Clinical Social Worker and Registered Board Certified Art Therapist who has been in the field of mental health over 25 years. She is the founder of The Art Station, a one-of-a-kind nonprofit in North Texas providing art therapy. The organization’s therapists are mental health professionals who have graduate degrees or advanced, specialized training in using art in therapeutic settings. Jane advocates for the use of art making as a healing intervention and believes that art has the potential to improve the quality of a person’s life.

**Learning Objectives**:

1. Learn verbal directive and selection of art materials to use in a family drawing assessment.

2. Identify three visual indicators of family dynamics in family drawings.

3. Identify three art activities to use in family therapy.

The fee for this **3-hour CEU seminar** is $50 for non-MHA members, $40 for MHA members and $20 for students.Registration deadline (online/by mail) **must be received** by February 8, 2017

1) Mail check to MHA at 3136 W. 4th Street, Ft. Worth, TX, 76107; fax number: 817-810-3230

2) Online at www.[Eventbrite](https://www.eventbrite.com/e/using-family-drawing-assessments-in-therapy-jane-avila-lcsw-atr-bc-tickets-31543097253).com

MHA is an approved provider of continuing education in Texas for LPC with approval #1099, Social Workers #5467, and LMFT #419.

For additional information, please contact Deannah Rowell at 817-569-5780 / Deannah.Rowell@mhmrtc.org

or Barbara Jordan at 817-569-5779 / Barbara.Jordan@mhmrtc.org

**Registration by Mail (print off and send with check or credit card payment to MHA)**

NAME:

ADDRESS:

CITY, STATE, ZIP:

HM/CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WK PHONE:

E-MAIL:

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