Becoming a Better Intervener

AN ORGANIZATION & SYSTEMS DEVELOPMENT PROGRAM INTENSIVE

OVERVIEW:

This dynamic program is for people who are involved in organizational change and large scale organizational transformation. The training program provides an introduction and exposure to the body of knowledge developed in the Gestalt Organization & Systems Development Center programs. In five intensive sessions, participants will explore our overall model and theory base as applied to individual, group, and organizational levels of system.

The program’s emphasis on change methodology and complex system transformation is a powerful awareness-raising, skill-building, and integrative opportunity. Participants will increase their awareness, knowledge, and skills to become more effective interveners in organizations.

FACULTY:

Chairperson: John D. Carter

Teaching faculty will be drawn from:
  Marcella Benson–Quaziena, John D. Carter, Veronica Hopper Carter, Duncan Coombe,
  Mauricio Puerta, Michael Rynex, Isabel Wong, and other Gestalt OSD Center faculty.

The faculty has extensive experience in many areas of business, education, government, and human service organizations. They use Gestalt theory, concepts and methodology in their roles as consultants and administrators. They have taught, trained, and consulted in Africa, Asia, Europe, and North and South America.

DEVELOP

Awareness

Skills

Effectiveness

in designing and implementing interventions in a variety of social systems
History
The Gestalt Cleveland Organization & Systems Development (Gestalt OSD) Program was the first training program in the world to integrate Gestalt theory, systems theory, and organization development theory. The Organization and Systems Development perspective provides individuals and organizations with theory, concepts, methodology, tools, and techniques for intervening at the individual, two-person, group, and organizational levels of system. It offers a unique Gestalt framework for developing professionals, designing interventions, and managing change in the systems in which we live and work.

Competencies Developed
*Increasing effectiveness and skill in*:  
- Examining and changing one’s world view and way of making meaning  
- Increasing one’s ability to intervene effectively  
- Enhancing skills needed to implement and support others implementing required changes  
- Discriminating between observations, interpretations, judgments, descriptions, and evaluations  
- Developing designs for interventions which take into account consequences for individuals, groups, and the organization  
- Identifying, supporting, and facilitating clear, meaningful interactions among members of one’s client systems, between one’s client systems and their clients, and between oneself and the client system  
- Understanding, tracking, and intervening in or upon individual and organizational interactions across different levels of system  
- Cultivating one’s openness to change and development as both a person and a change resource, including the ability to use “failures” and negative feedback constructively  
- Facilitating one’s ability to apply what has been learned in one’s own situations back home

Design Components
*Combination of resources, activities, projects and experiences that*:  
- Build upon each other  
- Involve major “on-the-job” projects  
  - learning about change leadership  
  - application of theory, concepts and methodology  
- Provide appropriate support for learning  
- Develop expert coaching and consulting  
- Create opportunities for feedback and enhancement of skills

Who Should Attend
*Individuals*:  
- Attempting to provide support for organizational change efforts  
- Having identified a need to increase knowledge and improve change leadership skills  
- Supporting organizations to change patterns of assumptions  
- Needing knowledge to accelerate the process of change  
- Desiring to create conditions for success
Goals

*Increase effectiveness and ability to:*
- Use data
- Selectively share observations
- Identify, support and mobilize energy
- Facilitate and support creation of change processes
- Heighten or diffuse conflict as is appropriate
- Develop appropriate interventions
- Cultivate openness to change
- Attend to broad social issues

Objectives

- Address learning needs of individuals and organizations
- Learn skills to lead, manage and consult to change efforts
- Enhance ability to influence people and processes
- Increase capability to achieve desired outcomes

Expected Outcomes

- Enhanced ability to get things done
- Increased potential for implementing desired changes
- New linkages and networks for increasing effectiveness

Admission Process

*Requirement:* Participation in an Introductory Gestalt Workshop or Interpersonal Interaction Workshop during or prior to the program.

Admission to the program involves both a written application and an interview.

Early application is encouraged.

Fees excluding travel, lodging, or meals

We reserve the right to change faculty, program dates and fees.

Application fee (nonrefundable) .................. $500

The nonrefundable application fee must accompany the applicant’s completed application form. 75% of the tuition fee is due upon acceptance into the program. Full payment of the tuition is due by the program’s start date. All fees are subject to yearly review. Limited scholarships are available. Requests for special payment arrangements or available scholarships may be addressed to the OSD Center President in conjunction with the GIC OSD ISC Payments Officer.

Refunds are not given for early withdrawal from the program due to the nature of its design and operation.

Contact:

Tel: 440/205-8606 • Fax: 440/205-8606
Certificate Program for which you are applying:
Becoming a Better Intervener: Organization & Systems Development Intensive (BBI)

Name ___________________________________________________    Credential ____________________________    Age _______    Nationality ____________

Home Address _____________________________________________________________________________________________________

City  ________________________________________   State  ____________   Postal Code  _______________   Country  _________________________________

Cell Telephone _____________________________   Work Telephone _____________________________   Home Telephone _____________________________

E-mail _____________________________________________________   Skype  ________________________________________________________________________

Education:
Year Institution  Degree  Major Field of Study
_____________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Were you referred to this training program, and if so, by whom?   ______________________________________________________________________________

Previous postgraduate or special training experiences: (Gestalt, other)
Year Length of Time Name of Program                       Leader(s)
_____________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Work Experience   ________________________________________________________________________________________________________________________

Present Position   _________________________________________________________________________________________________________________________

Organization   ____________________________________________________________________________________________________________________________

Address   _________________________________________________________________________________________________________________________________

City   __________________________________    State   ____________   Postal Code  _________   Country __________________________________________

Responsibilities ___________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Other Positions Held           Name of Organization   Date of Employment
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Are you licensed if that is applicable to your occupation? Please designate:   _______________________________________________________________________

Occupational Category (please check)

[ ] Counseling          [ ] Education          [ ] Law
[ ] Management/Administration          [ ] Medicine
[ ] Nursing           [ ] Organizational Consulting          [ ] Other Health Professions
[ ] Psychiatry          [ ] Psychology
[ ] Religion           [ ] Social Work          [ ] Other (specify)

If you have completed previous training in any other Gestalt-oriented program, in what program were you last enrolled?
Name _____________________________________________________________________________________________________________________ Year__________

List two faculty members who know you best.
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

If you are physically challenged, please indicate your special needs.
__________________________________________________________________________________________________________________________________________

Please complete other side.
Please state why you have chosen this program and how it fits your needs (if necessary, continue on another sheet):

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What do you feel are the highlights of your experience and accomplishments?
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What are your plans for the future?
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Have you had any personal therapy? (Please give dates, with whom, what got you started, and significant outcomes.)
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The appropriate reference forms will be sent to you after your application is received.

A $500.00 application fee (nonrefundable) must be paid. All fees must be paid in U.S. dollars and drawn on a U.S. Bank.

☐ I have enclosed a $500.00 check or money order payable to Gestalt Institute of Cleveland Organization & Systems Development Integrative Studies Center (GIC OSD ISC).

☐ I have paid the $500.00 application fee online through PayPal.

☐ Charge $500.00 to MasterCard, Visa, Discover, or AMEX (circle one) Security Code Expiration Date / 20

Account # ___________________________ ___________________________ ___________________________ ___________________________ Name on Card

Signature required for credit card purchases

Please mail application, fee (if enclosing), and recent photo to:  
Registrar, GIC OSD ISC, 7665 Mentor Ave. #316, Mentor, OH 44060  
Tel: (+1) 440/205-8606  Fax: (+1) 440/205-8606  E-mail: osdregistrar@gestaltosd.org  www.gestaltosd.org
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