



# The Therapeutic Toolbox

Tantalizing tips and techniques from:

- Cognitive Behavioral Therapy (CBT)
- Neuro-Linguistic Programming (NLT)
- Emotional Freedom Technique (EFT)

**Come join us for an afternoon of learning new and different ways to reach clients using brain science, behavioral considerations and energy psychology. Add tools to your therapist toolbox while enjoying interaction with your peers.**



Presented by Susan Jones, M.Ed., LPC

Susan has been with Samaritan Counseling Center for nearly five years. She is a licensed professional counselor and a certified school counselor. She has served as the counselor for Marshal Middle School and as the crisis counselor for West Brook High School and its secondary feeder schools in BISD. Susan also has thirteen years experience working with four year olds and their families in the Head Start Program. Susan is currently the pre-kindergarten teacher coach for three rural counties in BISD. Some of Susan's interests lie in at risk youth and their parents, women in transition, anxiety & depression. She is licensed as an LPC supervisor and is a certified hypnotherapist.

**Friday, July 31st ♦ 1:00pm to 4:00pm**

**Samaritan Counseling Center ♦ 7980 Anchor Drive, Bldg 500 ♦ Port Arthur, Texas**

**3 Continuing Education Credits**

**Certified through the Texas State Board of Examiners of Professional Counselors**

*Space is limited. Registration due by July 27th 2009*

**Registration**

**Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Workshop Fee is \$50.00, and may be paid with check, cash or credit card.**

**Ways to register/pay:**

- **Return this form with your check made out to:**  
Samaritan Counseling Center SET  
ATTN: WORKSHOP  
7980 Anchor Drive, Building 500  
Port Arthur, TX 77642

- **Fax this form with your credit card information to 409.727.6403:**

I hereby authorize SCCSET to charge my  AMEX  VISA  MASTERCARD

**Credit Card Number** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **Amount Authorized** \_\_\_\_\_

**Billing Address on Credit Card** \_\_\_\_\_

**Signature** \_\_\_\_\_

*Promoting the healing and growth of mind, body and spirit of persons, and the reconciliation of couples, families, organizations and congregations by integrating faith traditions and behavioral sciences.*

