

Instructor: Larry Duncan, LADC, LMHP

Alcohol/Drug Assessment, Case Planning and Management



Lincoln

LMEP
4600 Valley Road
Lincoln, NE

Entrance: 1
Classroom: 1

December 6-9, 2010

Registration: 7:30 AM

Class: 8:00 AM—5:00 PM

Credit Hours: 30
Approval # 10.060

Cost: \$275.00

This workshop is designed to provide students with a detailed process of collecting data for making decisions regarding alcohol/drug disorder diagnosis, level of care placement, and treatment and referral.

Objectives

- Increase understanding of the key points of assessment for substance abuse clients.
- Use the assessment tools to determine the level of care necessary for substance abuse clients.
- Develop case records for substance abuse clients.
- Respond appropriately regarding the Federal regulations regarding confidentiality for substance abuse clients.
- Select the appropriate level of care and manage a substance abuse client case appropriately.

About the Instructor

Larry is the Director of Jericho Associates in Omaha. He has over twenty five years of experience instructing in various settings. He has facilitated substance abuse education for military personnel, treatment center clients, inmates, community leaders, counselors, managers and supervisors. He also teaches courses at Metropolitan Community College.

This activity was supported in whole or part, from federal or state funds received from the Nebraska Department of Health and Human Services, *Division of Behavioral Health Services.*

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Cancellation/Refund Policy

1. Notice of cancellation must be submitted in writing.
2. Cancellations received will be subject to a \$50.00 cancellation charge.
3. No refunds will be given after November 26, 2010.
4. Registrations are transferable with a fee depending on availability.

REGISTRATION FEE INCLUDES:

Workshop instruction, book, materials, handouts, continental breakfast, afternoon snack, and CEU's approved for Nebraska Alcohol & Drug Counselor Continuing Education by the Department of Health and Human Services Regulation and Licensure Credentialing Division.

Name (please print)

Title

Company

Mailing Address/City/ State/Zip

Daytime Telephone

Birthday (month/day/year)

E-mail Address

PAYMENT TYPE

Check enclosed, made payable to TAP, for the amount of \$_____

Or please charge my: MasterCard Visa Discover

Card # _____ Expiration Date _____ Three -digit security code on back _____

Cardholder Name _____ Signature _____

Please Print or Type

HOTEL ACCOMMODATIONS: A special rate of \$49.00 was designed for participants at New Victorian Inn, 216 N 48th St, 402-464-4400. Tell them you are registering for a workshop with the TAP Program.

Fax this form to: 402-483-2882 **or Mail it to:** TAP Program, 4600 Valley Rd., NE 68510

Call TAP at 402-483-4581 ext. 328 or ext. 282 for any questions you may have.

I have read and accepted all the terms and conditions in the TAP Program Policies, which represents the entire understanding between myself (the participant) and the TAP Program and supersedes any prior statements or representation. By sending in this registration, I agree to the rules and regulations of the TAP Program.