

Instructor: Kim Spargo, LADC

Clinical Treatment Issues in Chemical Dependency



Lincoln

LMEP
4600 Valley Road
Lincoln, NE

Entrance: 1
Classroom: 1

October 25-28, 2010

Registration: 7:30 AM

Class: 8:00 AM—5:00 PM

Credit Hours: 30
Approval # 10.057

Cost: \$310.00

This workshop is designed to provide students with knowledge of treatment issues specific to chemical dependency including denial, resistance, minimization, family dynamics, relapse, cross-addiction, co-occurring disorders, spirituality, and influences of self-help groups. This will include studying chemical dependency clinical treatment needs of individuals taking into consideration gender, culture, and lifestyle.

Objectives

- Increase understanding of specific terms associated with clinical treatment issues
- Become aware of personal biases and beliefs
- Increase understanding of dual diagnosis
- Explore the impact of physical and mental health disorders as related to alcohol and drug disorders
- Increase knowledge of the historic and generational influences of substance abuse, with a focus on adolescents, adult children, women and the elderly
- Increase knowledge of special considerations when counseling women
- Increase knowledge of special considerations when counseling persons with disabilities
- Increase knowledge of Alcoholic Anonymous and the other 12 step philosophies

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.

Clinical Treatment Issues in Chemical Dependency

October 25-28, 2010

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 October 15, 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.