Co-Occurring Disorders: The Chicken or the Egg

Friday, September 8, 2017
Registration: 8:30am  Program: 9:00am – 12:15pm
The Clayton Center, Clayton, NC
Event 52179cas

Program Description: This program will explore the challenges and solutions when working with people who have co-existing conditions affecting their level of functioning. For many decades, the stigma of substance abuse disorders and treatment have interfered with treating the whole individual, and the same could be said for substance abuse professionals who treat those with mental health conditions. This program addresses the importance of dual diagnosis integrated treatment approaches in the world of evidenced based practices.

Location
The Clayton Center
111 E. 2nd Street
Clayton, NC 27520
Directions and parking information will be emailed with your confirmation letter.

Target Audience
This program is designed for all levels of human service professionals working with either primary mental health or primary substance abuse populations, including social workers, substance abuse counselors, licensed professional counselors, marriage and family therapists, school counselors, case managers, or other professionals interested in this topic.

Objectives
At the conclusion of this educational activity, participants should be able to:
1. Identify similarities between mental health and substance use diagnosis.
2. Detect and treat post-acute withdrawal syndrome.
3. Screen for co-occurring disorders.
4. Discuss assessment and diagnosis considerations for people with multiple disorders.
5. Develop treatment planning goals and objectives.
6. Discuss the “Integrated Treatment” approach.
7. Review treatment principles when working with patients with dual diagnosis.

Speaker
Brandon Robinson, LCAS, LPC, CCS
Mr. Robinson has served as Director of Addiction Services for Fellowship Health Resources, Inc. since June 2012, and is a Licensed Professional Counselor, Licensed Clinical Addictions Specialist and Certified Clinical Supervisor. Mr. Robinson also has a private practice in Raleigh in which he provides clinical supervision and outpatient counseling. He has worked in settings such as specialized treatment courts, inpatient care for adolescents and adults with co-occurring disorders, in home outpatient care for families and children, and residential services for youth with history of sexual offenses. Mr. Robinson has also been a field task supervisor with the UNC-CH School of Social Work for the past 4 years, and is a training consultant with the SSW/AHEC Training Partnership.

Credit
National Board Certified Counselors Credit (NBCC): Wake AHEC is an NBCC-Approved Continuing Education Provider (ACEP™) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program. (Provider #6477) 3.0 hours

Category A NC Psychology Credit: This program will provide 3.0 contact hours (Category A) of continuing education for North Carolina Psychologists.

Substance Abuse Credit (NCSAPPB): Application has been made to the North Carolina Substance Abuse Professional Practice Board for 3.0 hours of General Skill Building Credit.

Wake AHEC will provide 0.3CEU to participants upon completion of this activity.

A participant must attend 100% of the program to receive credit. Partial credit will not be awarded.

Wake AHEC will provide up to 3.0 Contact Hours to participants.

Registration Fee
Early Fee - $40; after August 25, 2017 - $60. Vouchers accepted.
Fee will include online handouts and certificate of completion.
Break and refreshments will be provided.
Visit www.wakeahec.org for our ADA Statement and Inclement Weather Policy.

Cancellations and Refunds
No refunds or vouchers will be issued. Substitutes are encouraged.

REGISTER ONLINE TODAY!
WWW.WAKEAHEC.ORG

Questions? Contact Carrie Sayre at csayre@wakeahec.org or 919-350-0461.

This presenter is being supported through the partnership between UNC-CH, School of Social Work and the NC AHEC Program.

Wake AHEC is part of the North Carolina AHEC Program.
Registration Form
(Please print.)

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4-Digit PIN #: ☐ ☐ ☐ ☐ ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

First Name MI Last

Clinical Specialty Degree(s) (e.g., MD, PharmD, MS, BS)

Home Address City

State Zip Home County Home Phone

Employer Job Title

Work Address City

State Zip Work Fax Work Phone

Department Preferred E-mail (REQUIRED)

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

Payment Options Payment of check, credit card or supervisor signature must accompany registration.

☐ Check enclosed. (Make check payable to Wake AHEC.)

☐ Charge my: ☐ Corporate Card ☐ Personal Card ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

Card # Exp. Date

Authorized Signature Name as it appears on card

☐ Employer will make payment. Supervisor completes below and fax registration to 919-350-0470.

Supervisor’s Name (Printed) (Signature) Phone

By signing, I am certifying that agency payment will follow. If you have a balance due and do not attend or send a substitute, you will be invoiced for the full program fee.

WakeMed Employees Only: An Education, Meeting & Travel Request Form must be submitted with the registration if your department is paying.

Register online today! www.wakeahec.org
Fax: 919-350-0470
Mail: Wake AHEC, Attn: Carrie Sayre
3261 Atlantic Avenue, Suite 212
Raleigh, NC 27604-1657

Questions? Contact Carrie Sayre at csayre@wakeahec.org or 919-350-0461.

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