



# February 2024

## **Cultural Humility/Cultural Competency: A Journey to Improve Outcomes**

**Presenter:** April Aycock, Ed. D., LMHC, Master-CASAC & Jennifer Faringer, MEd, CPP-G

**Dates:** February 5, 7, 14, 16 and 19, 2024

**Time:** 1:00 p.m. – 4:00 p.m.

**Cost:** \$200

**Content:** Content: This training curriculum was designed by OASAS and CCSI to better reflect the current state of practice in the areas of cultural competence, structural racism, and health equity. The modules focus on self-assessment, being aware of one's worldview and mental model, and understanding the effects of power and privilege with the goal being the improvement of services to provide an equitable outcome for those we serve.

### **15 Clock Hours:**

CASAC Initial & Renewal Section 1  
CPP Section 1  
CPS Section 1

### **Registration deadline:**

Friday, January 26, 2024

### **Training Location:**

**Zoom Platform Only**

Click on the link below to register online:

<https://ncadd-ra.org/events-trainings/>

## **Utilizing Dialectic Behavior Therapy (DBT) in SUD Counseling**

**Presenter:** Lauren Kimble-Giglia, LMHC, Master CASAC

**Date:** Friday, February 23, 2024

**Time:** 9:00 a.m. – Noon

**Cost:** \$40

**Content:** This workshop will provide participants with a basic understanding of DBT. Discussed will be the counseling skills that fall within the four modules of DBT. They include mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Discussed will be skills to implement DBT effectively in both individual and group counseling settings.

Continental breakfast is provided.

### **3 Clock Hours:**

CASAC Renewal  
CPP Section 1  
CPS Section 1

### **Registration deadline:**

Friday, February 16, 2024

### **Training Location:**

**This training is in PERSON only**

Click on the link below to register online:

<https://ncadd-ra.org/events-trainings/>



# NCADD-RA

*Educational Opportunities*

To mail in your registration, please return this form and **NON-REFUNDABLE** registration fee to: **NCADD-RA, Attention: Elaine Alvarado**  
**1931 Buffalo Rd., Rochester, NY 14624.**

Name of registrant: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate below which training(s) you are registering for:

### Payment information:

Check (enclosed)

Credit Card Payment:     Visa     Master Card     Discover     AMEX

Card Number: 

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CVV: 

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Expiration Date: 

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Name on credit card and billing address (*please note that billing address is the address where the credit card bill goes to*)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

For more information, please call or e-mail Elaine at (585) 719-3481, [elvarado@depaul.org](mailto:elvarado@depaul.org)