



February 2024

Cultural Humility/Cultural Competency: A Journey to Improve Outcomes

Presenter: April Aycock, Ed. D., LMHC, Masters-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
LSW

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
LSW

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/>



National Council on Alcoholism and Drug Dependence Rochester Area

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