

Skill Enrichment Series

STAGES OF CHANGE



Instructors: *Pete Costa, LICSW; and Jennifer DeVoe, LCMHC*

Date: Thursday, September 27, 2018

Time: 9:00 a.m. – 4:30 p.m. (Lunch is on your own)

Location: The MHCGM Conference Room
5 Blodget Street
Manchester, NH

Cost:

- **\$100**
- Please make checks payable to: **The MHCGM**
- All Category I & 2 MHC-GM employees may attend free of charge.

Registration: Class size is limited, so please complete the attached registration form **as soon as possible** to reserve your seat.

Description: Why is change so difficult even if the person themselves has initiated the change? As much as change might be desirable, the journey through the change process can be frightening while the uncertainty of the end results can be positively paralyzing. Our effectiveness as practitioners necessitates that we learn to identify where on a “Stages of Change” map a consumer is located, and to offer tasks that might assist them to move closer to places where recovery becomes possible.

This presentation will discuss Prochaska and DiClemente’s “Stages of Change” model. Participants will learn hallmarks of each stage; stage-specific strategies to use; and treatment goals reflective of each stage.

Contact Hours:

- The Mental Health Center of Greater Manchester is an approved provider of continuing nursing education by the Northeast MultiState Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
The participant will be awarded 6.0 contact hours for attending this program.
- This activity has been approved for 6.0 Category I Continuing Education Credits for relicensure by the NH-NASW - Workshop #2564.
- BSAS 6.0 credits

Presented by: The Mental Health Center of Greater Manchester, Manchester, NH



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Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM
ATTN: Charlene Kach, Staff Development
1555 Elm Street
Manchester, NH 03101
Tel: 603-206-8609
Fax: **603-628-7756**
E-MAIL: kachchar@mhcgm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

(Required for confirmation & directions.)

Registration fee in the amount of \$ _____ Master Card Visa

Credit Card #: _____ Expiration Date: _____ CVV code on back _____

Name on Card: _____ Signature: _____

Billing Address of Credit Card: _____

Date Received by MHC-GM: _____ Reservation #: 005469-

To register and pay online by credit card: <https://www.mhcgm.org/events/>

If using your personal credit card please provide the credit card billing address.

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