



Skill Enrichment Series

IDDT (Integrated Treatment of Co-Occurring Disorders)

Instructors: *Michael Bradley, MA, LCMHC, MLADC, Harry Cunningham, LICSW; and Jennifer DeVoe, LCMHC*

Date: December 5th, 2019

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:

- **\$150.00**
- Please make checks payable to: **MHCGM**
- All MHCGM Category 1 and Category 2 employees may attend free of charge.

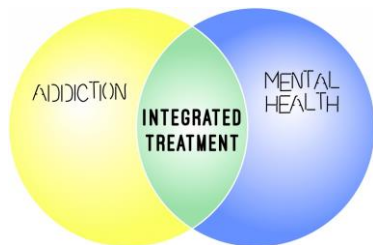
Registration Class size is limited; please complete the attached registration form and return **as soon as possible** to reserve your seat.

Description: Integrated Treatment for Co-Occurring Disorders is a practice that treats severe mental illness and substance abuse at the same time, with the same treatment team. Integrated Treatment for Co-Occurring Disorders was identified by the Substance Abuse And Mental Health Services Administration (SAMHSA) as one of five basic Evidence-Based Practices that every community mental health center should offer to clients. This training will present an overview of the practice to help interested practitioners and agencies understand the practice as an exploratory step toward implementation.

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 #2498.
- **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, Continuing Education

2 Wall Street

Manchester, NH 03101

Tel: 603-854-8384

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 Discover

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

Name on Card: _____ Signature: _____

Billing Address of Credit Card: _____

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

Date Received by MHC-GM: _____

Reservation #: 005552-□□

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

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