



Training Sessions Fourth Quarter, 2008

10/8	Confidentiality	1:00 – 2:30 p.m.
10/10	Suicide/Homicide Risk Assessment <i>Duty to Protect – Crisis Intervention and Safety</i>	9:00 a.m. – Noon
10/14	Identify Personal Strengths/Weaknesses/Values	9:00 a.m. – Noon
10/14	Hearing Voices that are Distressing <i>Training & Simulation</i>	1:00 – 4:00 p.m.
10/21	Use Of Psychiatric Medications <i>Adverse Reactions/ Side Effects & Benefits</i>	1:30 – 3:30 p.m.
11/5	Confidentiality	1:00 – 2:30 p.m.
11/7	Suicide/Homicide Risk Assessment <i>Duty to Protect – Crisis Intervention and Safety</i>	9:00 a.m. – Noon
11/13	Chemical Dependency <i>Treating Dually Diagnosed Clients</i>	1:00 – 5:00 p.m.
11/18	Overview of Mental Health/Mental Illness	1:30 - 3:30 p.m.
12/9	Setting Effective Limits	1:00 – 4:00 p.m.
12/11	Personality Disorders	1:00 – 5:00 p.m.

Registration Form

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

DAYTIME PHONE _____

EMAIL ADDRESS _____

INDICATE WHICH SESSION(S) YOU WISH TO ATTEND:

TOPIC _____

DATE/TIME _____

TOPIC _____

DATE/TIME _____

Fees

3 OR MORE HOURS OF TRAINING

1-2 people \$50 per person

3+ people \$40 per person

LESS THAN 2.5 HOURS OF TRAINING

1-2 people \$35 per person

3+ people \$30 per person

Fees are negotiable for large groups. Registering less than 5 business days prior to training days is subject to an additional \$10 fee.

Make checks payable to:

Unison Behavioral Health Group

Mail check and registration form to:

Unison Behavioral Health Group

Attn: Gloria J. Oliver, Director, Short Term Care

PO BOX 10015

Toledo, OH 43699-0015