

**SUBSTANCE ABUSE IN OLDER ADULTS:
Brief Intervention Model Advanced Skill Building
Feedback, Listen & Understand and Options Explored (F.L.O.)**

DATE & TIME: September 30, 2011
1:30PM – 3:30 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE: Burton Chase Park
County of Los Angeles, Dept. of Beaches and Harbors
13650 Mindanao Way, Community Room
Marina Del Rey, CA 90292

PARKING: Metered parking on premises
Also adjacent overflow paid lot.

The training will provide advanced skill building for screening and brief interventions with older adults. It expands upon the first training series "Substance Use in Older Adult" and subsequent webinar series "Co-Occurring Depression and Substance Use in Older Adults Prevalence and Intervention Strategies." The goal of this 2-hour training is to provide "hands-on" practical interventions relevant to F.L.O. Brief Intervention model.

TARGET AUDIENCE: DMH & Contracted Older Adult Providers

OJECTIVES: As a result of attending this training, participants should be able to:

1. Distinguish at-risk drinking, problem drinking, and alcohol dependence in older adults.
2. Identify signs and symptoms of alcohol problems and medication misuse in older adults.
3. Demonstrate all steps of the F.L.O. Brief Intervention model.
4. Apply F.L.O Brief Intervention to Case Study.
5. Discuss and trouble-shoot implementation issues.

CONDUCTED BY: Sherry Larkins, Ph.D., Thomas Freese, Ph.D.
Mitchell Karno, Ph.D.
(UCLA Integrated Substance Abuse Programs)

COORDINATED BY: Chandler Norton, MA., MFT I, Training Coordinator
(213) 738 – 2425 cnorton@dmh.lacounty.gov

DEADLINE: When maximum capacity is reached

CONTINUING EDUCATION: This training meets the qualifications for the provision of 2.0 continuing education credits/contact hours (CEs/CEHs). UCLA Integrated Substance Abuse Programs (ISAP) is approved by the American Psychological Association to sponsor continuing education for psychologists. UCLA ISAP maintains responsibility for this program and its content. UCLA ISAP is also an approved provider of continuing education for MFTs and LCSWs (CA BBS, #PCE 2001), CADCs (CFAAP/CAADAC, #2N-00-445-1111), CATCs (CAADE, #CP 20 903 C0613), CASs (BCAS/CAARR, #5033), and RASs (Breining Institute, #CEP0604111449-ULA-HE). Provider approved by the California Board of Registered Nursing, Provider #15455, for 2.0 contact hours.

COST: None

Inside the DMH firewall? Click here to register:

<http://learningnet.lacounty.gov>

Outside the DMH Firewall? Click here:

<https://learningnet.lacounty.gov>

DMH Employee Username & Password Help:

<http://dmhhqportal1/sites/TCCB/default.aspx>

Contract Employee:

<http://dmh.lacounty.gov/training&workforce.html>

How to Search and Register for a Training in the Learning Net:

<http://dmhhqportal1/sites/TCCB/How%20to%20search%20and%20register%20in%20the%20LNS/How%20to%20Search%20and%20Register%20for%20a%20Training%20in%20the%20LN.pdf>



**County of Los Angeles Department of Mental Health
SUBSTANCE ABUSE IN OLDER ADULTS:
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APPLICATION FORM FOR CONTRACT PROVIDERS

Please Print or Type

Instructions			
<p>Each applicant must also provide the last four digits of their Social Security Number to be used as a secondary form of identification. If the correct information is not provided, the Training Division will not be responsible for record keeping, and no certificate of attendance will be issued.</p> <p><i>This form is to be used for Substance Use in Older Adults Brief Intervention Model Advanced Skill Building Feedback, Listen & Understand and Options Explored (F.L.O.).</i></p>			
Training Title Substance Abuse in Older Adults: Brief Interventions Advanced Skill Building			
Select Date (check one) <input type="checkbox"/> September 30, 2011 <input type="checkbox"/> October 3, 2011 <input type="checkbox"/> October 4, 2011 <input type="checkbox"/> October 6, 2011			
Date			
Name		Last 4 digits of SSN	
Job Title			
Legal Entity (LE) Name LE Number			
Provider Name Provider Number			
Email Address			
Work Address			
City			Zip Code
Telephone		Fax	
License or Credential Number(s) (complete as many as applicable)			
CAADAC	LCSW	LPT	LVN
MD	MFT	Psychologist	RN
Print Supervisor Name		MAIL or FAX Application to: County of Los Angeles Dept. of Mental Health OLDER ADULT ADMINISTRATION Older Adult Systems of Care 550 S. Vermont Avenue, 6th floor Los Angeles, CA 90020 Fax: (213) 351- 2493 Phone: (213) 351- 7238 (When faxing, there is no need to use a cover sheet)	
Supervisor's Signature			
<i>Supervisor's Approval Required (Applications will not be processed if not signed by supervisor)</i>			