**Tacoma**

 **Developmental disabilities administration**

**Continuing education Training**



Figure 1 Developmental Disabilities Administration Logo

Figure 2 Developmental Disabilitiies Administration Logo

March 21, 2019 6 CEUs Free Training 9 AM to 4 PM

[DDA Tacoma Office, 1305 Tacoma Ave S., Suite 300, Tacoma, WA 98402](https://binged.it/2efAX8C)

**Dual Diagnosis 9AM to 4PM**

# **Presented by Joe Buchmann**

"Working with people who are diagnosed with both mental illness and developmental/intellectual disabilities can be challenging.

Staff with a deeper understanding of dual diagnosis will be able to provide better-informed care.

Attendees will learn about anxiety disorders, psychotic disorders, depression, and personality disorders, and will discover how they may present in people with developmental disabilities.

Also covered are the challenges of diagnosing mental illness in people with developmental disabilities, various treatment approaches, and how treatments may be adapted to best serve people with dual diagnosis."

**Parking is not available in the Garage attached to our Tacoma DDA office/the Work Source Bldg.**

• Current areas are Tacoma Ave S in front of the garage attached to our building and going south on Tacoma Ave S. There are no spots in front of our building and going North on Tacoma Ave S.

• More free street parking is on (S. 14th St), (S. G St), (S. 15th St), (S. 17th St) and (Court E and S. Fawcett Ave between S. 15th and S. 17th Streets). Parking is your responsibility.

• Republic Parking NW 253-627-4401. Has uncovered parking lots the closest is on the S. Fawcett/Court D St and S. 15th St. www.rpnw.com and click Tacoma for more locations and maps.

**Tacoma**

**Developmental Disabilities Administration**

**Dual Diagnosis**

**Registration Form**



March 21, 2019 6 CEUs Free Training 9 AM to 4 PM

To register either email this completed form or put this information into the body of an email.

Participants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide Email to send confirmation notice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number in case of last minute changes to training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who can attend, Check one:

 Licensed AFH Provider,

 AFH Resident Manager,

 AFH Caregiver,

 Assisted Living Administrator

 Assisted Living Caregiver

 Companion Home Provider

 Alternative Living Provider

 DDA Residential Program Employee

 DDA Employment Program Employee

 DSHS Employee

 Other, i.e. Family, parent, teachers, others who want to learn more. Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out, if you can, the below information:

Name of Company/Employer/AFH:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of Company/Employer/AFH:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Info about CEUs:

Individual Providers, can attend, but CEUs do not apply. IPs go through the Training Partnership for CEUs.

CE credits for others with DOH credentials may be allowable at the discretion of your licensing board. It is the responsibility of attendees with other certifications/ licenses to verify that this CE activity meets your licensing boards’ standards and acceptability as a CE event.

**Please register early as space is limited and the training sessions fill quickly, usually a month in advance. We will email a confirmation, please allow a week to process before calling if you have not received a confirmation.**

**If assistance for persons with disabilities is needed, please give us the information** by writing it in the space below. If you do not receive a confirmation of this request, please contact us. You can call Melody Erickson at 253-404-5560. I need this special accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send this registration form via mail, email or fax to:**

**Melody Erickson,** Developmental Disabilities Administration

1305 Tacoma Ave. S., Suite 300, Tacoma, WA 98402

**Fax (253) 597.4368 Email–** **Melody Erickson**

**Additional classes are listed online at** [DDA Provider Training Opportunities](https://www.dshs.wa.gov/dda/dda-provider-training)