

The Adolescent Brain and Substance Use Disorders

Friday, December 8, 2017 9 a.m. - 4:30 p.m.

Location:

Cumberland County Partnership for Children 351 Wagoner Drive, Multi Purpose Room Fayetteville, North Carolina 28303

Target Audience

This workshop will be beneficial to mental health and human service practitioners, including psychologists, social workers, licensed professional counselors, marriage and family therapists, substance use professionals, therapists and clinicians and all others interested in this topic.

Program Description

Adolescence spans the second decade and a half of the human experience. It is almost always full of wonder and awe yet under certain circumstances it can present extreme challenges to the entire family system. This workshop will address our growing understanding of the adolescent brain and the importance of recognizing that adolescents are not young women and men but are rather big kids. Attention will be given to adolescent learning, psychosocial development and vulnerability to substance use disorders. There will be a brief overview of adolescent treatment implications and a brief examination of how we as adults can help our youth reclaim their path to success.

Objectives

Upon completion of this workshop, participants will be able to:

- Review the expanding definition of adolescence;
- Examine the developing brain and its strengths and vulnerabilities;
- Discuss what interferes with healthy development of the adolescent brain; and
- Investigate a working definition of moderate to severe substance use disorders in adolescents.

Agenda:

9 a.m. - 10:30 a.m. Definition of Adolescence

10:30 a.m. - 10:45 a.m. Break

10:45 a.m. - 12 p.m. The Adolescent Brain: It's Strengths and Vulnerabilities

12 p.m. - 1 p.m. Lunch (on your own)

1 p.m. - 2:30 p.m. What Interferes with Healthy Development of the Adolescent Brain?

2:30 p.m. - 2:45 p.m. Break

2:45 p.m. - 4:15 p.m. Substance Use Disorders in Adolescents: Treatment Implications

4:15 p.m. - 4:30 p.m. Wrap-up 4:30 p.m. Adjourn

Fee

\$109.00 if registration and payment are postmarked on or before December 1, 2017; \$119.00 thereafter.

Speakers

Jeff M. Georgi M.Div., M.A.H, LCAS, LPC, CGP has been a substance abuse professional for over 35 years. A sought after public speaker, he is a national trainer and respected author in the areas of The Spiritual Platform™ a form of clinical spirituality, group psychotherapy, ethics, and the clinical application of our understanding of the adolescent brain, its development and vulnerability. He holds licenses as a Clinical Addiction Specialist, a Certified Clinical Supervisor, a Licensed Professional Counselor, and a Certified Group Psychotherapist by the American Association of Group Psychotherapy.

Due to his extensive career in the treatment of substance use disorders and program development, Jeff contributes to Georgi Educational and Counseling Services (GECS) in its work with educational, governmental, and non-profit as well as for-profit organizations. Well known to the AHEC system, Jeff has delivered over 700 plenary and workshop sessions for a variety of local, state, and national groups in the general field of substance disorder treatment and recovery; clinical spirituality; and adolescent development and treatment.

Prior to his involvement with GECS, Jeff served as the clinical director of the Duke Addictions Program. For more than two decades at the Medical Center, Jeff held clinical appointments in the Departments of Surgery and Psychiatry. He remains a consulting faculty member in the Department of Behavioral Medicine, Division of Addiction Research and Translation as well as a faculty member in the Duke University School of Nursing.

Credit

C.E.U.: 0.6

Contact Hours: 6.0

NAADAC: SR-AHEC adheres to NAADAC Education Provider Guidelines Provider #843 (Substance Abuse Credit).

NC Psychologists Category A: The program will provide 6.0 contact hours (category A) continuing education credit to NC Psychologists.

NBCC: Southern Regional AHEC has been approved by NBCC as an Approved Continuing Education Provider,

Southern Regional AHEC is solely responsible for all aspects of the programs.

No partial credit will be given. Individuals arriving 15 minutes or more after the starting time will not receive credit.

Credit will be awarded to participants who attend 100% of the program.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel two (2) business days (Monday-Friday), before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel two business days (Monday-Friday) before the program and obtain a refund for 70% of the registration fee.

Cancellations less than two business days (Monday-Friday) before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Contacts

Bertina Parkins, Director Mental Health CE 910-678-7032 / Bertina.Parkins@sr-ahec.org

Kate Smith, Program Assistant for Mental Health CE 910-678-7305 / Kate.Smith@sr-ahec.org

Please bring a light jacket or sweater for your own comfort; the temperature of the room is controlled by thermostat and we are unable to make any adjustments.

Registration Form

Form may be duplicated.

The Adolescent Brain and Substance Use Disorders CASCE #53694 / MH171208

Phone: 910-678-7226 Fax: 910-323-0674

Online: http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53694

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Circle one: Dr. Mr. Mrs. Ms.

Name	e		Last 4 digits of SS#		
 Certifications/Degrees	Specialty Area	Specialty Area		Are you an NCC?	
Employer		Job Title			
Work Address		City	State	Zip Code	
Home Address		City	State	Zip Code	
Phone (work)		(home)			
A valid email address is needed for prog	ram communications. The second	dary email will only be used if y	our primary email replies as "	undeliverable."	
Email (primary)		(secondary)			
☐ <u>Do not</u> send email announcements o	f upcoming SR-AHEC programs.	☐ <u>Do not</u> share my informati	ion with participants and/or e	xhibitors.	
Special Needs / Food Allergies					
Payment Information					
☐ Check (Make payable to SR-AHEC)					
Mastercard / Visa #			Expiration Date (mm/yy)		
Name on Card	Signa	ature			

Office Use Only: Check Auth #_____ Date_____ From_____ Amount \$_____

