• MENTAL HEALTH • DEVELOPMENTAL DISABILITIES • SUBSTANCE ABUSE

NORTH CAROLINA COUNCIL OF COMMUNITY PROGRAMS

## Presents Cognitive Developmental Aspects of Substance Abuse and Personality Disorders March 13, 2015

CoastalCare 3809 Shipyard Blvd. Wilmington, NC 28406

### (9:00 AM- 4:00 PM)

Current models of education about psychopathology often rely solely on DSM criteria and do not adequately address psychosocial factors in the development of psychopathology. Further, little attention is given to the historical understanding of the disorder or illness. This training will present the history of our understanding of psychopathology and how diagnostic criteria and formulation have changed over time to broaden the participant's understanding of mental illness.

Learning Objectives will include:

# 1. Understand how environmental & developmental factors impact substance abuse and personality development

- 2. Understand personality disorders from multiple theories of development
- 3. Understand Cognitive Developmental theory
- 4. Understand integrated model of cognitive developmental theory and 12 Step programs

### Faculty: Byron Brooks, Ph.D, CRC, MAC, LCAS, LPC, ACT, IDDT, CCS

Byron received his Batchelor of Arts and MS from East Carolina University and his Ph.D from North Carolina State University. Byron maintains his own counseling service. He has taught classes at East Carolina, Halifax Community College, North Carolina State University, Southern Regional AHEC, UNC Pembroke and NC Central University. His curriculum has included the prevalence of substance abuse, pharmacology of addictive substances, socio-cultural issues in substance abuse, with an emphasis on diagnosis and treatment.

**Target Audience:** MCO Staff, Clinicians including mental health professionals, as well as those in the field who work in administrative roles.

### Cost: \$90.00

# **O**3C Institute

3-C Institute for Social Development is approved by the American Psychological Association to sponsor continuing education for psychologists. 3-C Institute for Social Development maintains responsibility for this program and its content.

3-C Institute for Social Development is an NBCC Approved Continuing Education Provider (ACEP) and may offer NBCC approved clock hours for events that meet NBCC requirements. 3-C Institute for Social Development is solely responsible for all aspects of this program.

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MENTAL HEALTH DEVELOPMENTAL DISABILITIES SUBSTANCE ABUSE NORTH CAROLINA COUNCIL OF COMMUNITY PROGRAMS

# Cognitive Developmental Aspects of Substance Abuse and Personality Disorders

### **REGISTRATION FORM**

### ON LINE REGISTRATION AVAILABLE

#### WWW.NC-COUNCIL.ORG with a Credit Card

OR

Use Registration Form below and Mail with a Check to: NC Council of Community Programs, 505 Oberlin Road, Suite 100 Raleigh, NC 27605

### March 13, 2015 (9:00AM-4:00PM)

PLEASE BE ADVISED—The training starts promptly at the times stated above and the registration table will close shortly thereafter.

**Registration**: Register online with a Credit Card at www.nc-council.org or fill out the form below and mail along with a check made payable to "NC Council of Community Programs" to 505 Oberlin Road, Suite 100, Raleigh, NC 27605.

Return Check Policy: "A \$25 fee will be assessed by the NC Council for all returned checks"

**Cancellation Policy**: You must cancel 3 business days (before 5:00 p.m.) prior to the training event in order to receive refund on your registration. If cancellation is not made at this time, no refund will be given. A \$15 administrative processing fee will be charged for all cancellations.

Training Location: CoastalCare, 3809 Shipyard Blvd, Wilmington, NC 28406

**Accommodations**: If you have general questions or concerns, need to file a grievance, have questions about accessibility, or have a request for special accommodations, please contact Laura Ring at Laura@nc-council.org.

This form MUST be included with payment. If payment is received without the form it will be sent back as it cannot be processed.

#### COMPLETE ALL FIELDS- PLEASE PRINT CLEARLY

NAME		
ORGANIZATION		
TITLE		
BILLING ADDRESS		
CITY	STATEZIP	
PHONE		
EMAIL (must complete)		
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