

#3318-16-LAAS

F, Nov 13

9am-4pm; check in at 8:30am
Pyle Center, 702 Langdon St
Madison, WI

Program Director:

Barbara Nehls-Lowe

Fee: \$150

Credits: 0.6 CEU/6 hours of instruction; 6 CECH (CHES) contact hours

Level: Beginner to Intermediate

#1031-16-LAAS

Th-F, Nov 19-20

8:30am-4:30pm, Nov 19;

8:30am-12:30pm, Nov 20;

check in at 8am

Pyle Center, 702 Langdon St
Madison, WI

Instructor:

Doug Meske, MSW, PhD

Program Director:

Ann Whitaker

Fee: \$250

Credit: 1.2 CEUs/12 hours of instruction

Level: Intermediate to Advanced

Mindfulness Meditation from a Clinical Perspective

This course begins with a review of the foundations of mindfulness meditation and identifying what the mind-brain system is. Throughout the day, practice and experience mindfulness meditation. Build the expertise to use this knowledge to support clients by increasing calm, reducing impulsiveness, gaining insight, and connecting with their innate desire to avoid suffering and seek happiness.

Learning Objectives

- Explain and demonstrate what mindfulness and mindfulness meditation are, and describe its limits and strengths
- Recognize what neuropsychology is and how it helps clients' understanding of the change process
- Describe the mind-brain system in client-friendly language
- Show how to support clients in identifying and practicing mindful moments or pauses during their day and how to bring their insights into their sessions

Expanding Your Therapeutic Toolkit for Couples and Families

This workshop—Doug Meske's final one before retiring from teaching—focuses on practical therapeutic strategies to use with couples and families, as well as how often individual therapy is part of the treatment effort. Learn about interventions that you can immediately apply in your professional life or practice, using cognitive therapy, behavioral changes, the power of the six emotional needs, transactional analysis, and useful elements from psychoanalytic theory.

Learning Objectives

- Describe how to begin therapy before the first session
- Demonstrate how to develop helpful interventions with a variety of clients
- Explain how to recognize when referrals are needed

"I loved the tools, especially the use of music during sessions and case presentations at the end. Class was very interactive all through with fresh ideas."

—OLAJUMOKE ADERUGBO, ADVANCED PRACTICE SOCIAL WORKER
COMMUNITY CARE, INC., WAUWATOSA, WI



Registration Form

To Register

Choose the method that works for you. Charge to your American Express, Discover, MasterCard or Visa, or make checks payable to UW-Madison. Use this registration form or any of the following methods.

1. Online

Online registration is available. See course descriptions at continuingstudies.wisc.edu/behavioral-health.

2. By phone—608-262-2451 800-725-9692 (Wisconsin Relay 711)

Register by phone 7am–4:30pm, Monday–Friday. Before you call please have the necessary information handy, including your credit card or purchase-order number.

3. By mail

Send your registration form, check (payable to UW-Madison) or credit-card information to UW-Madison Continuing Studies Registrations, Pyle Center, 702 Langdon St, Madison, WI 53706.

4. In person

Bring your registration form to the UW-Extension Registration Office, 702 Langdon St. Madison, WI 53706. The office is open 7:45am-4:30pm, Monday–Friday.

5. By fax—608-265-3163 800-741-7416

You may fax your registration form if you pay by credit card or provide a purchase-order number.

Registration Form

Please duplicate to register for multiple programs.

Help us keep our mail lists current: circle the code below that matches the mail code on the back of this catalog, even if the label is addressed to someone else.

UW#C5BHC UW#C5BHD UW#C5BHE UW#C5BHE1 UW#C5BHE2

Are you a National Certified Counselor through the National Board for Certified Counselors (NBCC)? Yes No

Name _____

Address _____
street

_____ city / state / zip

E-mail _____
Information used to contact you about your registration and for future marketing

Phone () _____
area code daytime number / evening number

Program Name _____

Program Number _____

Program Date _____

Amount Enclosed _____

Please make checks payable to **UW-Madison**,
702 Langdon St, Madison, WI 53706

Credit Card: MasterCard VISA
 American Express Discover

Credit Card # _____ Expiration Date _____

Cardholder's Name _____

If you have a disability and desire accommodations, please contact the department offering the class. Requests are confidential. These programs are offered by UW-Madison in cooperation with UW-Extension.

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