

Louisiana Association for Behavioral Health

Facilitating Activity Therapy Groups Certification Seminar

ALL CERTIFICATION PARTICIPANTS FOR THIS TRAINING MUST HOLD, AT MINIMUM, A B.A. IN A RELATED FIELD.

Objectives of the Seminar

- Define Therapeutic Activities, Philosophies, and Goals
- Explore the function of Therapeutic activity as an essential part of a multi-disciplinary approach to treatment
- Identify basic competencies in presentation
- Learn to adapt therapeutic activity to client needs as identified on an individualized treatment plan
- Utilize different objectives/techniques in therapeutic activity facilitation
- Utilize "Hands-on" activities to stimulate skill incorporation, social complimentary & mastery
- Understand group types utilized in therapeutic activity
- Identify interventions and targeted goals
- Utilize the therapeutic activity analysis matrix and functional independence measure to promote effective assessment and treatment planning
- Identify tools for group management/shaping
- Demonstrate ability to document to support medical necessity

Seminar Agenda

09:00 am – 09:30 am	Registration/Welcome
09:30 am – 10:30 am	JAZZ IT UP: Hands-on Therapeutic Activity
	Break
10:30 am – 10:45 am	Creative Approaches in the Delivery of Therapeutic Activity Groups
10:45 am – 11:45 am	Lunch Provided
	Overview in the Nuts & Bolts of Therapeutic Activity
	-Basic tenants, philosophy and competencies
	-Objectives/treatment goals
	-Group stages and dynamic management
	-Treatment planning
	Break
03:00 pm – 03:15 pm	Documentation Requirements
03:15 pm – 04:15 pm	Awarding of Participation Certificates
04:15 pm – 04:30 pm	Instruction Assignment/Wrap-Up for those wishing to pursue the Therapeutic Activity Facilitator Certification
04:30 pm – 05:00 pm	

SEMINAR LOGISTICS

DATE

October 21, 2015

TIME

9:00 a.m. - 5 p.m.

LOCATION

Progressive Baptist Church
2001 E. Simcoe St.
Lafayette, LA 70501

Registration Form

Name _____

Email Address _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

- LABH Member (\$350 per session)
 Non-Member (\$400 per session)

Method of Payment: Check
 Visa
 MasterCard
 Discover

PAYMENT MUST ACCOMPANY REGISTRATION

MAIL THIS FORM AND PAYMENT TO:

Louisiana Association for Behavioral Health

5010 Hwy 1, Napoleonville, LA 70390

Phone: 985-513-3593 Fax: 985-369-4461 Email: labhstaff@gmail.com

Reimbursement for Registration Fees

In order to receive reimbursement for seminar registration fees, the employer must submit the SBET application and receive LWC approval, in writing, prior to the start of any training. Funds can be reimbursed based upon completion of the training. In order to be reimbursed, the employer must submit invoices for approved training expenditures along with: 1) proof of payment; 2) proof of completion from training provider; and 3) either proof of a pay increase or proof that wages were paid for training hours attended, all within 30 days of the completion of the training. For complete eligibility requirements and to request reimbursement, refer to the Louisiana Workforce Commission Website at http://www.laworks.net/WorkforceDev/IWTP/IWTP_SmallBusiness.asp and go to SBET Login. You will need your organization's federal tax ID number and Louisiana Unemployment Insurance Number to complete the process.

Cancellation Fee: We realize that problems can occur that may necessitate registration cancellations. A \$40.00 per person cancellation fee will be charged to cover the costs of pre-ordered materials and faculty guarantees.

Credit Card # _____ Exp. date _____

Signature _____

