

Riverside Training Centers, Inc. as part of the Region 1 DD Training Co-op offers:

DUAL DIAGNOSIS



INSTRUCTOR: James Clay, PsyD

DATE: March 17, 2017

TIME: 9:30AM - 1:30PM

CLASS LOCATION: Kaiser Permanente (Town Hall Room), 3704 N Interstate Avenue, Portland

TO GET THERE: I-5 North Take the Kerby Avenue exit – turn slight right onto N Kerby Avenue. Turn right onto North Russell Street then turn right onto North Interstate Avenue – building is on the right side

I-5 South Take the Alberta Street exit (exit 303) toward Swan Island. Keep right to take the ramp toward Swan Island, merge onto North Going Street, turn left onto North Interstate Avenue – building is on the right side

COST: PER REGISTRANT **\$30/PERSON** (CO-OP MEMBER RATE)*

*Member agency affiliates/staff, DD foster providers & family members of people case managed by Multnomah, Clackamas, Washington, Clatsop or Columbia County DD may pay member rates. But rate **DOUBLES** if no Co-op Member/agency affiliation

COURSE DESCRIPTION:

Attendees will learn a basic understanding of how mental illness presents itself in people with intellectual and developmental disabilities and become better prepared to recognize symptoms of mental illness in individuals so specialized treatment can be arranged or provided.

A SPECIAL FOCUS ON BORDERLINE PERSONALITY DISORDER, DEPRESSION, BI-POLAR DISORDER, AND PSYCHOSIS

Minimum attendance required – 30 / Maximum attendance 35

NO WALK-INS

Class may be cancelled if unable to reach minimum enrollment
4 hours - AFC training credit

TO REGISTER: Use form below and send check/money order (no cash or credit cards) to mailing address at the bottom of the page

QUESTIONS? Please contact Cindy Matzen at 503.397.1922 ext 201 or cindy.matzen@riversidecenters.com
Co-op classes are self-funded & rely on advance registration or may be cancelled if unable to reach minimum enrollment. If cancelled, all registered will be notified.
For more Co-op classes & member info: www.SDRI-pdx.org/Co-op.

NO OUTSIDE FOOD OR DRINKS ARE ALLOWED



REGISTRATION & PAYMENT FORM: **DUAL DIAGNOSIS**
MARCH 17, 2017

NAME		E-MAIL	
AGENCY/PROVIDER		PHONE NUMBER	
MAILING ADDRESS		CITY	STATE ZIP
FOSTER HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT ENCLOSED \$ _____	
TRAINING CO-OP MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO (FEES DOUBLE FOR NON-MEMBERS*)			

PLEASE SEND REGISTRATION FORM AND CHECK PAYABLE TO:
RIVERSIDE TRAINING CENTERS, ATTN: C MATZEN, PO BOX 280, ST HELENS, OR 97051