

Part of the Region 1 DD Training Co-Op, offers:

## Dual Diagnosis

**Instructor:** Lori Olson, PMHNP

**Date:** Monday April 12, 2021

**Time:** 10:00 am- 1:00 pm

**Class Location:** Virtually on Zoom, zoom links will be emailed 1 week before class

**Cost:** \$30/per 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. Rate DOUBLES if not Co-Op Member/agency affiliation.

### **Course Description:**

Dual diagnosis training will be defined as those individuals with mental illness combined with a developmental and/ or intellectual disability. We will discuss barriers to treatment, the impact of medications, the difference between the symptoms of the psychiatric illness and their developmental/intellectual disability, the dichotomy of behavior versus disability versus psychiatric illness and the difficulty of access to higher levels of care.

### **To Register:**

1. Link to register on line:  
[http://apm.activecommunities.com/portlandparks/Activity\\_Search/129825](http://apm.activecommunities.com/portlandparks/Activity_Search/129825)
2. To register over the phone Call 503-823-2525 or 503-823-2883.
3. To register by mail please mail to 305 NE 102<sup>nd</sup> Ave Suite 250 Portland, Or. 97220

**Questions?** Contact: Email [Jane.doyle@portlandoregon.gov](mailto:Jane.doyle@portlandoregon.gov), or [Dawn.hubbard@portlandoregon.gov](mailto:Dawn.hubbard@portlandoregon.gov)

*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](http://www.SDRI-pdx.org/co-op) .*



### **REGISTRATION & PAYMENT FORM: Dual Diagnosis April 12, 2021**

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Name(s) Phone Number E-mail-please print clearly

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Agency/Provider Foster Home? Y/N Mail address City State/ZIP

Training Co-op member? Y/N (Fee DOUBLES for non-members\*) Enclosed \$ \_\_\_\_\_

Please send this registration form and check payable to Portland Parks & Recreation AIR

305 NE 102<sup>nd</sup> Ave Suite 250 Portland, Or. 97220