



TRAINING ANNOUNCEMENT

Integrating Tobacco Use Interventions into Chemical Dependence Services

TRAINING TITLE: **MODULE 3 — Behavioral Interventions: Integrating Tobacco Use Interventions into Chemical Dependence Services**

COURSE DESCRIPTION: This 7-hour workshop is designed for counselors, clinical supervisors, and other clinical staff who provide counseling or therapy services. Offered in two half-day sessions, Part 1, the skills building workshop, will review stage-based interventions, participants will learn the basic skills of motivational interviewing, and will review cognitive behavioral therapy and relapse-prevention strategies for treating tobacco dependence. In Part 2, participants will learn tobacco awareness engagement topics and activities and will practice through role-play how to facilitate a psychoeducational tobacco awareness group.

Participants must complete *both* Parts 1 & 2 to receive credit for the entire Module 3. The training is free due to grant funding from the NYS DOH Tobacco Control Program. See registration form for additional information.

TARGET POPULATION: Counselors, clinical supervisors, and other clinical staff who provide counseling or therapy services

OASAS CREDIT: 7 hours CASAC, CPP and CPS. ***Must*** attend *both* Parts 1 & 2 to receive full credit for the entire module.

DATES: Please see Registration Form for dates and times

PRE-REGISTRATION: Yes. Applications available at www.opiny.org

REGISTRATION DEADLINE: Two weeks prior to each training date

TRAINING LOCATION: **OUTREACH TRAINING INSTITUTE, 117-11 MYRTLE AVENUE, RICHMOND HILL, NY 11418**
OUTREACH TRAINING INSTITUTE, 400 CROOKED HILL ROAD, BRENTWOOD, NY 11717

DIRECTIONS: Directions to OTI Training facilities available online at www.opiny.org
For additional information contact Joan Lohnes at 718-847-9233 Ext. 117



TRAINING REGISTRATION FORM

PLEASE INCLUDE ALL INFORMATION REQUESTED

Submit to Joan Lohnes, Training Coordinator by email joanlohnesh@opiny.org or fax 718-849-9673 Upon receipt, you will receive a letter confirming your registration to the training

MODULE 3

BEHAVIORAL INTERVENTIONS: INTEGRATING TOBACCO USE INTERVENTIONS INTO CHEMICAL DEPENDENCE SERVICES

Name _____

Position / Job Title _____

Agency _____

Program _____

Program Address _____ City _____ Zip Code _____

Work Phone Number _____ Fax Number _____

Modality (Check all that apply): Detox _____ Inpatient _____ Outpatient _____

Other (describe) _____ MMTP _____ Residential _____

OASAS Licensed Agency? (Check only one) YES _____ NO _____

Home Address _____ City _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Preferred Email Address _____

What is the best way to reach you?

Work Phone _____ Home Phone _____ Cell _____ Fax _____ Email _____

FINAL OFFERINGS - COURSE SELECTION

Place a check mark (✓) beside the date and time of the training that you would like to attend. *Select only one.*

NOTE: MUST ATTEND FULL 7 HOURS – LATECOMERS WILL NOT BE ADMITTED.

LOCATION	DATE	COURSE TIME	CHECK
Richmond Hill	September 28 (Parts 1 & 2)	9:00 am – 5:00 pm	
Brentwood	October 6 (Parts 1 & 2)	9:00 am – 5:00 pm	

***** NO SESSIONS WILL BE HELD AT OTI IN AUGUST *****

This training is funded through an agreement between the Research Foundation of SUNY, on behalf of the Professional Development Program, Rockefeller College, University at Albany and the New York State Department of Health, Tobacco Control Program