



Skill Enrichment Series

DBT-Adolescent Skills Training for Borderline Personality Disorder

Instructors:

Lisa Krygeris, LICSW and Lynn Barowski, LICSW

Dates: Friday, April 10, 2020

Time: 9:00am – 12:30pm

Location: The Mental Health Center of Greater Manchester
2 Wall Street, 3rd Floor / BCA Conference Room
Manchester, NH

Cost: \$75
 Please make checks payable to: **MHCGM**
 All Category I & 2 MHCGM employees may attend free of charge.

Registration: **Space is limited**

Description: A DBT approach that takes into account the unique challenges and needs of adolescents who experience difficulty regulating emotions has continued to evolve since the early days of DBT. This 3-hour presentation complements the 4.5-day DBT training offered at MHCGM with the addition of an emphasis on parent/supporter involvement in the learning, practicing and reinforcing of DBT skills, especially validation and problem solving strategies. It also introduces a 5th module of DBT skills; Walking the Middle Path. Prior attendance at a 4-day DBT training or the equivalent training/experience is required.

Contact Hours:

- 3.0 Category A Continuing Education hours for licensure have been applied for through NASW NH
- The Mental Health Center of Greater Manchester is approved as a provider of nursing continuing professional development by the Northeast MultiState Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. The participant will be awarded 3.0 contact hours for attending this program.

Sponsor: The Mental Health Center of Greater Manchester, Manchester, NH



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REGISTRATION FORM

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Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM

ATTN: Charlene Kach, Continuing Education

2 Wall Street, Manchester, NH 03101

Tel: 603-854-8384

Fax: 603-792-6965

E-MAIL: kachchar@mhcgcm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

(Required for confirmation & directions.)

Registration fee in the amount of \$ _____ Master Card Visa

Credit Card #: _____ Expiration Date: _____ CVV code on back _____

Name on Card: _____ Signature: _____

Billing Address of Credit Card: _____

Date Received by MHC-GM: _____

Reservation #: 005588

To register and pay online by credit card: <https://www.mhcgcm.org/events/>

If using your personal credit card please provide the credit card billing address.

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