



**Alabama Council for Behavioral Healthcare**  
*2021 Fall Conference ( Virtual )*  
*November 16, 2021*

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**Continuing Education Packet**

**Instructions:**

- ✓ A completed “*CE packet*” is required in order to receive continuing education credit. There is no additional fee to make application for CE credit
- ✓ Attendance Monitoring: By signing the CE Application Form, you are certifying that you attended the workshop events in their entirety.

**What Does a Complete CE Packet Consist of ?**

*A complete CE Packet consist of:*

1. Continuing Education Application Form
2. Record of Attendance Log
3. Evaluation form for EACH workshop in which you participate

**How Do I Submit My CE Packet ?**

Completed CE Packets should be mailed to *The Institute for Continuing Education*, at the address listed below. Packets should be received within 30-days of completion of the Conference.

*The Institute for Continuing Education*  
*P. O. Box 778*  
*Saraland, AL 36571*

**How Will I receive CE verification ?**

The Institute for Continuing Education will process your application. You will receive CE verification by mail approximately 2-3 weeks following our receipt of your completed CE Packet. The mailing address you submit on the CE Application Form is used to mail your CE verification.

The Institute for Continuing Education  
Questions: 800-557-1950 / email: [instconted@aol.com](mailto:instconted@aol.com)

## **Continuing Education Offered**

This program is co-sponsored by the Alabama Council for Behavioral Healthcare and *The Institute for Continuing Education*. The program offers up to 6.00 CE hours. CE hours earned are based on actual participation. Full attendance is required for each workshop in which you participate. There is no additional fee to make application for CE credit. Webinar participants who wish to receive continuing education credit MUST complete CE forms and comply with attendance monitoring requirements.

**NOTE:** *To receive continuing education credit, applicants must complete all CE forms and comply with attendance monitoring requirements.*

**NOTE:** *It is the responsibility of the attendee to determine if CE credit offered by The Institute for Continuing Education meets the regulations of their state licensing/certification board.*

**Questions:** If you have questions regarding continuing education, the program, faculty, grievance issues, or for a listing of learning objectives, comprehensive speaker bios, please contact *The Institute* at: 800-557-1950; e-mail: [instconted@aol.com](mailto:instconted@aol.com).

**Psychology:** The Institute for Continuing Education is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content.

**New York:** The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0043.

**Counseling/MFT:** The Institute for Continuing Education and the Alabama Council for Behavioral Healthcare are cosponsors of this program. This co-sponsorship has been approved by NBCC. The Institute for Continuing Education is an NBCC approved continuing education provider, ACEP Provider No. 5643. The Institute for Continuing Education solely is responsible for this program, including the awarding of NBCC credit.

**Social Work:** The Institute for Continuing Education is recognized as an approved provider of continuing education credit for social work by the Alabama State Board of Social Work Examiners, Provider No. 0171, expiration 08/30/2022.

**Skill Level:** Workshops are appropriate for all skill levels (beginning, intermediate, advanced). Participants are urged to review session description for appropriateness for professional and personal development.

**Instruction Methodology:** May include lecture, audio-visual, demonstration, experiential practice of techniques, case examples.

**Ethics Hours / Academic Credit:** This program offers no "ethics hours". The program offers no "academic" credit and CE hours awarded are not eligible toward fulfillment of a degree.

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# *Application Form*

## **Continuing Education Credit**

*Alabama Council for Behavioral Healthcare*

*2021 Annual Conference ( Virtual )*

November 16, 2021

*Processing Fee: \$ NONE*

*Please Print Your:*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **email:** \_\_\_\_\_

### **Request for Continuing Education Credit**

**I request continuing education credit verification in the professional discipline(s) of:**

\_\_\_\_ **Psychology**    \_\_\_\_ **Social Work**    \_\_\_\_ **Counseling**    \_\_\_\_ **Marriage/Family**

**State(s) in which you are licensed:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

*Will be included on your CE verification*

I hereby make application for continuing education credit. I understand that to be eligible for continuing education credit, I must complete and return a CE Packet. By signing this Application Form, I am certifying that I attended in their entirety, the workshop indicated on the Attendance Logs. I also understand that it is my responsibility to determine if CE credit offered by The Institute for Continuing Education meets the regulations of my licensing/certification board.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*The Institute for Continuing Education  
P. O. Box 778, Saraland, AL 36571  
800-557-1950 / e-mail: instconted@aol.com*

# Record of Attendance, Page 1

Print Your Name: \_\_\_\_\_

**Tuesday, November 16, 2021**

*Directions: Check the Session(s) You Attend*

## AGENDA

|       |  |                  |
|-------|--|------------------|
| _____ | <b><u>BREAKOUT SESSION A:</u> 8:15 – 9:45 a.m.</b>   | <b>1.50 hrs.</b> |
|       | <b>A. Big T's and Little t's: An Overview of the Impact of Trauma</b><br><i>Asha S. Dickerson, Ph.D., NCC</i>                            |                  |
| _____ | <b><u>BREAKOUT SESSION B:</u> 10:00 – 11:30 a.m.</b>   | <b>1.50 hrs.</b> |
|       | <b>B. Trauma and Its Impact on Us</b><br><i>Elizabeth Guroff, M.A., MFT</i>  |                  |
| _____ | <b><u>BREAKOUT SESSION C:</u> 12:00 noon – 1:30 p.m.</b>   | <b>1.50 hrs.</b> |
|       | <b>C. Overview of Trauma-Informed, Resilience-Oriented Principles in an Organizational Culture</b><br><i>Elizabeth Guroff, M.A., MFT</i> |                  |
| _____ | <b><u>BREAKOUT SESSION D:</u> 1:45 – 3:15 p.m.</b>   | <b>1.50 hrs.</b> |
|       | <b>D. Certified Community Behavioral Health Centers: Improving Access to Comprehensive Services</b><br><i>Joseph J. Parks, M.D.</i>      |                  |

**Attendee: List the total number of continuing education hours you are claiming for the 2021 Alabama Council for Behavioral Healthcare Conference:**

**CE Hrs. Claimed:** \_\_\_\_\_

**Breakout Session: A**

8:15 – 9:45 a.m.

**Big T's and Little t's: An Overview of the Impact of Trauma***Asha S. Dickerson, Ph.D., NCC*

Indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 ( low ) through 5 ( high )

|   | <i>HIGH</i> | <i>Neutral</i> | <i>LOW</i> |   |   |
|---|-------------|----------------|------------|---|---|
| <b>I. Content / Relevancy/ Teaching Methods:</b>  |             |                |            |   |   |
| a) Content was appropriate for intended audience  | 5           | 4              | 3          | 2 | 1 |
| b) Content was consistent with stated learning objectives                               | 5           | 4              | 3          | 2 | 1 |
| c) Content included recent studies/findings/literature on topic                         | 5           | 4              | 3          | 2 | 1 |
| d) Teaching methods were appropriate and effective for subject matter                   | 5           | 4              | 3          | 2 | 1 |
| e) This program is appropriate to my education, experience, and skills level            | 5           | 4              | 3          | 2 | 1 |
| f) Cultural, racial, ethnic, socio-economic, and gender differences were considered     | 5           | 4              | 3          | 2 | 1 |
| g) Visual aids, handouts, and oral presentations clarified content and were useful      | 5           | 4              | 3          | 2 | 1 |
| h) Content was useful, applicable to practice, and enhanced my professional development | 5           | 4              | 3          | 2 | 1 |
| i) I did not perceive any commercial bias or conflict of interest                       | 5           | 4              | 3          | 2 | 1 |
| j) Information could contribute to achieving personal and professional goals            | 5           | 4              | 3          | 2 | 1 |
| k) Timeline of course adhered to the advertised time, and CE credits offered            | 5           | 4              | 3          | 2 | 1 |
| l) I would recommend this program to others   | 5           | 4              | 3          | 2 | 1 |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>II. Learning Objectives: Stated Learning Objectives were met:</b>   |   |   |   |   |   |
| 1. Identify strategies to approach serious topics, such as trauma and suicide attempts, with a trauma-informed focus | 5 | 4 | 3 | 2 | 1 |
| 2. State the important of trauma-informed approaches in mental health treatment                                      | 5 | 4 | 3 | 2 | 1 |
| 3. Identify at least 3 issues that may impact client care and recovery   | 5 | 4 | 3 | 2 | 1 |

|   |   |   |   |   |       |
|---|---|---|---|---|-------|
| <b>III. Faculty: <i>Asha S. Dickerson, Ph.D., NCC</i></b>                           |   |   |   |   |       |
| a) Knowledgeable in content areas   | 5 | 4 | 3 | 2 | 1     |
| b) Presented the subject matter clearly and clarified content                       | 5 | 4 | 3 | 2 | 1     |
| c) Responsive to participants and to their questions                                | 5 | 4 | 3 | 2 | 1     |
| d) Used technology effectively  | 5 | 4 | 3 | 2 | 1     |
| e) Reviewed limitations to material presented                                       | 5 | 4 | 3 | 2 | 1     |
| f) Described severe and most common risks, including applicable risk of medications | 5 | 4 | 3 | 2 | 1 N/A |

|   | HIGH             | NEUTRAL | LOW |             |   |
|---|------------------|---------|-----|-------------|---|
| <b>IV. Overall Rating:</b>  |                  |         |     |             |   |
| a) Conference facility was adequate and location was suitable for training                            | 5                | 4       | 3   | 2           | 1 |
| b) This session met or exceeded my expectations   | 5                | 4       | 3   | 2           | 1 |
| c) How much did you learn as a result of this CE program  | a great deal     | some    |     | very little |   |
| d) How useful was the content of this CE program for your practice and other professional development | extremely useful |         |     | not useful  |   |

|  | HIGH | NEUTRAL | LOW |   |   |
|--|------|---------|-----|---|---|
| <b>V. Logistics / Technology / Administration:</b>   |      |         |     |   |   |
| a) Conference facility was adequate and location was suitable for training   | 5    | 4       | 3   | 2 | 1 |
| b) Visual and technology aids were up-to—date and adequately administered  | 5    | 4       | 3   | 2 | 1 |
| c) Course/ training registration was user-friendly and event was well managed  | 5    | 4       | 3   | 2 | 1 |
| d) Instructions for requesting accommodations for a disability were clear  | 5    | 4       | 3   | 2 | 1 |
| e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training | 5    | 4       | 3   | 2 | 1 |

**VI. Comments About This Training:**

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**Breakout Session: B**  
 10:00 – 11:30 a.m.  
**Trauma and Its Impact on Us**  
*Elizabeth Guroff, M.A., MFT*

Indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 ( low ) through 5 ( high )

|   | <i>HIGH</i> | <i>Neutral</i> | <i>LOW</i> |   |   |
|---|-------------|----------------|------------|---|---|
| <b>I. Content / Relevancy/ Teaching Methods:</b>  |             |                |            |   |   |
| a) Content was appropriate for intended audience  | 5           | 4              | 3          | 2 | 1 |
| b) Content was consistent with stated learning objectives                               | 5           | 4              | 3          | 2 | 1 |
| c) Content included recent studies/findings/literature on topic                         | 5           | 4              | 3          | 2 | 1 |
| d) Teaching methods were appropriate and effective for subject matter                   | 5           | 4              | 3          | 2 | 1 |
| e) This program is appropriate to my education, experience, and skills level            | 5           | 4              | 3          | 2 | 1 |
| f) Cultural, racial, ethnic, socio-economic, and gender differences were considered     | 5           | 4              | 3          | 2 | 1 |
| g) Visual aids, handouts, and oral presentations clarified content and were useful      | 5           | 4              | 3          | 2 | 1 |
| h) Content was useful, applicable to practice, and enhanced my professional development | 5           | 4              | 3          | 2 | 1 |
| i) I did not perceive any commercial bias or conflict of interest                       | 5           | 4              | 3          | 2 | 1 |
| j) Information could contribute to achieving personal and professional goals            | 5           | 4              | 3          | 2 | 1 |
| k) Timeline of course adhered to the advertised time, and CE credits offered            | 5           | 4              | 3          | 2 | 1 |
| l) I would recommend this program to others   | 5           | 4              | 3          | 2 | 1 |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>II. Learning Objectives: Stated Learning Objectives were met:</b>   |   |   |   |   |   |
| 1. Define trauma and resilience  | 5 | 4 | 3 | 2 | 1 |
| 2. Identify the prevalence and impact of trauma, including an understanding of the findings of the Adverse Childhood Experiences study | 5 | 4 | 3 | 2 | 1 |
| 3. Explain the neuro/bio/psycho/social impact of trauma  | 5 | 4 | 3 | 2 | 1 |

|   |   |   |   |   |       |
|---|---|---|---|---|-------|
| <b>III. Faculty: Elizabeth Guroff, M.A., MFT</b>                                    |   |   |   |   |       |
| a) Knowledgeable in content areas   | 5 | 4 | 3 | 2 | 1     |
| b) Presented the subject matter clearly and clarified content                       | 5 | 4 | 3 | 2 | 1     |
| c) Responsive to participants and to their questions                                | 5 | 4 | 3 | 2 | 1     |
| d) Used technology effectively  | 5 | 4 | 3 | 2 | 1     |
| e) Reviewed limitations to material presented                                       | 5 | 4 | 3 | 2 | 1     |
| f) Described severe and most common risks, including applicable risk of medications | 5 | 4 | 3 | 2 | 1 N/A |

|   | HIGH             | NEUTRAL | LOW |             |   |
|---|------------------|---------|-----|-------------|---|
| <b>IV. Overall Rating:</b>  |                  |         |     |             |   |
| a) Conference facility was adequate and location was suitable for training                            | 5                | 4       | 3   | 2           | 1 |
| b) This session met or exceeded my expectations   | 5                | 4       | 3   | 2           | 1 |
| c) How much did you learn as a result of this CE program  | a great deal     | some    |     | very little |   |
| d) How useful was the content of this CE program for your practice and other professional development | extremely useful |         |     | not useful  |   |

|  | HIGH | NEUTRAL | LOW |   |   |
|--|------|---------|-----|---|---|
| <b>V. Logistics / Technology / Administration:</b>   |      |         |     |   |   |
| a) Conference facility was adequate and location was suitable for training   | 5    | 4       | 3   | 2 | 1 |
| b) Visual and technology aids were up-to—date and adequately administered  | 5    | 4       | 3   | 2 | 1 |
| c) Course/ training registration was user-friendly and event was well managed  | 5    | 4       | 3   | 2 | 1 |
| d) Instructions for requesting accommodations for a disability were clear  | 5    | 4       | 3   | 2 | 1 |
| e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training | 5    | 4       | 3   | 2 | 1 |

**VI. Comments About This Training:**

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**Breakout Session: C**

12:00 noon – 1:30 p.m.

**Overview of Trauma-Informed, Resilience-Oriented Principles  
into Organizational Culture***Elizabeth Guroff, M.A., MFT*

Indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 ( low ) through 5 ( high )

|   | <i>HIGH</i> | <i>Neutral</i> | <i>LOW</i> |   |   |
|---|-------------|----------------|------------|---|---|
| <b>I. Content / Relevancy/ Teaching Methods:</b>  |             |                |            |   |   |
| a) Content was appropriate for intended audience  | 5           | 4              | 3          | 2 | 1 |
| b) Content was consistent with stated learning objectives                               | 5           | 4              | 3          | 2 | 1 |
| c) Content included recent studies/findings/literature on topic                         | 5           | 4              | 3          | 2 | 1 |
| d) Teaching methods were appropriate and effective for subject matter                   | 5           | 4              | 3          | 2 | 1 |
| e) This program is appropriate to my education, experience, and skills level            | 5           | 4              | 3          | 2 | 1 |
| f) Cultural, racial, ethnic, socio-economic, and gender differences were considered     | 5           | 4              | 3          | 2 | 1 |
| g) Visual aids, handouts, and oral presentations clarified content and were useful      | 5           | 4              | 3          | 2 | 1 |
| h) Content was useful, applicable to practice, and enhanced my professional development | 5           | 4              | 3          | 2 | 1 |
| i) I did not perceive any commercial bias or conflict of interest                       | 5           | 4              | 3          | 2 | 1 |
| j) Information could contribute to achieving personal and professional goals            | 5           | 4              | 3          | 2 | 1 |
| k) Timeline of course adhered to the advertised time, and CE credits offered            | 5           | 4              | 3          | 2 | 1 |
| l) I would recommend this program to others   | 5           | 4              | 3          | 2 | 1 |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>II. Learning Objectives: Stated Learning Objectives were met:</b>  |   |   |   |   |   |
| 1. Identify the principles of being a Trauma-Informed, Resilience Oriented organization   | 5 | 4 | 3 | 2 | 1 |
| 2. Explain what is meant by “moral safety” and explain its relevance to operating during an international pandemic                          | 5 | 4 | 3 | 2 | 1 |
| 3. Identify at least 2 changes that can be made in order for an organization to become more Trauma-Informed, Resilience-Oriented in culture | 5 | 4 | 3 | 2 | 1 |

|   |   |   |   |   |       |
|---|---|---|---|---|-------|
| <b>III. Faculty: Elizabeth Guroff, M.A., MFT</b>                                    |   |   |   |   |       |
| a) Knowledgeable in content areas   | 5 | 4 | 3 | 2 | 1     |
| b) Presented the subject matter clearly and clarified content                       | 5 | 4 | 3 | 2 | 1     |
| c) Responsive to participants and to their questions                                | 5 | 4 | 3 | 2 | 1     |
| d) Used technology effectively  | 5 | 4 | 3 | 2 | 1     |
| e) Reviewed limitations to material presented                                       | 5 | 4 | 3 | 2 | 1     |
| f) Described severe and most common risks, including applicable risk of medications | 5 | 4 | 3 | 2 | 1 N/A |

|   | HIGH             |   | NEUTRAL |             | LOW |
|---|------------------|---|---------|-------------|-----|
| <b>IV. Overall Rating:</b>  |                  |   |         |             |     |
| a) Conference facility was adequate and location was suitable for training                            | 5                | 4 | 3       | 2           | 1   |
| b) This session met or exceeded my expectations   | 5                | 4 | 3       | 2           | 1   |
| c) How much did you learn as a result of this CE program  | a great deal     |   | some    | very little |     |
| d) How useful was the content of this CE program for your practice and other professional development | extremely useful |   |         | not useful  |     |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>V. Logistics / Technology / Administration:</b>   |   |   |   |   |   |
| a) Conference facility was adequate and location was suitable for training   | 5 | 4 | 3 | 2 | 1 |
| b) Visual and technology aids were up-to—date and adequately administered  | 5 | 4 | 3 | 2 | 1 |
| c) Course/ training registration was user-friendly and event was well managed  | 5 | 4 | 3 | 2 | 1 |
| d) Instructions for requesting accommodations for a disability were clear  | 5 | 4 | 3 | 2 | 1 |
| e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training | 5 | 4 | 3 | 2 | 1 |

**VI. Comments About This Training:**

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**Breakout Session: D**

1:45 – 3:15 p.m.

**Certified Community Behavioral Health Centers:  
Improving Access to Comprehensive Services***Joseph J. Parks, M.D.*

Indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 ( low ) through 5 ( high )

|   | HIGH | Neutral | LOW |   |   |
|---|------|---------|-----|---|---|
| <b>I. Content / Relevancy/ Teaching Methods:</b>  |      |         |     |   |   |
| a) Content was appropriate for intended audience  | 5    | 4       | 3   | 2 | 1 |
| b) Content was consistent with stated learning objectives                               | 5    | 4       | 3   | 2 | 1 |
| c) Content included recent studies/findings/literature on topic                         | 5    | 4       | 3   | 2 | 1 |
| d) Teaching methods were appropriate and effective for subject matter                   | 5    | 4       | 3   | 2 | 1 |
| e) This program is appropriate to my education, experience, and skills level            | 5    | 4       | 3   | 2 | 1 |
| f) Cultural, racial, ethnic, socio-economic, and gender differences were considered     | 5    | 4       | 3   | 2 | 1 |
| g) Visual aids, handouts, and oral presentations clarified content and were useful      | 5    | 4       | 3   | 2 | 1 |
| h) Content was useful, applicable to practice, and enhanced my professional development | 5    | 4       | 3   | 2 | 1 |
| i) I did not perceive any commercial bias or conflict of interest                       | 5    | 4       | 3   | 2 | 1 |
| j) Information could contribute to achieving personal and professional goals            | 5    | 4       | 3   | 2 | 1 |
| k) Timeline of course adhered to the advertised time, and CE credits offered            | 5    | 4       | 3   | 2 | 1 |
| l) I would recommend this program to others   | 5    | 4       | 3   | 2 | 1 |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>II. Learning Objectives: Stated Learning Objectives were met:</b>  |   |   |   |   |   |
| 1. List at least 5 of the nine required to become a certified community behavioral health care organization           | 5 | 4 | 3 | 2 | 1 |
| 2. Describe the CCBHC prospective payment methodology and how it differs from a fee-for-service format                | 5 | 4 | 3 | 2 | 1 |
| 3. Identify the data performance reporting requirements for CCBHC's, including at least 3 of the performance measures | 5 | 4 | 3 | 2 | 1 |

|   |   |   |   |   |       |
|---|---|---|---|---|-------|
| <b>III. Faculty: <i>Joseph J. Parks, M.D.</i></b>                                   |   |   |   |   |       |
| a) Knowledgeable in content areas   | 5 | 4 | 3 | 2 | 1     |
| b) Presented the subject matter clearly and clarified content                       | 5 | 4 | 3 | 2 | 1     |
| c) Responsive to participants and to their questions                                | 5 | 4 | 3 | 2 | 1     |
| d) Used technology effectively  | 5 | 4 | 3 | 2 | 1     |
| e) Reviewed limitations to material presented                                       | 5 | 4 | 3 | 2 | 1     |
| f) Described severe and most common risks, including applicable risk of medications | 5 | 4 | 3 | 2 | 1 N/A |

|   | HIGH             | NEUTRAL | LOW  |             |   |
|---|------------------|---------|------|-------------|---|
| <b>IV. Overall Rating:</b>  |                  |         |      |             |   |
| a) Conference facility was adequate and location was suitable for training                            | 5                | 4       | 3    | 2           | 1 |
| b) This session met or exceeded my expectations   | 5                | 4       | 3    | 2           | 1 |
| c) How much did you learn as a result of this CE program  | a great deal     |         | some | very little |   |
| d) How useful was the content of this CE program for your practice and other professional development | extremely useful |         |      | not useful  |   |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>V. Logistics / Technology / Administration:</b>   |   |   |   |   |   |
| a) Conference facility was adequate and location was suitable for training   | 5 | 4 | 3 | 2 | 1 |
| b) Visual and technology aids were up-to—date and adequately administered  | 5 | 4 | 3 | 2 | 1 |
| c) Course/ training registration was user-friendly and event was well managed  | 5 | 4 | 3 | 2 | 1 |
| d) Instructions for requesting accommodations for a disability were clear  | 5 | 4 | 3 | 2 | 1 |
| e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training | 5 | 4 | 3 | 2 | 1 |

## VI. Comments About This Training:

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