

Alabama Council for Behavioral Healthcare

2024 Fall Conference - November 14, 2024

Birmingham, AL

Continuing Education Application & Attendance Log

Instructions:

- ✓ Daily: Sign-in upon arrival, and sign-out at departure at tables located in registration area.
 - Check (✓) which workshops you attend in the space provided below
 - Complete an evaluation form for each workshop you attend. Evaluation forms included in this CE PACKET
- ✓ Mail this completed CE PACKET to The Institute for Continuing Education at the address listed below
- ✓ There is no fee to make application for CE credit

Important:

- ✓ CE verification will be mailed to the address listed below in approximately 2 weeks after receipt of completed application
- ✓ All Conference attendees are responsible for determining if CE credit offered by The Institute for Continuing Education will meet regulations of their licensing/certification board
- ✓ CE credit is not available for any event not listed on the workshop session listed below
- ✓ CE credit is not "academic" and may not be used toward completion of a degree.
- ✓ CE credit is offered for: (1) Psychology (APA); (2) Counseling / MFT (NBCC has approved this program); Social Work (AL Board SW provider 0171, expiration 06/2026); Nursing (AL Board Nursing provider 1124, expiration 03/2026).

Return this completed packet to: The Institute for Continuing Education prior to Dec. 31, 2024.

MAIL TO:

Linda C. Lakeman

The Institute for Continuing Education,

P. O. Box 449, Montevallo, AL 35115

email: instconted@aol.com

1. Please complete the information below: PRINT CLEARLY

Attendee Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

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

_____ Psychology _____ Social Work _____ Counseling _____ MFT _____ Nursing

State(s) in which you are licensed: _____ License Number: _____
(Will be included on certificate, if provided)

3. Check Workshops Attended: *Each workshop offers 1.50 CE hrs.*

_____ Workshop A: RELATE: An Interpersonal Model for Suicide Prevention (8:30 – 10:00 AM)

_____ Workshop B: Practical Tools for Assessment / Intervention for Anxiety, Depression, Insomnia (10:15-11:45 AM)

_____ Workshop C: Holding the Baby in Mind in Play and Family Therapy (12:45 – 2:15 PM)

_____ Workshop D: Adapting Evidence-Based Interventions for Autistic Individuals (2:30 – 4:00 PM)

I hereby apply for continuing education credit. I understand that to be eligible for continuing education credit, I must comply with sign-in and sign-out requirements, complete an evaluation of each session I attend. I also understand that it is my responsibility to determine if CE offered by The Institute for Continuing Education will meet the regulations of my licensing/certification board.

4. Signature: _____

Date: _____

Breakout Session: A

8:30 – 10:00 a.m.

RELATE: An Interpersonal Model for Suicide Prevention*Jennifer D. Lockman, Ph.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

I. Content / Relevancy / Teaching Methods:

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

II. Learning Objectives: Stated Learning Objectives were met:

1. Identify current literature on risk factors for suicide in young children and adolescents	5	4	3	2	1
2. Identify evidence-based practices for suicide prevention and describe how these practices can be incorporated into professionals' work with this population	5	4	3	2	1
3. Explain ethical and legal requirements of professionals specific to suicide prevention	5	4	3	2	1

III. Faculty: Jennifer D. Lockman, Ph.D.

a) Knowledgeable in content areas					
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		
IV. Overall Rating:					
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	

V. Logistics / Technology / Administration:					
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:

Breakout Session: B

10:15 – 11:45 a.m.

Practical Tools for Assessment and Intervention for Anxiety, Depression, and Insomnia*Christina P. Parker, Ph.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

I. Content / Relevancy / Teaching Methods:

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

II. Learning Objectives: Stated Learning Objectives were met:

1. Cite current literature on the prevalence, burden, and clinical implications of untreated psychiatric conditions including anxiety, depression, and insomnia in primary care	5	4	3	2	1
2. Identify the rationale, indications, and evidence-based for integrated care and brief behavioral interventions	5	4	3	2	1
3. Identify best-practice assessment and intervention procedures and examine applications of brief intervention techniques through a review of clinical case studies	5	4	3	2	1

III. Faculty: *Christina P. Parker, Ph.D.*

a) Knowledgeable in content areas					
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		
IV. Overall Rating:					
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	

V. Logistics / Technology / Administration:					
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:

Breakout Session: C

12:45 – 2:15 p.m.

Holding the Baby in Mind in Play and Family Therapy*Caroline May, M.S., LMFT*

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

I. Content / Relevancy / Teaching Methods:

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

II. Learning Objectives: Stated Learning Objectives were met:

1. Identify at least 2 developmental assessments to utilize in practice with children and families	5	4	3	2	1
2. Identify at least 2 risk factors to healthy child development and ways that interrupted developmental milestones show up as big feelings and behaviors	5	4	3	2	1
3. Demonstrate and describe at least 1 hands-on activity to use with family therapy with children and families	5	4	3	2	1

III. Faculty: *Caroline May, M.S., LMFT*

a) Knowledgeable in content areas					
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		
IV. Overall Rating:					
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	

V. Logistics / Technology / Administration:					
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:

Breakout Session: D

2:30 – 4:00 p.m.

Adapting Evidence-Based Interventions for Autistic Individuals*Sarah M. Ryan, Ph.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*

I. Content / Relevancy / Teaching Methods:

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

II. Learning Objectives: Stated Learning Objectives were met:

1. Cite current literature on the key features of autism in adolescents and adults	5	4	3	2	1
2. Explain how symptoms of autism may impact co-morbid symptoms of anxiety, depression, and anger	5	4	3	2	1
3. Identify at least 2 strategies that can be used to adapt traditional evidence-based methods to meet the needs of individuals with autism	5	4	3	2	1

III. Faculty: Sarah M. Ryan, Ph.D.

a) Knowledgeable in content areas						
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		
IV. Overall Rating:					
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	

V. Logistics / Technology / Administration:					
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:
