

# Region 4 Workshop

**Title:** **The Magnitude of Family Therapy**

**When:** Wednesday, September 22, 2010

Registration begins at 9:00 am; Training is from 9:30 am – 4:30 pm.

**Where:** TBA in Orangeburg, SC

**Who Should Attend:** Counselors, Social Workers, Probation Officers, Nurses, Physicians, Prevention Specialists

**Description:** Although it is normal for adolescents to exert their independence from their family, the family is their primary support system which is why family therapy is a vital part of treatment for an adolescent. However, if the parent is resistant, then the parent-child relationship will be challenged and difficult to improve. Certainly, when dealing with an adolescent's disruptive behavior and a parent's feelings of frustration or even clear hostility toward their child, the most successful intervention is usually some form of family intervention. However, how do we get to the point that the family is engaged? How do we get to the place where treatment interventions are accepted and the family is motivated?

**Trainers:** Melinda Lamprecht, CACII, NBCC, ASE, LPC, LPCS & Keith Oglesby, CACI

**Credit:** 6 hours

**Cost:** Employees of Region 4 AOD Commissions (Aiken Center, Axis I of Barnwell, Beaufort AOD, Charleston Center, Colleton Commission, Dawn Center, Dorchester AOD, New Life Center,) can attend at no cost with advance registration; registration for AOD Commission participants from outside Region 4 is \$45 with advanced registration. For all others, registration is \$75. Snacks provided. Lunch on your own. No refunds if not cancelled by September 13, 2010.

**Registration Deadline:** September 13, 2010

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## **The Magnitude of Family Therapy**

### **Registration Form**

Please print or type

**Deadline: 9/13/10**

Name \_\_\_\_\_ Position \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

(Please make sure that your name is legible.)

Employer \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Business Address \_\_\_\_\_

P.O. Box/Street

City

State

ZIP Code

Do you need special accommodations? yes no If "yes," please specify: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** COSSAC

*A check, money order or purchase order must accompany your registration form. Your registration will not be processed if payment or purchase order is not attached*

**PLEASE RETURN TO:** Mike Dennis  
William J. McCord Adolescent Treatment facility  
P.O. Box 1166  
Orangeburg, SC 29116