

UPCOMING TRAINING

February 17, 1-2:30 p.m.

\$200 members; \$250 non members

“Childhood Mental Health Support Toolbox!”

Early childhood mental health consultation (ECMHC) is a research-based, collaborative intervention that teams a mental health professional with early childhood professionals to improve the social, emotional and behavioral health of children in child care and early education programs. ECMHC is very effective with children who have developmental disabilities and challenging behavior. ECMHC builds teachers’ and parents’ capacity to understand the influence of their relationships and interactions on young children’s development. Children’s well-being is improved and mental health problems are prevented as a result of the Consultant’s work with the teachers, directors and parents through skilled observations, activities in the classroom, individualized strategies, and early identification of children whose challenging behavior places them at risk for expulsion.

The webinar will include links to free web-based resources designed to support students with DD and challenging behavior, their classroom teachers, and parents, including resources related to maternal depression and reducing teachers’ stress. Case studies will highlight supports for families who are homeless, parents who have ID, and children with significant delays and behavioral problems in a Head Start classroom.

Objectives

1. Participants will be able describe the principles and strategies that distinguish early childhood mental health consultation from other approaches.
2. Participants will learn where to access many free web-based tools and resources to enhance their work as consultants, therapists, program managers or state officials serving children from birth to 8.

March 11, 9:30 – 11:30 a.m.

\$200 members; \$250 non members

“The ADAAA and what it means to you”

In 2008, the President signed amendments to The Americans with Disabilities Act of 1990. This law is commonly known as the ADA Amendments Act of 2008. The Act emphasizes that the definition of disability should be construed in favor of broad coverage to maximum extent permitted by the law. The amendments strive to eliminate the need for extensive analysis.

Congress wanted to overturn several Supreme Court decisions and portions of the regulations. These changes are reflected in the amendments and make it easier for an individual seeking protection under the ADA to establish a disability within the meaning of the law.

The ADAAA applies to all private employers with 15 or more employees. If you are a federal contractor or subcontractor you are subject to Section 503 of the Rehabilitation Act and if you

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receive federal financial assistance under Section 504 of the Rehabilitation Act you must comply regardless of the number of employees you have.

Participants will be able to:

- Determine whether the ADAAA applies to their organization.
- Analyze whether the organization's employee handbook adequately informs employees about the ADAAA.
- Identify the two categories of applicants or employees who qualify for a reasonable accommodation.
- Identify three examples of applicants or employees who do not qualify for a reasonable accommodation.
- Identify the how a formal complaint is lodged regarding an employer's failure to reasonably accommodate a disability covered by the ADAAA.

March 20, and March 23, Parts I&II, 9 – 11 a.m.

\$240 members; \$265 non members

“Managing the Challenging Employee: The Underground”

For both the seasoned and neophyte manager the difficult employee (member of the underground) can serve as the greatest obstacle in providing an effective and team oriented environment. This lively and to the point presentation provides the audience with ten tips for gaining and staying in control of difficult employees. Dr. Tom Pomeranz through his use of stories and humorous anecdotes details those factors which influence some employees to behave in passive aggressive ways.

Tom shares with the audience how managers need to behave to help the difficult employee conduct themselves in more socially acceptable ways. Through the implementation of five intervention approaches, detailed in the training, many difficult employees take their place as valued team members. The session compares and contrasts the use of personal power versus positional authority as a preferred management approach in resolving conflict nurtured by the difficult staff member.

As a result of this training, attendees will be able to:

- Acknowledge and celebrate the strength of the employee/s
- Assess the factors likely causing the employee to behave in an unacceptable manner
- Provide the employee performance feedback more effectively
- Enhance the employee's self-worth on the job
- Support the employee in accepting change
- Improve the employee's collegial spirit

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March 24, 9 – 11 a.m.

\$200 members; \$250 non members

“Blood-borne Pathogens and Communicable Diseases: Wash Your Hands Already!”

Providers must understand the risk of contracting communicable diseases which can include the common cold, flu, or more life threatening illnesses like HIV or Hepatitis B. An understanding of Pathogens and the four methods in which they enter a person’s body is key when disease transmission occurs. With that knowledge providers can reduce the chances of passing “unhealthy” pathogens. This can be completed by managing the conditions that need to take place before a disease can be transmitted.

Care providers will learn basic health care techniques which can significantly reduce the chances of spreading illnesses to others. These preventative common sense techniques are simple, safe, and very successful. It gives the providers the power to reduce the risk of contracting any illness by consistently implementing techniques that can be as simple as washing your hands and keeping the environment clean.

Objectives

1. State what Blood-borne Pathogens and Communicable Diseases are and how they are spread.
2. State ways in which the spread of Blood-borne Pathogens and Communicable Diseases can be controlled.
3. List three types of Personal Protective Equipment.

April 13, 9 – 11 a.m.

\$240 members; \$265 non members

“Life after High School: The Pathway to Adulthood”

With humor and compassion Dr. Tom Pomeranz shares with participants how they can effectively prepare and support their family member with developmental disabilities for the world of adulthood.

Tom will focus on the critical importance of utilizing age appropriate touch and voice intonation, avoiding talking about individuals in front of them, avoiding providing physical assistance without permission, and many more tools that help assure that individuals with developmental disabilities receive, as well as give to others, dignity and respect.

This session is intended for families, parents, adult siblings, Extended Family Homes. Adult Foster Care and all others involved in the transition to becoming an adult for individuals with special needs of all ages both pre and post high school graduation.

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April 28, 9 – 11 a.m.

\$200 members; \$250 non members

“General Characteristics of Individuals with Developmental Disabilities”

What does an adult who has a developmental disability look like? Although there are broad similarities, there are many more differences. This training will discuss how states attempt to define disabilities and will provide an overview of the many types of developmental delays.

Today we know that developmental disability can be caused by a variety of factors. These aspects include genetics, the environment, infections during child birth, and a pre-disposition to inherit. It is true that 1/3 of the people who have a developmental disability, also do not have a clear understanding of why that disability occurred.

From a quality of care stand point, knowing the type of disability effects the type of interventions that are more likely to be successful. The methods that work for a person with Cerebral Palsy and an intellectual disability are NOT necessarily going to work with someone with Autism Spectrum Disorder, who has an IQ of 150.

The training will review the characteristics of individuals with developmental disabilities and how best to serve them.

Objectives

1. State at least two concepts that are part of the definition of developmental disabilities.
2. State at least three broad causes of developmental disabilities.
3. State at least three levels of Maslow’s Hierarchy of Need.

May 26, 9 – 11 a.m.

\$200 members; \$250 non members


“Fundamental Rights of Individuals with Developmental Disabilities”

Do people with Developmental Disabilities have rights? Do they deserve more rights? What does it mean to have fundamental rights and how do we make sure people with disabilities are treated fairly.

The more difficult question is when does a person/group/family member have the right to step in when an individual with a disability makes a poor choice. Should that person be allowed to fall in love and get married or make a bad business decision and go bankrupt? Do they even know what love is!!

The other aspect to consider is abuse and neglect. Although no one should be abused or neglected, who decides what that is? Can a family member/guardian have the right to slap a person with a disability on the hand? Once? Twice? At what point does the rights of the individual with a disability supersede the right of the care provider.

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This webinar provides some ideas on the subject of fundamental rights. The main goal however is to make the provider realize how complex the topic can be and how necessary it is to individualize the process depending on the person.

Objectives

1. Recognize the Constitutional, Civil, Human, and Fundamental Rights of people with disabilities.
2. State your role as well as the role of an agency in safe-guarding the rights of people with disabilities.
3. State the definition of abuse and neglect and give at least 1 example.

June 30, 9 – 11 a.m.

\$200 members; \$250 non members

“You Know You are Old When...”

The success of caring for individuals with disabilities has led to people living longer. How do programs adjust as the individuals they work with become older and more fragile? Providers may be surprised that the issues that take place are often the same or similar to the issues they personally have to manage.

As individuals with disabilities age they have proven that they are NOT immune to medical and mental health issues that can occur to anyone. Many individuals are fearful of the medical professional and/or are simply unable to communicate their discomfort. Therefore, providers need to be more alert to symptoms of an individual with a disability and not wait until they express their concerns. It also essential that providers are able to motivate individuals with disabilities to engage in healthy activities and exercise, when they do not always understand why it is necessary.

This webinar looks at the topic of getting old, the concept of aging in place, and how providers of care can be a part of the process while including the individual.

Objectives

1. List at least 3 characteristics of aging.
2. List the 4 parts of physical fitness.
3. List the stages of Alzheimer Disease.

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July 28, 9 – 11 a.m.

\$200 members; \$250 non members

“Communication: It’s More Than Just Talk”

Individuals with disabilities DO communicate using many different methods. Programs that are successful are able to learn each individual’s “personal language” and provide them with methods that make it easier for everyone to understand.

Objectives

1. Understand the value of communication and how it is important in every aspect of life.
2. Understand the different types of communication, both verbal and non-verbal.
3. Understand the role that culture, religion, gender, age, disability, etc. have on communication styles.
4. State at least 2 types of technology which is available to those who have difficulty with communication.

August 3, 5, and 7, 2015 (6 training hours)

\$450 members; \$500 non members

“Maximizing successful outcomes of inclusive education and childhood activities”

Students with special needs traditionally have been segregated from their peers and placed in special classrooms and even special schools. Although great strides have been made in including children in “regular classrooms” unfortunately segregated classrooms, schools and other children’s services and supports continue to exist. In this motivating “how to” training, Dr. Tom Pomeranz details clinical, instructional, administrative and environmental strategies to make inclusive education and other daily life activities successful.

Thus, not only teachers of special needs students will benefit from this training but provider agency staff who support school aged children will find this session very informative. Providers of family supports, respite, and other wrap around supports will be able to assist families in advocating for their child to have an inclusive; education, leisure pursuits, faith, scouting and many other activities.


August 25, 9 – 11 a.m.

\$200 members; \$250 non members

“Positive Behavioral Supports: Behavior Programs for Individuals with Disabilities”

Behaviors can be changed without focusing on the punishment. Providers can create positive programming that is antecedent-based so that the chances of success are significantly higher. The result is happier people who are busy and on less medications for their disruptive behaviors.

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Objectives

1. List 3 characteristics of Positive Behavior Programming.
2. State what ABC means when talking about behaviors.
3. List at least 4 possible functions of a behavior.

September 29, 9 – 11 a.m.

\$200 members; \$250 non members

“Autism Spectrum Disorder: Where does Asperger Syndrome fit in?”

The DSM – V is now in use and Asperger Syndrome no longer exists. Where did it go and how has it been incorporated into the term Autism Spectrum Disorder?

Objectives

1. State what the DSM-V is used for by the medical profession.
2. List at 5 possible characteristics of Autism Spectrum Disorder.
3. Identify the primary characteristic which distinguishes Asperger Syndrome from Autism according to Hans Asperger.

October 27, 9 – 11 a.m.

\$200 members; \$250 non members

“Techniques to Manage Individuals with Autism Spectrum Disorder who appear to display symptoms of Mental Illness”

Often high functioning Individuals with Autism Spectrum Disorder show odd and sometimes dangerous behaviors. Providing them with a mental illness diagnosis so that medications can be prescribed is NOT always the best solution. Providers should first consider implementing techniques that have fewer risks than medications and can be just as successful.

Objectives

1. Identify the typical IQ range of an individual with higher functioning ASD.
2. List at 3 interventions which are more likely to be successful for individuals with ASD.
3. List at least 4 sensory systems that can be affected by ASD.