

## NO COST

### Co-Sponsor:

Riverside County  
Department of Mental  
Health

### WHEN

Monday,  
March 8th, 2010

### WHERE

Riverside County  
Department of Mental  
Health  
Substance Abuse  
Administration Building  
3525 Presley Ave.  
Riverside, CA 92507

### TIME

Registration begins at  
8:30 am; Training from  
9:00 am—3:30 pm

6 CEU's for LCSW, MFT  
and AOD Counselors

BBSE Provider #2190  
CAADAC Provider  
#4N-08-923-0610

Sponsored by Center  
for Applied Research  
Solutions (CARS)

## Alcohol and Other Drug (AOD) Screening and Referral

*Facilitated by Kevin Gogin, MFT*

### Workshop Description

When it comes to determining the best fit with a substance abuse prevention program, providers will find that AOD screening tools help them to make informed, thoughtful decisions. Often used in school or organizational settings, screening tools also provide a useful guide for knowing when to make a referral to another prevention program, social services or for treatment assessment. California's Department of Alcohol and Drug Programs recommends that prevention providers use a standardized screening tool that meets the scientific requirements of validity and reliability, and that is appropriate for the given population being served.

This training will enable SDFSC grantees to use screening and referral to deliver prevention services more efficiently and appropriately to diverse groups by:

- Establishing a standard definition of screening and an understanding of its role and importance in delivering prevention services
- Providing guidelines for the selection and use of screening tools
- Providing practice and feedback on interview techniques
- Reviewing best practices for effective referral

This training will also review the criteria for selection of screening tools recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA). Participants will review commonly used tools and determine their utility and appropriateness for given populations and settings. There will be time dedicated to practicing a screening interview, as well as scoring and determining the appropriateness of fit based on the participant's score and other contextual factors. Lastly, the referral process will be discussed in depth, with key factors for a successful referral presented.

Register Online on clicking the below link or FAX Registration Form

[http://www.mypreventioncommunity.org/event/SDFSC\\_Riverside](http://www.mypreventioncommunity.org/event/SDFSC_Riverside)

### About the Presenter

**Kevin Gogin**, MFT, has a long history of working with adolescents and school-based programs, most recently with the School Health Programs Department of San Francisco Unified School District since 2000. He has worked with adolescent programs regarding sexual orientation issues, substance abuse, and crisis intervention. In addition, he has worked with adolescents and their families within a private practice. Kevin has a Master of Arts in English, Master of Divinity, Advanced Master of Theology, Master of Arts in Marriage and Family Therapy, and is a licensed MFT.

**Safe and Drug-Free Schools and Communities  
 Technical Assistance Project  
 Workshop-By-Request**



**Center for Applied Research Solutions**

923 College Avenue, Santa Rosa, CA 95404  
 Phone: 707-568-3800  
 Fax: 707-568-3810



**Registration Transmission**

**DATE:**

**TO:** Maria Traylor

**FAX:** 707-568-3810

**SENDER:** \_ \_

**SUBJECT:** SDFSC TA Workshop-By-Request  
**AOD Screening and Referral** March 8<sup>th</sup> , 2010 \_ Riverside County

**Pages:** 1 total

**Please submit your registration at least 5 days prior to the workshop date.  
 Please fax request to (707) 568-3810 or contact Maria Traylor at (707) 568-3800**

<b>Name:</b> _____	<b>Title:</b> _____
<b>Organization:</b> _____	<b>County:</b> _____
<b>Address:</b> _____ _____	<b>City:</b> _____
<b>Zip:</b> _____	<b>Email:</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____

CEU Please check box : \_\_\_\_\_LCSW/MFT BBSE Provider #2190 \_\_\_\_\_ License Number

\_\_\_\_\_AOD Counselor CAADAC Provider #4N-08-923-0610 \_\_\_\_\_ License Number

**Thank you for submitting your registration! We will contact you shortly.**