



Behavioral Health & Trauma Informed Care

Offerings: June 20, August 29 & October 17, 2019

Presented By: Lacy Beyl & Company, Inc.

Seminar Location: Indiana Wesleyan University Conference, Indianapolis, IN

IT'S HERE! We are pleased to offer a state of art one day seminar which examines Phase III regulations and compliance for **Behavioral Health and Trauma Informed Care**. Our clinical consultants are excited to introduce and provide valuable information and resources to the industry.

CEU's available for Administrators (HFA), Licensed Social Workers (LSW), Licensed Clinical Social Workers (LCSW) and Licensed Marriage & Family Therapists (LMFT).

Seminar Overview

- ◆ F740 – Behavioral Health Services, Substance Abuse Disorder, Depression, Anxiety, PTSD and Anxiety Disorders
- ◆ Promoting resident independence & resident rights
- ◆ F699 Trauma Informed Care
- ◆ Trauma Informed Approach
- ◆ ACE: Adverse Childhood Experiences
- ◆ Impact of Trauma
- ◆ Treatment for Mental and Psychosocial Concerns
- ◆ Adjustment Disorder
- ◆ F743 No Pattern of Behavior Difficulties Unless Unavoidable
- ◆ Behavior & Emotional Critical Elements Pathway
- ◆ Competencies

Lacy Beyl & Company, Inc. is a healthcare consulting company specializing in **nursing, MDS, social services, activities, behavior management, mock surveys, interim staffing, QIDP services, project management, staff training and regulatory compliance.**

Seminar Location

Indiana Wesleyan University Conference Center
3777 Priority Way South
Indianapolis, IN 46240

Seminar Information

Time: 8:30 a.m. – 4:00 p.m. (EST)

Fee - \$99 per person (lunch included)

Fee includes instruction, consultation, certificate, lunch and beverages.

Payment due by prior to seminar date to reserve a spot.

**Corporate check or money order payable to:
LACY BEYL & COMPANY, INC.
9922 Logan Lane, Fishers, IN 46037**

LBC Office: 317-845-4256

Fax: 317-841-8441

Register online at www.lacybeyl.com

Please Note: This seminar is offered in June, August and October. Topics and CEU's are the same for each seminar.

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I plan to attend: June 20 August 29 October 17

Attendee Name : _____ Facility: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Cell: _____

Attendee Title: _____ Attendee E-mail: _____

Attendee Signature: _____

Payment Method: Corporate/Facility Check Money Order

Substitutions are welcome anytime. No shows or withdrawals forfeit a refund.