Workshop Announcement

Attachment, Self Regulation & Competency (ARC)

A Framework for Building Resiliency in Youth and Families Impacted by Trauma

Co-Sponsored by College of Lake County Human Services and Social Work Department, Warren Township Youth & Family Services and Lake County Health Department

Workshop Description

Attachment, Self-Regulation and Competency (ARC) is a core treatment model developed to provide a guiding framework for thought-ful clinical intervention with complexly traumatized youth and their care giving systems. Drawing from the fields of trauma, attachment work, child development and resiliency literature, the approach recognizes the importance of working with the child in context, and recognizes the role that historical experiences may have on functioning.

The Presenter: Liza Simon-Roper, ACSW, LCSW, LSOE, LSOTP, is a highly experienced and recognized expert in the area of trauma treatment and a Certified ARC Trainer through the Trauma Center at the Justice Resource Institute.

Date: Tuesday, October 3rd Registration: 8:00 am Start Time: 8:30 am End Time: 4:30 pm

Location: College of Lake County, Wing A, Room AO13, Lower Level, 19351 West Washington St., Gurnee, IL 60031. Park in lots 4, 5, or 6, and enter through main entrance at roundabout. Walk to Wing A and head downstairs (by colored square mural) to AO13.

Fee: \$60.00 per person **Lunch:** A voucher will be provided at the Cafe Willow (the onsite cafeteria).

Cancellations made via email prior to 5 pm on September 29, 2017 will receive a refund. There will be no refunds for cancellations made after the 29th, 2017.

Registration closes on September 26. You can register the day of the event for an additional \$10.00-- if seating is available.

Continuing Education: 6.5 CEU. From the Illinois Alcoholism and Other Drug Abuse Professional Certification Association, Inc. (IAODAPCA) for CADC. IDPFR approved for social workers and professional counselors. You will be awarded CEU's for the # of hours you were present in the training.

Name	Home #	Cell#		
Address	City/Zip	Agency/Organization		
Email (all reminders and confirmations will be sent by email)	Lic. Type and #			
Do you require any special accommodations?				

Signature:_			
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Signing that you have read this flier in its entirety and agree to the cancellation policy.

FOR OFFICE USE ONLY					
Date Recvd	Revd By	Amt Revd \$	Ck #		