# Vocational Illness Management and Recovery (V-IMR)

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| **DATE & TIME:** | **December 6, 2016** | **9:00 AM - 4:00 PM** |

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| ***All registration is completed on the Learning Net prior to the training.  Sign-in begins 30 minutes prior to*** ***the training time.  All participants must arrive during the sign-in period. Late arrivals will not be admitted.*** |

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| **PLACE:** **PARKING:** | **Wilshire Metroplex****3530 Wilshire Blvd, 7th floor****Los Angeles, CA, 90010****Parking is $9.00-$16.00 in various lots** |

The purpose of this training is to assist participants deliver the V-IMR to consumers. The V-IMR incorporates recovery concepts as they relate to employment. Included in the discussion are: overview of the psycho-educational components of illness self-management and the impact on employment.

**TARGET AUDIENCE: DMH employees and contractors**

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| **OBJECTIVES:** | **As a result of attending this training, participants should be able to:**1. Identify ways to deliver V-IMR to consumers.
2. Describe how recovery concepts and illness self-management are connected to employment.
3. Identify psychoeducational components of illness self-management in relation to work.
4. Apply the content and strategies of the V-IMR to diverse consumers.
5. Identify the major cognitive behavioral strategies necessary to deliver V-IMR.
6. Describe the major content included in the nine modules comprising of V-IMR curriculum.
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| **CONDUCTED BY:** |  **Marianne Farkas, Boston University**  |
| **COORDINATED BY:****DEADLINE:** |  **Janice Friend, Training Coordinator** **E-mail: *jfriend@dmh.lacounty.gov*** **When maximum capacity is reached** |
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| **CONTINUING EDUCATION:** |  **NONE** |
| **COST:** |  **NONE** |

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| _Pic1 | **County of Los Angeles Department of Mental Health****NON-DMH STAFF TRAINING APPLICATION FORMPlease Print or Type** | _Pic2 |
| **Instructions**Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information.Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk­in registrations will not be admitted.For trainings, sign­in begins 30 minutes prior to the training time. All participants must arrive during the sign­in period. Late arrivals will not be permitted.***This form is not to be used for LPS Designation Training. The LPS Application is available at*** [***lacdmh.lacounty.gov/training&workforce.html***](http://lacdmh.lacounty.gov/training%26workforce.html) ***.*** |
| Training Title(as in DMH bulletin) **Vocational Illness Management and Recovery (V-IMR)** |
| Date(s) **December 6, 2016** | Training Coordinator **Janice Friend** |
| County Employee Number*(non-county employees supply the last four digits of the SSN)* |
| Name |
| Program, Service or Agency |
| Job Title |
| Address |
| City | Zip Code |
| Telephone | Email |
| **License or Credential Number(s)** (complete as many as applicable) |
| CAADAC | LCSW | LPT | LVN |
| MD | MFT | Psychologist | RN |
| Supervisor’s Approval (Applications will not be processed if not signed by supervisor) | For processing, please return Application to:**County of LA- DMH****Workforce, Education & Training Division****695 S. Vermont Ave. 15th FL****Los Angeles, CA 90005****Fax: 213-252-8776****Phone: 213-251-6874****Email: *jfriend@dmh.lacounty.gov***(When faxing, there is no need to use a cover sheet) |
| Print Supervisor Name |
| Supervisor’s Signature |

Revised: 01/2016