# 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. |
| **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 FORM Please 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&workforce.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