

## Center for Health Training

Funded by state and federal grants for over 30 years, the Center for Health Training (CHT) specializes in offering education to health care providers in a variety of settings. Using needs assessments, provider meetings, and personal contacts, CHT tailors training and technical assistance to encourage staff development and improve agency effectiveness.

## For More Information

For further information and assistance in pinpointing your specific training needs, contact one of our Training Managers at the Center for Health Training.

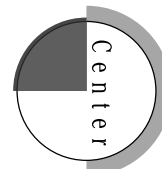
510.835.3700 - p  
510.625.9307 - f  
oakland@jba-cht.com

[www.centerforhealthtraining.org](http://www.centerforhealthtraining.org)

## Project Staff

Project Director: Marsha Gelt  
Training Managers: Renée Marshall,  
Amanda Newstetter,  
Beatriz Reyes, Johanna Rosenthal  
Systems Manager:  
David Herzstein Couch  
Training Support Coordinator:  
Durrain Haq, Jeanne Levine,  
Ginny Weir

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Center  
for Health Training  
614 Grand Avenue, Suite 400  
Oakland, CA 94610-3523

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Center  
for  
Health  
Training

Counseling  
Teens

January 13th, 2010  
Sacramento, CA

## Counseling Teens

Wednesday, January 13th, 2010

Morning session: 8:00 am - 12:00 noon  
OR

Afternoon session: 1:00 pm - 5:00 pm  
Sacramento, CA

### In This Training

This workshop examines the culture of adolescence; stages of adolescent development; healthy sexuality; how to develop and maintain rapport with teen clients, and counseling strategies for working with teens.

### By the end of this session, participants will be able to:

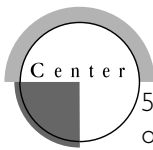
- Identify personal values and/or biases that can interfere with effective adult-adolescent interaction
- Explain adolescent brain development
- Describe at least two strategies for age-appropriate communication with adolescents.

### Who Should Attend

Family planning counselors, health educators, and any family planning staff that work with youth.

### Trainer

**LaRhonda Crosby-Johnson** is a trainer and educational program consultant who has been working in the field of adolescent pregnancy prevention, health, family life education, and reproductive health care, for over 20 years. She brings a wealth of experience in agency and community collaboration, client services, counseling, and staff development.



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Register online at:  
[www.centerforhealthtraining.org](http://www.centerforhealthtraining.org)

### Registration

Please send in the registration form by the deadline to ensure a space in this workshop. Do not hesitate to register now; payment need not be sent with registration. If payment is sent later, please include registrant name or a copy of the registration form so proper credit can be given. You can also register online at:  
[www.centerforhealthtraining.org](http://www.centerforhealthtraining.org).

### Confirmation

Confirmations will be sent two weeks prior to the workshop and will include specific location, directions and other details. Participants are responsible for their own meals, travel and lodging. For more information regarding registration, call CHT at 510.835.3700.

### Fees

All fees are per person. Title X-funded agencies: \$25; Private/Other funding: \$45. CE units are an additional \$30. A \$10 late fee will be assessed for each registration received after the deadline. Fees can be refunded if cancellation is received 5 working days prior to the session.

### Registration Deadline:

Wednesday, December 23, 2009

### Continuing Education

Provider approved by the California Board of Registered Nursing, Provider Number 02604, for 4.8 contact hours. To receive credit, nurses must attend the entire course and present their license number at the workshop. All other applicants will receive certificates of participation.

### Special Needs

Please contact us if you need special access or an ASL interpreter.

## REGISTRATION FORM

DEADLINE: Wednesday, December 23, 2009  
for **Counseling Teens**, Sacramento, CA on  
January 13th, 2010.

Registration forms processed in order received.

**Check One:**  I will attend the 8:00 am - 12:00 pm session  
 I will attend the 1:00 pm - 5:00 pm session

Name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email (required for confirmation) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

Agency Funding:  Title X  Private/Other

CEUs requested (\$30) Lic.# for CEUs \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Agency will send fee

Please email me future announcements:

BRN Lic.# \_\_\_\_\_ Years in this job (required) \_\_\_\_\_

Job Duties (required) : \_\_\_\_\_

What are you interested in learning at this workshop?  
\_\_\_\_\_

### Mail this form with check payable to:

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510.625.9307 - fax