

MEETING THE SCHOOL-BASED MENTAL HEALTH NEEDS OF LESBIAN, GAY, BISEXUAL AND TRANS YOUTH

Audience: Secondary teachers, administrators, counselors, and nurses

Dr. Bellonci, a leading practitioner and consultant in the area of mental health risk factors for LGBT youth, will provide an overview of research findings regarding prevalence, risk factors, and providing a school-based system of supports for LGBT youth.

Learning Objectives:

- Become familiar with terms associated with LGBT individuals.
- Understand the specific risk factors experienced by LGBT Youth.
- Understand how development of a sexual-minority identity unfolds.
- Learn about school-based needs of sexual minority youth.

REFERENCES

Presenter: Christopher Bellonci, M.D.

Dr. Christopher Bellonci is a Board-Certified Child/Adolescent and Adult Psychiatrist; Associate Professor in the Psychiatry Department of Tufts University School of Medicine. Dr. Bellonci is a member of AACAP's Workgroup on Quality Issues which is responsible for writing the practice parameters that define the standards of care for the field of child psychiatry. Dr. Bellonci is a founding member of SAMHSA's Building Bridges Initiative and LGBTQI2-S National Workgroup. He was also a member of the Outcomes Roundtable for Children and Families. Dr. Bellonci provides consultation, lectures and technical assistance nationally on the subjects of child psychiatric practice, foster care, special education, residential treatment, sexual minority youth and mental health best practices.

WORKSHOP INFORMATION

DATE

November 29, 2017

LOCATION

ACCEPT Education Collaborative
4 Tech Circle
Natick, MA 01760

TIME

9:00am - 11:30am
includes light breakfast

COST

\$90 ACCEPT
\$110 Non-Member

EARN

2.5 Participation Hours

CONTACT

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Meeting the School-based Mental Health Needs of Lesbian, Gay, Bisexual and Trans Youth

To Register: Fax (508.653.0878) or Mail (4 Tech Circle, Natick MA 01760) or Email this form with check or P.O. payable to ACCEPT

Name _____ Title _____ Grade/Level _____

District _____ School _____ Phone () _____

E-mail (required) _____

Cost per person: ___ ACCEPT Members \$90 ___ Non-Members \$110

Withdrawal Policy: Withdrawals via mail, fax or email will be accepted without penalty ten (10) business days prior to the workshop. After that time, there will be no refunds or billing adjustments, you may send a substitute if approved by your supervisor.

Amount enclosed \$ _____ Purchase Order # (P.O.) _____ or Personal Check # _____
(Please Mail Check to ACCEPT)