

Cancellation/Refund Policy

If you are unable to attend the training, please notify our office two full business days prior to the training date. We will issue refunds within 30 days of the training date.

If we cancel the training session, we will notify you no later than 48 hours prior to the training date. In the event of cancellation due to an emergency, we will notify you as soon as possible.

In order to receive continuing education credits, training completion is required. Partial credit will not be granted for partial attendance and we will not issue refunds for partial attendance.

Certification

The SASSI training is approved by NAADAC and LADC for 3.5 continuing education hours per session. (provider #000133) Certificates will be issued at the end of each session. Nevada social work CEU approval #A-108-14A&B.

About the Trainer

Lynne J. Daus, MA, LADC, has a master's degree in psychology. She has been working in the field of substance abuse since 1985. Lynne is certified and licensed in the state of Nevada since 1989. She has been in private practice in Nevada since 1990 and has been using the SASSI as a screening tool for criminal justice evaluations for more than twenty years.

For information regarding other training locations, call
800-697-2774
or visit SASSI's web site:
www.sassi.com

Lynne Daus, MA, LADC
421 Hill St. #3
Reno, NV 89501

The
S·A·S·S·I
Training

Dated Material

The **S·A·S·S·I** **Training**

TUESDAY
JANUARY 28, 2020

TMCC MEADOWOOD CENTER
5270 NEIL RD RM #300
RENO NV 89502

Session 1
8:30 a.m. - 12:15 p.m.
Session 2
1:15 p.m. - 5:00 p.m.

What is the SASSI?

The SASSI (Substance Abuse Subtle Screening Inventory) is a brief and easily administered psychological screening measure that helps you identify both adult and adolescents who may have a substance use disorder. The SASSI also provides information in treatment planning. The single-page paper and pencil questionnaire can be administered in individual or group settings.

Backed By Research

With over 20 years in development and research the SASSI has empirically tested overall accuracy of 93% for adults and 94% for adolescents.

Effective Without Raising Defenses

The SASSI includes subtle questions that have no apparent connection to substance use, allowing identification of individuals with alcohol and other drug problems even if they do not acknowledge substance misuse themselves.

Who Should Attend?

Anyone who needs to screen for alcohol and drug related disorders. The SASSI is used nationwide by substance abuse counselors, educators, medical practitioners, criminal justice professionals, drug court personnel, employee assistance counselors and therapists.

What You Will Learn

"The SASSI: Administration & Scoring" (Session I)

How the SASSI was developed and how it should be used.

Basic knowledge of the individual scales.

Scoring the adult and adolescent SASSI.

No prior experience with the SASSI is required. Upon completion of this training, participants will be able to use both the adult and adolescent versions of the SASSI as an addictions screening tool.

"The SASSI: Clinical Interpretation" (Session II)

Clinical uses of the SASSI scales.

Screening and assessment information.

Giving client feedback.

Treatment recommendations.

Participants who attend this workshop should be familiar with administration and scoring of the SASSI. Upon completion of this workshop, participants will feel comfortable making clinical interpretations from both the adult and the adolescent SASSI scales and using the SASSI to engage the client in the treatment process. (If you bring your own profiles, be sure to maintain strict client confidentiality.)

Registration

Fee is \$110.00 per person, for the day,
or \$65.00 per person, per session.
Prepayment is required to ensure enrollment.
Please make check payable and mail to:

Lynne Daus MA, LADC

421 Hill St. #3
Reno, NV 89501

Questions? (775) 348-7550
Please send registration no later than
seven working days before each session.

Please check session(s) and date
you will attend:

- ☐ **Session I:**
Administration & Scoring
- ☐ **Session II:**
Clinical Interpretation

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Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____
Fax: () _____
Signature: _____

(By signing, I acknowledge and agree to the
cancellation/refund policy
on the reverse side of this form.)

To Register:

Detach and return with payment.